Child Life Internship Information

A child life internship is the final step in the process of working towards certification as a child life specialist. Riley Hospital for Children at Indiana University Health will offer a comprehensive, 16 week, 640 hour, unpaid child life internship in the Spring and Fall Semester. Riley at IU Health aligns with the ACLP internship recommendations. Interns are expected to be available for internship during standard business hours; some individual rotations may require evening and/or weekend hours. The child life intern will be responsible for their own parking fees, transportation and housing.

Eligibility requirements

To be considered a candidate you will be required to meet all of the following criteria:

- Must be enrolled at a college/university during internship and receiving credit hours for the internship. We are unable to accept applications from independent students.

- Complete at least 150 hours of experience with infants, children, youth and/or families in stressful situations, health care settings and/or programs designed for children with special needs. (100 hours need to be completed prior to submitting an internship application.)

- Have completed a minimum of 100 hours of experience with well infants, children youth and families

- Have a current American Heart Association CPR/BLS certification prior to start of internship

- Have met the coursework criteria required to sit for the 2019 Child Life Certifying Exam. Provide Association of Child Life Professionals (ACLP) course in progress forms for any courses not completed with the most recent ACLP Eligibility Assessment Evaluation Report. The assessment should be as updated as possible.

- Must complete pre-internship reading and assignments, as indicated in internship confirmation letter.
How to apply

Please carefully review the requirements above and mail requested information prior to the dates established by the ACLP, along with this signed form to:

Child Life Department/Student Internship Program Riley Hospital for Children at Indiana University Health Room 4540
705 Riley Hospital Drive Indianapolis, IN 46202

All applicants must include the following with their application:

___ Check for $25 made payable to: Riley Hospital for Children Child Life Department (this is non-refundable) should applicants find this a hardship and barrier to applying, an exception will be made. Please include a response as to why this $25 fee would be a hardship.
___ Cover letter, including what interests you about doing your internship at Riley Hospital for Children at Indiana University Health
___ Current resume
___ Academic transcripts (unofficial transcripts are accepted and if selected an official transcript will be required)
   __ ACLP Child Life Common Child Life Internship Application
___ Students will provide three ACLP recommendation forms (one from college/university professor, one from a child life supervisor, one from an individual -non family member – who is familiar with your work with children). Each form must be in a sealed envelope with author’s signature on the seal.
___ Documentation of completed ACLP Eligibility Assessment
___ Verification of enrollment in a university during the internship; Riley at IU Health does require an affiliation agreement with a University.

Unaffiliated students will not be accepted into this internship program.

All submitted information should be typed, single-sided, no staples, and mailed in one envelope. Handwritten applications will not be reviewed. Please do not place materials in any kind of folder, binder or portfolio cover. Incomplete applications will not be accepted. A completed application does not guarantee an interview. Applicants are selected for an interview based on their academic preparation, GPA, exceptional references, and experience working with children.

For questions, please contact: Jenna Yarnell at jyarnell1@iuhealth.org or 317.944.3141

I acknowledge that all information is true and completed to the best of my ability.

_________________________________________  _________________________
Student Signature  Date