Children’s Memorial Hermann Hospital
Internship Application Process

Individuals applying for the internship must compile the following items to be reviewed by the Child Life Department. The items should be sent to the address:

Children’s Memorial Hermann Hospital
C/o Child Life Department
6411 Fannin Street
Houston, Texas 77030

Applicants must submit the following documentation by the deadline:

A. Children’s Memorial Hermann Hospital Internship Application. (Will not accept Common Child Life Application)

B. Answers to internship questions [attach additional sheets as necessary].

C. Professional resume outlining academic and clinical experiences and other qualifications.

D. An official, current transcript(s) from university indicating cumulative GPA.

E. Verification of approved courses from the Child Life Council.

F. Two letters of recommendation: One must be from practicum supervisor and one from a faculty supervisor, employer, or advisor who has directly observed and can assess your work with children, parents, and professionals. Recommendations must address specific knowledge and skills relative to your work with children, parents, and professionals.

G. If selected, you will need to provide the following pieces of information:
   - Proof of health insurance
   - CPR Certification
   - Personal liability insurance
   - Proof of negative TB test (read within one year of internship start date) or current chest x-ray.
   - Proof of flu shot (hospital is able to provide flu shot free of charge for selected interns).

Children’s Memorial Hermann Hospital offers spring and fall Child Life internships. Applicants are responsible for meeting the following deadlines:

<table>
<thead>
<tr>
<th>Desired start date</th>
<th>Complete application must be received by:</th>
<th>Offers for internships will be made by:</th>
<th>Students must accept or refuse an internship by:</th>
<th>Internship start dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring semester (January)</td>
<td>September 5</td>
<td>2nd Tuesday of October (We reserve the right to accept a qualified candidate before this deadline)</td>
<td>2nd Wednesday of October</td>
<td>2nd Monday in January</td>
</tr>
<tr>
<td>Fall semester (September)</td>
<td>May 5</td>
<td>2nd Tuesday of June (We reserve the right to accept a qualified candidate before this deadline)</td>
<td>2nd Wednesday of June</td>
<td>2nd Monday in September</td>
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</table>

After the deadline for applications passes, all completed applications will be reviewed by the Child Life Internship Coordinators. You may then be contacted for an interview.
Children’s Memorial Hermann Hospital  
Child Life Department Internship Program  
Application

NAME_______________________________________
_______________________
Last First M.I.

PERMANENT ADDRESS
____________________________________________________
____________________________________________________

PRESENT ADDRESS
____________________________________________________
____________________________________________________

PHONE (___)______________________
PHONE (___)______________________

EMAIL ADDRESS: _____________________________________________________

DESIRED INTERNSHIP SEMESTER (circle one): FALL SPRING

COLLEGE/UNIVERSITY________________________________

MAJOR/CONCENTRATION________________________________

DATES ATTENDED:______________________

GPA CUMM:________________ GPA IN MAJOR:________

STATUS AT TIME OF INTERNSHIP (circle one):

COLLEGE SENIOR COLLEGE GRADUATE GRADUATE STUDENT

PLEASE LIST ALL OTHER COLLEGES AND UNIVERSITIES ATTENDED: (ATTACH SEPARATE PAGE IF ADDITIONAL SPACE IS NEEDED)

COLLEGE/UNIVERSITY________________________________

MAJOR/CONCENTRATION________________________________

DATES ATTENDED: _____________________ GRADUATION DATE: _____________

GPA CUMM: __________ GPA IN MAJOR: __________

COLLEGE/UNIVERSITY________________________________

MAJOR/CONCENTRATION________________________________

DATES ATTENDED: _____________________ GRADUATION DATE: _____________

GPA CUMM: __________ GPA IN MAJOR: __________
CHILD LIFE PRACTICUM (Please type out on separate sheet of paper if more space is needed)

FACILITY_________________________________ NUMBER OF HOURS________
SUPERVISOR’S NAME: ___________________________ DATES WORKED:________
PHONE: ___________________________

BRIEFLY DESCRIBE POPULATION AND RESPONSIBILITIES:

OTHER EXPERIENCES WITH CHILDREN IN A HEALTH CARE SETTING:

FACILITY_________________________________ NUMBER OF HOURS________
POSITION/TITLE_______________________________ DATES WORKED:________
SUPERVISOR’S NAME: ___________________________ PHONE:________________

BRIEFLY DESCRIBE POPULATION AND RESPONSIBILITIES:

EXPERIENCES WITH CHILDREN OUTSIDE OF THE HEALTH CARE SETTING:

FACILITY_________________________________ NUMBER OF HOURS________
POSITION/TITLE_______________________________ DATES WORKED:________
SUPERVISOR’S NAME: ___________________________ PHONE:________________

BRIEFLY DESCRIBE POPULATION AND RESPONSIBILITIES:

The first 8-week placement will be in one of three pediatric inpatient units. There are a variety of placement opportunities you can experience during the second 6-week placement. The internship coordinators will work with you to determine the best placement.

First placement will be one of the following: Second Placement
GENERAL PEDIATRIC UNIT (Rank 1 least interested 5 most interested)
CHILDREN’S INTERMEDIATE CARE UNIT
CHILDREN’S SURGICAL UNIT
LEVEL I TRAUMA/ER
DIALYSIS
DAY SURGERY/IMAGING

SIGNATURE_________________________________ DATE________________

_________________________________________________________
INTERNERSHIP QUESTIONS

Please respond to the following questions in detail. You may use another page when necessary.

1. Describe how you learned about Child Life, and why you are attracted to the field?

2. What do you hope to gain from the internship?

3. Describe your strengths in working with children. What do you see as areas for growth?

4. What differences and similarities have you noticed in your work with children who have health or developmental challenges versus well children?

5. How would you respond if a 3-year-old patient was continually grabbing toys from other patients in the playroom?

6. Is there anything else you would like us to know about when considering you as a candidate for our internship program?

7. What is your personal philosophy of Child Life?