Sanford Children’s Hospital

Child Life Practicum Program

The Child Life Practicum will allow students to obtain anywhere from 3 credits of field experience (Equivalent to 123 hours). Students will partake in observation within the healthcare setting, where qualified students will gain practical knowledge about the Child Life profession.

The primary goal of Sanford’s Child Life Practicum program is to provide an opportunity for students to evaluate the strengths and limitations of their current knowledge and to broaden their understanding of the Child Life profession.

Students will have the opportunity to become familiar with medical play, pre-operative and pre-procedural preparation, coping facilitation, planning and supervising developmentally appropriate activities while working with individuals and/or groups. The Practicum is designed to facilitate the student’s growth as a professional by allowing observation of the daily work of a Certified Child Life Specialist.

Sanford Children’s Hospital, Fargo

Child Life Department

5225 23rd Ave. S.
Fargo, ND 58104
(701)417-3771
Becky.Browning@SanfordHealth.org
Participant Requirements during Practicum Experience:

- Plan, organize, and implement at least one individual activity
- Plan, organize, and implement at least one group activity
- Daily journaling
- Required readings to broaden the student’s knowledge of the Child Life profession
- A Mid Term and Exit meeting with the Child Life Leadership and college advisor
- Consistent attendance and clear communication with the Child Life team is expected

Application checklist:

__ Completed Application including signature
__ Completed essay questions
__ Two letters of reference from non-relatives
__ Unofficial transcript(s)

Follow all instructions. Late, incomplete, or inaccurate applications will not be considered.

Please Note: Practicum experience will occur prior to completing an internship and does not replace a 600-hour Child Life internship, required for certification.

Personal Information:

Name: ________________________________

Current Address: ___________________________

Phone Number: ___________________________

Email Address: ___________________________

Emergency Contact: _________________________

Contact Number: ___________________________

Relation to Applicant: _________________________
College Education: Please attach unofficial transcript(s) with completed application.

Experience (work and/or volunteer) with children:

1. Organization: __________________________ Number of hours: _______
   Position: ____________________________ Dates: _________
   Description of position: __________________________

2. Organization: __________________________ Number of hours: _______
   Position: ____________________________ Dates: _________
   Description of position: __________________________

3. Organization: __________________________ Number of hours: _______
   Position: ____________________________ Dates: _________
   Description of position: __________________________

4. Organization: __________________________ Number of hours: _______
   Position: ____________________________ Dates: _________
   Description of position: __________________________

Other related experience: (work and/or volunteer):

1. Organization: __________________________ Number of hours: _______
   Position: ____________________________ Dates: _________
   Description of position: __________________________

2. Organization: __________________________ Number of hours: _______
   Position: ____________________________ Dates: _________
   Description of position: __________________________
3. Organization: __________________________  Number of hours: _______
    Position: ______________________________ Dates: _________
    Description of position: __________________________

Please answer the following questions on a separate sheet of paper and attach to this form (Preferred typed vs. handwritten answers).

1. How did you become aware of Child Life?
2. What have you done to increase your knowledge and awareness of the Child Life Profession?
3. What do you hope to gain from your Child Life Practicum?
4. Describe a time when you used developmentally appropriate play to meet the needs of a child?
5. What are your career goals?

Signature: ________________________________________ Date: ___________________

Please send your completed application to:

Sanford Children’s Hospital, Fargo
Attn: Child Life Manager Rt. 4490
5225 23rd Ave. S
Fargo, ND 58122-4712