



Dear Child Life Practicum Applicant:

Thank you for your interest in Ochsner Hospital for Children's practicum program. We offer a practicum during the spring, summer and fall semester each year. Please review our practicum requirements below.

Requirements:

- Minimum of 3.0 GPA (Core and Cumulative)
- Completion of 50 hours working with sick children (hospital, medical camps, etc.) *Must provide verification*
- Completion of 50 hours working with well children (babysitting, tutoring, after school programs etc.) *Must provide verification*
 - * Verification form at end of application. Other forms from institutions will be accepted. Feel free to make copies of this form to document additional hours.

Application Process:

Application packet must include:

- Completed Application
- Resume
- Letter of Reference
- Academic Transcripts from each University you attended (unofficial transcripts will be accepted)
- Verifications of hours worked with well and sick children

Please send your completed application by:

Spring Practicum Deadline (starts in January): October 31

Summer Practicum Deadline (starts in June): March 31

Fall Practicum Deadline (starts in September): June 30

Completed applications should be mailed to the following address:

Child Life Department
Ochsner Hospital for Children
1514 Jefferson Highway
New Orleans, LA 70124

Incomplete application packets will not be considered.

Once the application deadline has passed, all applications will be reviewed and qualified applicants will be contacted to arrange a phone interview. The most qualified and suitable candidate will then be offered the practicum position.

Start/finish date will be discussed and agreed upon by the student, university supervisor and the Child Life Practicum Coordinator.

Thank you for our interest in our program. If you have any questions you can contact 504-842-2068 or by email at Logan.Talbert@ochsner.org.

Sincerely,

Logan Talbert, BS, CCLS
Child Life Practicum Coordinator



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 12-14 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 your experience with well children.
4. Describe your experience with sick children.
5. What do you hope to gain from your practicum experience?

Please list any certification(s): _____



Verification of Hours

Applicant Name: _____

Location: _____

Number of Hours: _____

Responsibilities: _____

Well or Sick Children (Circle One)

Supervisor Name: _____

Supervisor Signature: _____

Additional Comments:
