



Dear Applicant,

We are pleased that you are interested in the Child Life internship program at Huntsville Hospital for Women and Children. We accept one intern for each 15-week internship in the fall and the spring.

The completed application packet which should be returned by the appropriate deadline will include: (1) completed common internship application, (2) documentation of practicum hours (100 or more) completed under the supervision of a Certified Child Life Specialist, (3) three completed recommendation forms (one each from (a) professor, (b) Certified Child Life Specialist supervisor of practicum hours, and (c) other), (4) current copy of OFFICIAL academic transcript(s), (5) resume, and (6) official course review from the Child Life Council.

Packet should be addressed to: Michelle Townsend Cooper  
Child Life Program  
Huntsville Hospital for Women and Children  
245 Governors Drive SE  
Huntsville, AL 35801-3784

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 [michelle.townsend@hhsys.org](mailto:michelle.townsend@hhsys.org) or (256) 265-7969.

Sincerely,

*Michelle Townsend Cooper*

Michelle Townsend Cooper  
Internship Supervisor

<b>Internship Session</b>	<b>Application Deadlines</b>	<b>Initial Offer Dates</b>	<b>Initial Acceptance Dates</b>
Fall	May 5	2 <sup>nd</sup> Monday of June	2 <sup>nd</sup> Tuesday of June
Spring	September 5	2 <sup>nd</sup> Monday of October	2 <sup>nd</sup> Tuesday of October

We follow this year's dates given by the Child Life Council.



## The Child Life Program at Huntsville Hospital for Women and Children

The Child Life Program at Huntsville Hospital for Women and Children was established in July 1983 with funds and volunteers from the Junior League. The program functioned as a play and entertainment program until 1999. Presently, we are staffed by four full-time Certified Child Life Specialists and cover the following areas: Pediatric floor, Pediatric Intensive Care Unit, St. Jude affiliate clinic, Special Procedures, Pediatric Pre-op, Radiology, and Pediatric Emergency Room.

### **Descriptions of areas served by the Child Life Program are as follows:**

**Pediatric Floor** – There are 37 inpatient beds on the pediatric unit. Diagnoses include: cystic fibrosis, sickle cell anemia, diabetes, sepsis, asthma, trauma, general surgery, orthopedic surgery, seizure disorders, gastrointestinal disorders, and ENT surgeries. There are two activity rooms on this unit: (1) for younger patients with toys, mats, mirror for infants, easel, and a kitchen play area and (2) for school-age/adolescents with a computer, *Touch 2 Play* game, and video games. Board games and craft activities are provided for all age groups.

**Pediatric Intensive Care Unit (PICU)** – This is an 11-bed unit. In addition to preparation and support, sibling preparation for visits and family bereavement support are provided.

**Pediatric Emergency Department (ER)** – The pediatric emergency department has 16 rooms and treats approximately 31,000+ patients yearly. The Child Life Specialist provides preparation and support for procedures and activities for waiting times.

**Pediatric Pre-op** – A Child Life Specialist prepares patients and families for the surgery experience. A “live” pre-surgery tour is offered weekly and a virtual preparation tour is offered on the hospital website ([www.huntsvillehospital.org](http://www.huntsvillehospital.org)).

**Special Procedures** – On Wednesday and Thursday (and other days as needed), a Child Life Specialist provides preparation and support for pediatric patients undergoing gastroenterological procedures.

**St. Jude Affiliate Clinic** – A Child Life Specialist provides interaction, preparation, support, and activities for the children that are undergoing treatment for cancer and blood disorders.

**Radiology** – A Child Life Specialist provides preparation, support, and activities for children having radiological procedures.

### **Other responsibilities of Child Life Specialists:**

supervise volunteers	facilitate community group visits
provide staff in-services	represent hospital at events for children and youth



## **The Child Life Program at Huntsville Hospital for Women & Children Prerequisites for Internship**

Upon acceptance into the Internship Program, a form will be mailed to you on which to provide written documentation of the following required items:

- CPR Certification
- Health Insurance
- Professional Liability Insurance
- Negative TB skin test within the past three months. If there is a history of a positive TB skin test, then provide a chest x-ray within the past year
- Varicella (chicken pox) titer drawn
- MMR vaccination
- Completed series of three Hepatitis-B vaccine or informed refusal of the vaccine
- It is recommended the student receive a tetanus/diphtheria booster if ten years have elapsed since last booster.



## **The Child Life Program at Huntsville Hospital for Women & Children Internship Goals and Objectives**

- To gain understanding of the impact of hospitalization on the emotional and developmental needs of children and their families
- To become acquainted with the needs of hospitalized children and to recognize creative and flexible programming to meet these needs
- To be an advocate for children and their families
- To prepare patients for medical experiences through the use of developmentally appropriate visual aids, medical equipment, and teaching puppets or dolls
- To gain a basic working knowledge of medical procedures, terminology, and the roles of other professionals within the hospital setting
- To evaluate oneself under the guidance of professionals and to be measured by professional standards
- To demonstrate knowledge of normal growth and development in children
- To demonstrate the ability to plan and implement a group play session
- To enhance one's interpersonal and communication skills
- To articulate the rationale of therapeutic play
- To begin the transition from student to professional
- To equip patients with coping, learning, and mastery skills
- To recognize the diversity of individual and family strengths and needs, acknowledging their support systems and community links



## **The Child Life Program at Huntsville Hospital for Women and Children**

### **Internship Requirements**

- Case study (including disease review)
- Journal
- Mock interview
- Intern project (with presentation)
- Article reviews
- Medical terminology
- Observation/Assessment exercises
- In-services
- Daily debriefing with rotation supervisor
- Weekly debriefing with internship supervisor
- Evaluations (each rotation, mid-term, final, and self)



## Child Life Program Internship Recommendation Form

Applicant \_\_\_\_\_ Date \_\_\_\_\_

*The above individual has applied for acceptance into the Child Life internship program at Huntsville Hospital for Women & Children. This individual will be gaining experience within the environment of a medical facility that serves a pediatric population.*

	Outstanding	Above Average	Average	Below Average	Weak
1. Maturity					
2. Problem solving skills					
3. Ability to accept guidance and supervision					
4. Functions responsibly and independently					
5. Motivation to learn					
6. Interpersonal skills:					
a. Adults					
b. Children					
7. Communication skills					
a. Adults					
b. Children					
c. Written					

*Please share with us why you are recommending this individual for a child life internship. What contributions do you feel he/she will make in the field of child life? (You may attach additional comments on another sheet.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what context? \_\_\_\_\_ Phone Number \_\_\_\_\_

May we contact you for further information? \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Return to: Child Life Program \* Huntsville Hospital for Women & Children  
\*911 Big Cove Road \* Huntsville, AL 35801**

# COMMON CHILD LIFE INTERNSHIP APPLICATION

For Internship Session: \_\_\_\_\_

(Example: Fall 2012)

## Personal Information

\_\_\_\_\_  
Last Name First Name (M.I.)

\_\_\_\_\_  
Present Phone

\_\_\_\_\_  
Permanent Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Present Address

\_\_\_\_\_  
Permanent Address

\_\_\_\_\_  
City State/Province ZIP Code Country City State/Province ZIP Code Country

## Emergency Contact

In case of emergency, notify:

\_\_\_\_\_  
Name Relationship Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Country

## Application Category

**University-affiliated** (internship hours will count toward course credit)

**Independent** (internship hours will NOT count toward course credit)

[Please note: Some Child Life Internship Programs DO NOT ACCEPT independent interns]

If University-affiliated:

\_\_\_\_\_  
University Supervisor/Advisor Name Email Address Phone

\_\_\_\_\_  
University Name University Department Address

## Academic Information

**Please list ALL colleges and universities attended:\***

1.

\_\_\_\_\_  
College/University Name City, State/Province

TO

\_\_\_\_\_  
Dates Attended (mm/year)

\_\_\_\_\_  
Graduation Date (mm/year)  
(include anticipated as well as official)

\_\_\_\_\_  
Major

Level:  Bachelor's  Master's  
Check one of the above

\_\_\_\_\_  
GPA Cum

\_\_\_\_\_  
GPA in Major

2.

\_\_\_\_\_  
College/University Name City, State/Province

TO

\_\_\_\_\_  
Dates Attended (mm/year)

\_\_\_\_\_  
Graduation Date (mm/year)  
(include anticipated as well as official)

\_\_\_\_\_  
Major

Level:  Bachelor's  Master's  
Check one of the above

\_\_\_\_\_  
GPA Cum

\_\_\_\_\_  
GPA in Major

**\*NOTE: If additional space is necessary to complete the list of ALL colleges and universities attended, please go to page 7 of this form.**

# COMMON CHILD LIFE INTERNSHIP APPLICATION

For Internship Session: \_\_\_\_\_

(Example: Fall 2012)

## Experience with Children in Healthcare Settings

1.

Institution			Position Title (e.g., volunteer, practicum student)	
Supervisor's Name and Credentials			Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO				
Dates (mm/year to mm/year)	Hours/ Week	# of Weeks	Total Hours Completed	Supervisor's Phone
Briefly describe population and responsibilities: (approx 100 word limit)				

2.

Institution			Position Title (e.g., volunteer, practicum student)	
Supervisor's Name and Credentials			Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO				
Dates (mm/year to mm/year)	Hours/ Week	# of Weeks	Total Hours Completed	Supervisor's Phone
Briefly describe population and responsibilities: (approx 100 word limit)				

3.

Institution			Position Title (e.g., volunteer, practicum student)	
Supervisor's Name and Credentials			Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO				
Dates (mm/year to mm/year)	Hours/ Week	# of Weeks	Total Hours Completed	Supervisor's Phone
Briefly describe population and responsibilities: (approx 100 word limit)				

**NOTE: If additional space is necessary to complete this list, please go to page 7 of this form.**

## Other Child-Related Experiences

(i.e., child care, camps, education/teaching)

1.

Organization/Employer			Position Title (e.g., nanny, teen counselor, teacher)	
Supervisor's Name			Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO				
Dates (mm/year to mm/year)	Hours/ Week	# of Weeks	Total Hours Completed	Supervisor's Phone
Briefly describe population and responsibilities: (approx 100 word limit)				

# COMMON CHILD LIFE INTERNSHIP APPLICATION

For Internship Session: \_\_\_\_\_

(Example: Fall 2012)

## Other Child-Related Experiences (continued)

2.

Organization/Employer			Position Title (e.g., nanny, teen counselor, teacher)	
Supervisor's Name			Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO			Total Hours Completed	Supervisor's Phone
Dates (mm/year to mm/year)	Hours/ Week	# of Weeks	Briefly describe population and responsibilities: (approx 100 word limit)	

3.

Organization/Employer			Position Title (e.g., nanny, teen counselor, teacher)	
Supervisor's Name			Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO			Total Hours Completed	Supervisor's Phone
Dates (mm/year to mm/year)	Hours/ Week	# of Weeks	Briefly describe population and responsibilities: (approx 100 word limit)	

4.

Organization/Employer			Position Title (e.g., nanny, teen counselor, teacher)	
Supervisor's Name			Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO			Total Hours Completed	Supervisor's Phone
Dates (mm/year to mm/year)	Hours/ Week	# of Weeks	Briefly describe population and responsibilities: (approx 100 word limit)	

**NOTE: If additional space is necessary to complete this list, please go to page 8 of this form.**

## Professional Involvement

Please list the names of any professional organizations you are a member of:

_____	_____
_____	_____

# COMMON CHILD LIFE INTERNSHIP APPLICATION

*For Internship Session:* \_\_\_\_\_

(Example: *Fall 2012*)

## Child Life Relevant Coursework Information

Please check one of the following:

Official CLC Coursework Review AND Official  
Transcripts Attached

*(Please continue to next section)*

Official Transcripts Attached  
*(Must complete section below)*



COMMON CHILD LIFE INTERNSHIP APPLICATION

*For Internship Session:* \_\_\_\_\_  
(Example: *Fall 2012*)

# COMMON CHILD LIFE INTERNSHIP APPLICATION

*For Internship Session:* \_\_\_\_\_

(Example: Fall 2012)

## Essay Questions

**Please answer the following questions:**

How did you first become interested in or aware of child life? (Approx. 200 words)

What have you done to increase your knowledge/awareness of this profession? (Approx. 200 words)

Briefly describe the ways in which the work of a child life specialist contributes to the health care experience of a child and his/her family. (Approx. 200 words)

Provide a specific example of a time that you used play to meet the developmental needs of a child. (Approx. 200 words)

# COMMON CHILD LIFE INTERNSHIP APPLICATION

For Internship Session: \_\_\_\_\_

(Example: Fall 2012)

## Application Checklist Review

- Completed and Signed Application Form
- College/University Transcripts (if applicable, include both undergraduate and graduate)
- Reference Letters\*\*
- Resume/Curriculum Vitae
- Attachment of additional application materials as required by each program

**I attest that the information in this application is true and accurate to the best of my knowledge.**

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

**REMINDER:** Applicants must check with EACH internship program to verify that internship eligibility requirements are met and to determine whether additional items are required to be submitted with this application form.

Examples of additional requirements that MAY be required include, but are not limited to:

- a completed background check form
- completion of additional essay questions or exercises
- official documentation of volunteer hours
- \*\*specific number and type of reference letters

### **SUBMITTING YOUR APPLICATION:**

Completed applications should be mailed **directly** to the internship programs to which you are applying. **DO NOT MAIL YOUR APPLICATION TO THE CHILD LIFE COUNCIL OFFICE.** Please contact individual programs for their direct mailing information.

# COMMON CHILD LIFE INTERNSHIP APPLICATION

*For Internship Session:* \_\_\_\_\_

(Example: Fall 2012)

**For completion ONLY if additional space is required to complete applicant's listing of Academic Information, Experience with Children in Healthcare Settings, and/or Other Child-Related Experience.**

**Academic Information (Continued)**

**Please list remaining colleges and universities attended:**

3. \_\_\_\_\_

College/University Name	City, State/Province
TO	
Dates Attended (mm/year)	Graduation Date (mm/year) (include anticipated as well as official)
Major	Major
Level: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <i>Check one of the above</i>	GPA Cum
	GPA in Major

4. \_\_\_\_\_

College/University Name	City, State/Province
TO	
Dates Attended (mm/year)	Graduation Date (mm/year) (include anticipated as well as official)
Major	Major
Level: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <i>Check one of the above</i>	GPA Cum
	GPA in Major

**Experience with Children in Healthcare Settings (Continued)**

4. \_\_\_\_\_

Institution	Position Title (e.g., volunteer, practicum student)
Supervisor's Name and Credentials	Supervisor's Title
TO	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates (mm/year to mm/year)	Total Hours Completed
Hours/ Week	Supervisor's Phone
# of Weeks	

Briefly describe population and responsibilities:

5. \_\_\_\_\_

Institution	Position Title (e.g., volunteer, practicum student)
Supervisor's Name and Credentials	Supervisor's Title
TO	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates (mm/year to mm/year)	Total Hours Completed
Hours/ Week	Supervisor's Phone
# of Weeks	

Briefly describe population and responsibilities:

# COMMON CHILD LIFE INTERNSHIP APPLICATION

*For Internship Session:* \_\_\_\_\_

(Example: *Fall 2012*)

**Other Child-Related Experiences (Continued)**

5. \_\_\_\_\_

Organization/Employer	Position Title (e.g., nanny, teen counselor, teacher)
Supervisor's Name	Supervisor's Title
TO	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates (mm/year to mm/year)	Hours/ Week
# of Weeks	Total Hours Completed
Supervisor's Phone	

Briefly describe population and responsibilities:

---

6. \_\_\_\_\_

Organization/Employer	Position Title (e.g., nanny, teen counselor, teacher)
Supervisor's Name	Supervisor's Title
TO	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates (mm/year to mm/year)	Hours/ Week
# of Weeks	Total Hours Completed
Supervisor's Phone	

Briefly describe population and responsibilities: