



Dear Child Life Practicum Applicant,

Thank you for your interest in Auburn University's Child Life Practicum Program at East Alabama Medical Center. Individuals involved in the practicum program will gain experience working with children through the Emergency Department. Opportunities to work in other units such as surgery and general pediatrics are also available on occasion. Patients range in age from 0-18 years. At this time, we are able to accommodate three to four practicum students per semester. This packet includes a description of our practicum program, application requirement materials, and a practicum agreement. The Child Life practicum program offers many opportunities for students including:

- Interacting daily with children/families in the health care setting, as well as other health care professionals.
- Recognizing and understanding child/family reactions to stress, illness, and pain.
- Recognizing the value of education, play, and psychosocially supportive interventions.
- Learning to plan and facilitate a variety of activities for children of diverse ages and capabilities.
- Gaining knowledge of medical terminology, diagnoses, and procedures.
- Adapting skills for setting goals, self-evaluation, and time management.
- Developing professional attitudes, growth, maturity, and judgment.

We truly appreciate your interest in our program.

Sincerely,

Amanda Newberry Butler, M.S., CCLS

Aln0002@auburn.edu

Auburn University Child Life Faculty

Application Process:

Individuals interested in the Child Life Practicum Program should follow the following instructions. An application for practicum is included in the packet. Please return it along with the following items:

1. 1 recommendation letter in a sealed envelope completed by non-family professionals who have observed your work ethic or experience with children
2. A copy of your student schedule for the semester you are applying (or, a list of responsibilities you will have other than practicum)
3. Resume

* If accepted, you must provide copies of all current immunizations, a copy of your background check, and a completed, negative PPD Test

**Students will be notified of acceptance via email no later than November 10.

***Following review of your completed application packet, you may be contacted for an interview. Selection is based on course work, GPA, letters of recommendation, and the personal interview. If you have questions, please contact me at Aln0002@auburn.edu.

Please return application by October 18

Please bring items to:

My office in the Auburn University Early Learning Center

2nd floor, 3rd door on the right

Acceptance/Qualifications:

In addition to the applicant review, individuals are expected to have:

- Well-developed interpersonal and communication skills
- Adaptability and flexibility
- Completion of sophomore year of an accredited university within a curriculum that reflects an understanding of growth across the lifespan and family theories
- A minimum of a 3.0 GPA
- Previous experience with children on an individual and group setting

11. What strengths (skill and talents) would you bring to the child life practicum?

12. What challenges do you face related to working with children?

13. Why do you want practicum experience at East Alabama Medical Center?

Required Practicum Objectives

- _____ 1. Complete goals/objectives paper.
 - _____ 2. Participate in Hospital Orientation and floor orientation with the CCLS.
 - _____ 3. Maintain a daily journal of hospital experiences to be turned in monthly.
 - _____ 4. Complete a special project, which can be patient, parent, staff, or community-related.
 - _____ 5. Conduct at least one procedure preparation.
 - _____ 6. Complete self-evaluations at semester mid-term and final.
 - _____ 7. Complete program/supervisor evaluation at semester final.
 - _____ 8. Complete a minimum of 100 hours of clinical time
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Practicum Agreement

(to be signed upon acceptance to the program)

The following constitutes a Child Life practicum agreement between _____ and Auburn University and East Alabama Medical Center. I hereby agree to the requirements and responsibilities outlined in this practicum packet. I have reviewed the requirements of the program, and attest that I am able with or without accommodation to perform the essential functions of the practicum duties. I understand that this is a volunteer-based position, and I will receive no reimbursement for my time.

Student Signature: _____ Date _____

University Advisor Signature: _____ Date _____