



The following constitutes a Child Life practicum agreement between _____ and The Children's Hospital at Saint Francis.

1. Term of Agreement

The term of this agreement shall commence on _____, and shall continue in effect until _____. The agreement shall remain until canceled by either party at anytime during that period, with or without cause, giving 48 hours notice to the other party.

2. Description of Practicum Experience

The Children's Hospital at Saint Francis offers a 12-week Child Life practicum program. It is the student's responsibility to check with the college or university of his or her choice regarding credits. The Children's Hospital at Saint Francis does not guarantee that credits will be acknowledged by all colleges. The experience is designed to meet the individual learning goals and needs through various learning opportunities.

3. Practicum Duration

The Child Life practicum shall extend for a period of twelve (12) weeks. The parties hereby agree The Children's Hospital at Saint Francis shall make practicum assignments as it deems appropriate to meet the individual goals/needs of the student.

4. Practicum Student Responsibilities

Students in the Child Life practicum shall comply with all applicable hospital policies and procedures. It shall be the responsibility of The Children's Hospital at Saint Francis to orient students to these policies and procedures as may be necessary to perform under the supervision of Child Life. Practicum students are responsible for his/her housing and transportation arrangements.

5. Confidentiality

Practicum students will complete HIPPA education set by department of education and sign compliance agreement.

Agreed and Accepted

I hereby agree and accept the provisions outlined in this agreement. I understand that my acceptance into the practicum program is in no way an employment agreement, nor a guarantee of employment upon completion of the twelve (12) week program. No representative of the hospital has the authority to vary this arrangement. I have reviewed the requirements of the program and attest that I am able with or without accommodation to perform the essential functions of the practicum duties.

Practicum Applicant

Signature: _____ Date: _____

Child Life Specialist

Signature: _____ Date: _____