



Practicum Application

Thank you for your interest in Ochsner Hospital for Children's practicum program. Individuals applying for the practicum must compile the following items to be reviewed by the Child Life Department. The items should be sent to the following email address:

childlifepacticum@ochsner.org

Requirements:

- If affiliated with a university, student and participating university must be willing to sign Ochsner's Affiliation Agreement.
- Minimum of 3.0 GPA (Core and Cumulative).
- Completion of **50 hours** working with sick children or "stressful hours" (hospitals, medical camps, medical day cares, behavioral clinics, etc.) ***Must submit official verification with supervisor's signature.***
- Completion of **50 hours** working with well children (babysitting, nannyng, tutoring, after school programs, etc.) ***Must submit official verification with supervisor's signature.***

*** Ochsner Verification of Hours Form can be found at the end of application. Other forms from institutions will be accepted if Ochsner's Verification Form is unable to be filled out. Feel free to make copies of this form to document any additional hours.**

Deadlines:

Spring Practicum Deadline (starts in January):	October 31
Summer Practicum Deadline (starts in June):	March 31
Fall Practicum Deadline (starts in September):	June 30

***Ochsner Hospital for Children is offering a Spring 2024 Practicum Program**

Once the application deadline has passed, all applications will be reviewed, and qualified applicants will be contacted to arrange an interview. The most qualified and suitable candidate will then be offered the practicum position at the discretion of the Child Life Student Committee.

Application Process:

Applicants who meet the above requirements must submit an application to the Ochsner Child Life Practicum Committee to be considered for an interview. Please submit the following requirements in ONE email. **Incomplete application packets will not be considered.**

1. Typed Child Life Practicum Application.
2. Professional resume outlining academic and other relevant experiences and qualifications.
3. A letter of recommendation from a faculty supervisor, employer, or advisor who has directly observed and can assess your work with children, parents, and professionals. Recommendations should be from non-family members.
4. Academic Transcripts from each University you attended (unofficial transcripts will be accepted).
5. Completed paperwork of verification hours worked with well and sick children on the official Ochsner Hospital for Children verification form or verification from another institution.

Practicum start dates will be discussed and agreed upon by the student, university supervisor and the Child Life Practicum Coordinator. If selected, you will need to provide the following pieces of information:

- Proof of health insurance
- Background check
- Personal liability insurance
- Proof of negative TB test

Thank you for our interest in our program. If you have any questions you can contact: by email at childlifepacticum@ochsner.org or by phone at (504) 842-2032.

Sincerely,

Child Life Student Committee





Application for Child Life Practicum

Date: _____

Name: _____

Current Address: _____

Phone Number: _____ Email Address: _____

Practicum Session: _____ Fall _____ Spring _____ Summer

College/University: _____

Degree/Major: _____

Core GPA: _____ Cumulative GPA: _____

Will you be enrolled in school during your practicum?

_____ Yes _____ No

Will this practicum experience be counted towards school credit?

_____ Yes _____ No

If yes, university affiliation: _____

Current supervisor/advisor name: _____

Do you anticipate any other commitments during your practicum? (Classes, work, etc.)

Note: You are required to complete 120 hours over the course of 8-14 weeks.

Please provide brief answers to the following questions:

1. If your own words, describe your understanding of the role of a Child Life Specialist?
2. Why are you choosing Child Life as a career?
3. Describe one experience with well children and discuss how this has prepared you for a child life practicum.
4. Describe one experience with sick children and discuss how this has prepared you for a child life practicum.
5. What do you hope to gain from your practicum experience? Please state 2-3 goals.



Verification of Hours

Applicant Name: _____

Location: _____

Number of Hours: _____

Responsibilities: _____

Please Select One: **Well** **Sick Children** **(Please Circle One)**

Supervisor Name: _____

Supervisor Signature: _____

Additional Comments: _____
