



Child Life Practicum Letter of Interest

Thank you for your interest in the Stripes Child Life Practicum Program at Driscoll Children's Hospital!

The child life practicum is a 150 hour program that strives to provide students with a quality learning experience and an introduction to the child life profession. We are dedicated to providing students with ample opportunities to gain experience supporting and working with children and their families as they interact with the healthcare environment.

The focus of the practicum program is on the development of skills in providing emotional support, developmentally appropriate activities, and therapeutic play opportunities for children in the healthcare environment. Student(s) will participate in two separate rotations. There will be many opportunities for students to implement activities with patients to provide outlets for play and creativity both at bedside and in the playroom, and to observe at least one intervention, preparation, and procedure.

Prior to submitting an application for the Stripes Child Life Practicum Program at Driscoll Children's Hospital, please review the requirements and application deadlines listed below as well as the "Child Life Practicum Goals and Objectives" included in this packet.

Requirements:

- Proof of negative TB test completed within the last year
- Proof of current immunizations
- Background check (can typically be provided by your local police department but cost will vary by city)
- Complete a hospital orientation

- Student(s) must be able to complete a minimum of 150 hours

Application deadlines and start dates are as follows. Remember that all applicants are required to submit a complete application (materials listed on application) and post-marked no later than deadline listed for consideration.

SEMESTER	FALL	SPRING	SUMMER
DEADLINE	March 5	August 6	January 7
START DATE	August 23	January 17	May 16

We appreciate your interest in the Stripes Child Life Program at Driscoll Children's Hospital practicum opportunity. For further information or questions about the Stripes Child Life Practicum program at Driscoll Children's Hospital, please call: 361-694-5048.

Sincerely,

Sarah Albu, BS, CCLS

Tashena Sandifer, BS, CCLS



Child Life Practicum Application

Name: _____ Date: _____

Present Address: _____
(Street) (City) (State) (Zip Code)

Permanent Address (if different): _____
(Street) (City) (State) (Zip Code)

Phone: _____ Email: _____

Placement you are applying for: Year: _____
(please circle only ONE) Fall Spring Summer

Education:

University: _____ City/State of University: _____

Major/Degree: _____ Dates Attended: _____ Graduation Date: _____

Is this practicum experience required for your degree? YES NO

If answered "yes" to the previous question, please provide the name and address of your university affiliated contact person:

Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

If you are accepted, are you willing to work the program's required 150 hours? YES NO

If you are accepted, what days and times (Monday through Friday) are you available for the practicum?

What other obligations might you have if you are accepted for a practicum placement (work, school, etc)?

Work/Volunteer Experience:

Starting with your most recent position, list all positions and activities including self-employment, volunteer work and all other significant experiences.

1. Employer: _____ Address: _____
(Street) (City) (State) (Zip Code)

Phone Number: _____ Job Title: _____

Supervisor: _____ Phone Number: _____

May we contact this person for reference? ____ YES ____ NO

Dates of Employment: From: _____ To: _____

Responsibilities: _____

2. Employer: _____ Address: _____
(Street) (City) (State) (Zip Code)

Phone Number: _____ Job Title: _____

Supervisor: _____ Phone Number: _____

May we contact this person for reference? ____ YES ____ NO

Dates of Employment: From: _____ To: _____

Responsibilities: _____

3. Employer: _____ Address: _____
(Street) (City) (State) (Zip Code)

Phone Number: _____ Job Title: _____

Supervisor: _____ Phone Number: _____

May we contact this person for reference? ____ YES ____ NO

Dates of Employment: From: _____ To: _____

Responsibilities: _____

Signature: _____ Date: _____

Please send the following materials to the address below

- **Cover letter**
- **Current resume**
- **Completed application**
- **Completed written answers to "Questionnaire" (page 3 of application)**
- **Transcripts from all universities attended (student copies are acceptable)**
- **Three letters of recommendation (at least two must be professional references)**

**Driscoll Children's Hospital
Child Life Department
c/o Practicum Program
3533 South Alameda
Corpus Christi, TX 78411**

(361) 694-5048

Questionnaire:

1. How did you become interested in Child Life?

2. What courses have you taken that you believe will help you in a Practicum placement?

3. How did you learn about the Child Life Practicum Program at Driscoll Children's Hospital?

4. Have you had experience working with children? If so, what ages and explain your experiences.

5. What do you expect to gain from a practicum placement at Driscoll Children's Hospital?
