1324 LAKELAND HILLS BLVD LAKELAND, FL 33805

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CHILD LIFE PRACTICUM

Thank you for your interest in our Child Life practicum program at Lakeland Regional Health. Our hospital and Child Life department are committed to and excited about providing quality education and meaningful experiences for our students.

Our practicum is designed to provide you with insight into the Child Life profession as well as provide opportunities for you to interact with pediatric patients through play activities. Practicum students have the opportunity to shadow our child life specialists during preparations, medical play experiences, actual medical procedures, and family support. Along with shadowing our child life specialists, practicum students also facilitate playroom activities and individualized bedside activities with children.

To be considered as a practicum applicant, you must be at least a sophomore in college **and** completed a minimum of 25 hours working with children in a hospital or medical setting (such as a hospital volunteer, medical camp or daycare, etc.).

To apply for our practicum, we will need:

- Completed Application for Practicum
- Resume
- Unofficial Transcripts
- One-page essay, typed in Times New Roman font and double spaced, describing your interest in LRH's practicum program and the child life profession

What is expected out of practicum students?

- Total of 100 practicum hours, working between a minimum of 8 hours per week and a maximum of 16 hours per week
- Daily journals, reading assignments, child development webinars, and summaries
- Facilitation of bedside and/or playroom activities and a therapeutic activity project
- Final paper about what student has learned

Do I have to be enrolled in a college or university to apply?

Affiliation with a program or university is preferred but we are able to work

with students that are unaffiliated. Please select affiliated or unaffiliated on your application.

What areas of the hospital do practicum students get to experience?

Practicum students are assigned to shadow Certified Child Life Specialists throughout various areas of the hospital. Clinical areas that practicum students may experience are:

General in-patient units

Pediatric Intensive Care Unit (PICU)

- Pediatric Emergency Department
- Radiology
- Adult ICU's

When are practicum students accepted?

Lakeland Regional Health follows the internship guidelines and deadlines set forth by the Association of Child Life Professionals.

After evaluation of your application and resume, you may be contacted for an interview.

How do I contact you if I have any questions?

If you have any questions, please contact us via email at child.life@mylrh.org

Thank you for your interest in our practicum program at Lakeland Regional Health.



Child Life Practicum Application

| Name: | | | | | | |
|--|--------------------|---------------|---------------|----------------|--|--|
| Address: | | | | | | |
| City: | State: | | _ Zip Code: _ | | | |
| Email Address: | | | | | | |
| Phone Number at wh | ich you would like | to be contact | ed: | | | |
| Please indicate the s | emester and year f | or which you | are applying: | YEAR: | | |
| Spring | Sui | mmer | | Fall | | |
| Our practicum program follows the dates and guidelines set forth by the ACLP. Please ensure that you are submitting your application before the semester's deadline. | | | | | | |
| School Affiliation: | Yes | | | No | | |
| If Yes, please list sch | ool or program: | | | | | |
| Academic Year: | Sophomore | Junior | Senior | Graduate Level | | |
| Dates Attended: | | | | | | |
| Anticipated Graduati | on Date: | | | | | |

Volunteer Experience: (One experience **must** be working with children in a hospital or medical setting)

| Organization: | | | | | |
|---|----------------------------|--|--|--|--|
| Title/Role: | | | | | |
| Supervisor's Name: | Supervisor's Phone number: | | | | |
| May we contact your supervisor? Yes | No | | | | |
| Total Hours: | | | | | |
| Organization: | | | | | |
| Title/Role: | | | | | |
| Supervisor's Name: | Supervisor's Phone number: | | | | |
| May we contact your supervisor? Yes | No | | | | |
| Total Hours: | | | | | |
| Application Check List: Completed Application Resume Unofficial Transcripts One-page essay | | | | | |
| Signature | Date | | | | |
| Submission Options: | | | | | |
| Email to: Child.Life@myLRH.org Fax to: (863) 687-1437 Mail to: Lakeland Regional Health Attn: Pediatrics, Child Life Specialist 1324 Lakeland Hills Blvd. Lakeland, FL 33805 | | | | | |

