



Le Bonheur Children's Hospital Child Life Practicum Program

The child life practicum is a minimum of 100 hours dedicated time of observation within the health care setting where qualified students gain practical knowledge about the child life profession.

The primary goal of Le Bonheur's child life practicum program is to provide an opportunity for students to evaluate the strengths and limitations of their current knowledge and to broaden their understanding of the child life profession.

Students will have the opportunity to become familiar with medical play, pre-operative and pre-procedural preparation, coping facilitation, planning and supervising developmentally appropriate activities while working with individuals and groups. The practicum is designed to facilitate the student's growth as a professional by allowing observation of the daily work of a Certified Child Life Specialist.

Child Life Services
Le Bonheur Children's Hospital
848 Adams Avenue
Memphis, TN 38103
(901) 287-6021
child.life@lebonheur.org

QUALIFICATIONS OF APPLICANTS

The practicum program is open to students who have completed their collegiate level sophomore year. Applicants must be majoring (or have a degree) in child development or a related field

PRACTICUM SEMESTERS

Le Bonheur offers practicum sessions during the summer. The first session takes place during the month of June and the second session occurs in July. Students must be able to attend mandatory orientation and complete their practicum hours within their assigned month.

APPLICATION DEADLINE

Applications for the practicum program must be submitted online by January 5th. Hand delivered or mailed applications will not be accepted. Notification of receipt will be emailed. INCOMPLETE OR LATE APPLICATIONS WILL NOT BE REVIEWED.

APPLICATION

Applications must be submitted online and consist of:

- Resume
- Unofficial academic transcript(s)
- Proof of required experience working with children
 - Minimum of 50 volunteer hours in a children's hospital or under direct supervision of a Certified Child Life Specialist
 - Minimum of 50 hours with well children. Preference given to those with experience in a structured environment, including daycare, nursery, school, camp, etc.
 - Documentation of experience on attached verification form (see page 4) or on official letterhead (separate from recommendation letters)
- Attach a separate document briefly answering the following questions:
 - Describe your interest in the Child Life profession.
 - What are your strengths in working with children?
 - What aspects of working with children do you need to improve?
 - What do you hope to gain from the practicum experience?
 - Describe the ways in which the work of a child life specialist contributes to the health care experience of a child and his/her family.
- Two recommendation letters *from non-family members who are able to comment on your work based upon observations*, emailed directly to Child.Life@lebonhuer.org

CANDIDATE NOTIFICATION

The submission of an application does not guarantee placement. Acceptance is based on program capacity and qualifications of all applicants. The most qualified candidates will move forward with phone interviews. Initial practicum offers will be made mid-February. Candidates who are not selected will receive notification by email.

Thank you for your interest in the Child Life Practicum at
Le Bonheur Children's Hospital

Supervised Hours Working with Children

Verification Form

(Applicant: This form is to be completed by all places from which you are submitting hours. A verification letter on official letterhead may be substituted for this form.)

Applicant: _____

Institution: _____

Hours completed: _____

Type of experience – check one

- Working/volunteering within a structured environment with well children
- Working/volunteering with children and/or families in a stress-related environment
- Working/volunteering in programs designed for children with special needs
- Working/volunteering within a healthcare setting

Description of responsibilities/interactions with children and/or families:

Signature/Credentials: _____

Printed Name: _____

Title: _____

Date: _____

Phone Number: _____