Practicum Application

Thank you for your interest in Ochsner Children’s Hospital practicum program. This program is an 8- to 14-week, 120-hour experience. Students are not required to be enrolled in a university during the practicum. Individuals applying for the practicum must compile the following items to be reviewed by the Child Life Student Committee. The items should be sent to the following email address:

childlifepracticum@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, nannying, 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 official 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 31st**
- Summer Practicum Deadline (starts in June): **March 31st**
- Fall Practicum Deadline (starts in September): **June 30th**

Please submit applications for the semester no more than **1 month** before deadline. If you have previously applied to our program, please resubmit an application during the appropriate deadline application period. Once the semester application deadline has passed, all candidates 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 Student 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 Children’s Hospital verification form or official 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 before beginning:

- 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 childlifepracticum@ochsner.org or by phone at (504) 842-2032.

Sincerely,

Ochsner Children’s Hospital
Child Life Student Committee
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: ____________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________