



### Child Life Practicum

Thank you for your interest in the Child Life Practicum at Anne Arundel Medical Center in Annapolis, MD. This practicum program will allow a student insight into the daily duties of a child life specialist, the various psycho-social needs of patients and families, and a connection between theory and practice within the child life field.

Our child life program is committed to providing high quality education and training for prospective child life professionals. The child life practicum is designed to give students the opportunity to be a first-hand observer of the work of the child life specialist and to help students enhance their understanding of the unique needs of hospitalized children and their families. Practicum students will observe many of the clinical interventions conducted by child life specialists, including, but not limited to, procedural preparation and support, diagnostic teaching, medical play, normalization activities, sibling and caregiver interactions, and bereavement support. Students will also have many opportunities to engage directly with patients and families in a play-based and psychosocially nurturing context, thereby expanding on the fundamental patient interaction skills previously learned during volunteer experiences. Relevant readings and assignments will supplement the student's clinical experience throughout the practicum.

We are looking for highly motivated, hard-working students who have the ability to connect with and provide comfort to children of a variety of ages. Selection of practicum students is based on previous experience working with children, academic record, interview, and references. Experience working with children in a hospital setting is required.

Our practicum will consist of **120 hours** that will be completed in **8-10 weeks**. During the practicum, the student will receive a hospital orientation, as well as experience in both the pediatric emergency department and the pediatric inpatient unit.

Again, we thank you for your interest in AAMC's child life practicum program and we look forward to receiving your application. If we feel you would be a good fit for our program, we will contact you to schedule an interview. If you have any questions, please feel free to contact our child life team.

## **Requirements:**

To be considered for the practicum, applicants must currently be enrolled in **at least their sophomore year of college** in a related field with applicable course work. In addition, please submit the following:

- Application
- Short Essay Questions
- Documentation of a minimum of **75** volunteer hours with children in a health care setting (preferably under a Child Life program), completed by application deadline
- Transcripts from all colleges attended (unofficial acceptable), with a minimum of a 3.0 GPA
- Recommendation forms (minimum 2)
- Resume
- Immunization verification form  
*\*(must be completed prior to start date if applicable)*

*\*Applications will be reviewed by the Child Life team; the most qualified applicants will be offered an opportunity to participate in an interview.*

## **Short Essay Questions:**

*\*Please type answers in paragraph form and attach to application.*

1. What draws you to the field of child life?
2. What do you think are the three most important roles of a child life specialist?
3. What do you hope to gain from your child life practicum?
4. Describe your most memorable experience thus far working with hospitalized children.
5. Briefly tell us why you are the most qualified candidate for a practicum at AAMC.

## **Contact Us:**

Please submit all application materials by **mail** to:

Anne Arundel Medical Center  
Pediatrics – Child Life  
Attn: Meghan Siegel  
2001 Medical Parkway  
Annapolis, MD, 21401

For questions regarding practicum sessions and deadlines, please contact our child life department at 443-481-6334, or [childlife@aahs.org](mailto:childlife@aahs.org).

**ANNE ARUNDEL MEDICAL CENTER CHILD LIFE PRACTICUM APPLICATION**

**Personal Information**

<b>Full Name:</b>			
<b>Address:</b>			
	<i>Street Address</i>	<i>City</i>	<i>State</i> <i>Zip</i>
<b>Primary Phone:</b>		<b>Alternate Phone:</b>	
<b>E-mail Address:</b>			
<b>Social Security Number:</b>		<b>Date of Birth:</b>	

**Emergency Contact Information**

<b>Full Name:</b>			
<b>Address:</b>			
	<i>Street Address</i>	<i>City</i>	<i>State</i> <i>Zip</i>
<b>Primary Phone:</b>		<b>Alternate Phone:</b>	
<b>Relationship:</b>			

**Education**

<b>College/University:</b>			
<b>Major:</b>		<b>Minor:</b>	
<b>G.P.A.:</b>		<b>Graduation Date:</b>	<b>Year of College:</b>
<b>Academic Advisor:</b>			
<b>Advisors' Contact:</b>	<b>Phone:</b> (   )	<b>E-mail:</b>	

**ANNE ARUNDEL MEDICAL CENTER CHILD LIFE PRACTICUM APPLICATION**

**Experience**

List child related hospital, practicum, volunteer and job experiences which have prepared you for this practicum:  
*\*A minimum of 75 volunteer hours with children in a hospital (preferably under a Child Life program) is required*

<b>Dates</b>	<b>Position Held</b>	<b>Institution/Location</b>	<b>Number of Hours</b>

**Additional Information**

<b>Do you have relatives or friends currently employed with AAMC?</b>	
<b>If Yes, please give their names and relationships:</b>	
<b>Have you ever been discharged or requested to resign from a former position?</b>	
<b>If yes, please explain:</b>	
<b>Have you ever been convicted of any offense other than a traffic violation?</b>	
<b>If yes, please explain:</b>	

I understand that successful completion of the practicum includes working a minimum of 120 hours (approximately 10-15 hours per week over an 8 week period) under the supervision of a child life specialist.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Anne Arundel Medical Center  
Child Life Program  
Student Recommendation Form**

Applicant \_\_\_\_\_

Date \_\_\_\_\_

The above individual has applied for acceptance into the Child Life Practicum Student program at Anne Arundel Medical Center. This individual will be gaining experience within the environment serving a pediatric acutely ill population. Below are characteristics that will help us determine the best fit with our program. Please provide us with your honest impressions based on your observations of this student.

Characteristic & Skill	Outstanding	Above Average	Average	Below Average	Weak
1. Maturity					
2. Ability to work as a team member					
3. Ability to accept guidance and supervision					
4. Functions responsibly and independently					
5. Motivation to learn					
6. Interpersonal skills with adults					
7. Interpersonal skills with children					
8. Communication skills with adults					
9. Communication skills with children					
10. Written communication skills					

*Please share with us why you are recommending this individual. What contributions do you feel he/she will make during this experience?* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Institution: \_\_\_\_\_ Position: \_\_\_\_\_

How long have you know the applicant? \_\_\_\_\_ In what context? \_\_\_\_\_

May we contact you for further information? \_\_\_\_\_ Contact Information: \_\_\_\_\_

*Return recommendation form in sealed and signed envelope to:  
Pediatric Department, Child Life, Attention: Meghan Siegel, CCLS  
2001 Medical Parkway, Annapolis, MD 21401*

## IMMUNIZATION REQUIREMENTS FOR NON-AAMC EMPLOYEES

Immunization records must be approved by the Employee Health Department. Complete this sheet and send a copy of your records with your application.

You must provide the following:

\_\_\_\_\_ 1. Two mantoux TB skin tests with the past 12 months, with at least 2 weeks between the first and second test. The 2<sup>nd</sup> TB test must have been given during the past 6 months. If the person has a chronically positive TB test (Tuberculin skin test), then they will need to provide a copy of a chest x-ray report done within the last six months.

\_\_\_\_\_ 2. Physician documentation of a Varicella (chicken pox) titer that shows positive immunity.

\_\_\_\_\_ 3. Documentation of 2 MMR immunizations past the age of 12 months, or a blood titer result showing immunity to Measles, Mumps, and Rubella.

\_\_\_\_\_ 4. Documentation of a 3-shot hepatitis B vaccination series, **along with a titer showing immunity to Hepatitis B virus.**

\_\_\_\_\_ 5. Documentation of one adult dose of TDaP vaccine (Tetanus, Diphtheria, acellular, Pertussis).

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_