Application for
The Child Life Shadow/Observation Program
Child Life, Music Therapy, & Creative Arts Department
Child Life Shadow/Observation Program

Eligibility
Participants must be, at a minimum, high school juniors or seniors to be eligible to participate. The minimum age to participate in the program is 16 years old. Other interested adults are welcome to participate in the shadow program as well.

Shadow Time
- The shadow program allows a student or adult to shadow/observe one child life specialist for a **3-hour block of time**.
- The shadow participant remains in an observatory role, without having hands-on contact with a patient or family.
- Shadow opportunities are offered throughout the year, **excluding** June and the week of Thanksgiving through December.
- The time and day of shadowing is dependent on the child life specialist’s schedule.

Pre-requisites for Participation in the Program
- Complete the shadow packet provided
  - HIPAA Test
  - Affirmation Statement
  - Hold Harmless Form
  - Dress and Appearance Policy Form
- Have a **current negative TB skin test** result documentation from your doctor. The test should be read within a year to be valid.
- Review the PowerPoint provided by the Child Life Department in preparation for your time spent with a child life specialist.
- Review the **Child Life Website**: [www.childlife.org](http://www.childlife.org)
- Complete the following **readings** and subsequent **quiz**:
  - American Academy of Pediatrics Child Life Statement [http://pediatrics.aappublications.org/content/pediatrics/133/5/e1471.full.pdf](http://pediatrics.aappublications.org/content/pediatrics/133/5/e1471.full.pdf)

Submission
Please submit your complete shadow packet either by scan/email to: Brittany Ellisor – brittany.ellisor@hhsys.org
Or by mail to:
Child Life, Music Therapy, & Creative Arts Department
Shadow Program
245 Governors Drive
Huntsville, AL 35801

Please be aware that it can take up to five business days for the packet to be received by mail.
For questions, please call **256-265-4016**.
### CHILD LIFE SHADOW/OBSERVATION APPLICATION

#### APPLICANT INFORMATION

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<tr>
<th>Name:</th>
<th>Phone:</th>
<th>E-mail:</th>
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<tr>
<td><em>(Minimum age to participate is 16)</em></td>
<td>Phone of Parent/Guardian:</td>
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<table>
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<tr>
<th>Date of birth:</th>
<th>Current address:</th>
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<tr>
<td>City:</td>
<td>State:</td>
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If applicant is under the age 18,

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<th>Name of Parent/Guardian:</th>
<th>Phone of Parent/Guardian:</th>
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#### EMERGENCY CONTACT

<table>
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<tr>
<th>Name of Emergency Contact:</th>
<th>Address:</th>
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<td>City:</td>
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<tr>
<th>Relationship:</th>
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#### STUDENT STATUS

- [ ] High School Student
  - Name of School: 
- [ ] College Student
  - Name of School: 
- [ ] Adult Learner
  - Employer:

#### IMMUNIZATIONS

Please provide following documentation from your doctor for the following:

- **In the last year, I:**
  - [ ] Have had a flu shot; Date: 
  - [ ] Have not had a flu shot

- **In the last year, I**
  - [ ] Have had a negative TB skin test
  - [ ] Have had a positive TB skin test
  - [ ] Have had a positive TB skin test with a follow up chest X-ray

#### SCHEDULE AVAILABILITY

Please include the days of the week and dates available to shadow. Times vary according to the child life specialists’ schedules. Participants may shadow for a total of 3 hours. Your availability will be matched with a child life specialist’s availability.

- **Day Availability:**
  - [ ] Sunday
  - [ ] Monday
  - [ ] Tuesday
  - [ ] Wednesday
  - [ ] Thursday
  - [ ] Friday

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<tr>
<th>Preferable Date 1:</th>
<th>Preferable Date 2:</th>
<th>Preferable Date 3:</th>
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#### SIGNATURES

- [ ] I have read and understand the cover letter, requirements, and application information.

<table>
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<tr>
<th>Signature of applicant:</th>
<th>Date:</th>
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If applicant is under the age 18,

<table>
<thead>
<tr>
<th>Signature of Parent/Guardian:</th>
<th>Date:</th>
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#### OFFICE USE ONLY

- [ ] Current TB Skin Test
- [ ] Affirmation Statement on Security and Privacy Information Completed
- [ ] HIPAA Test Completed
- [ ] Assignments Completed
- [ ] Waiver of Liability and Hold Harmless Agreement Completed
- [ ] Dress and Appearance Policy Completed
- [ ] Date scheduled: _____/_____/_____, with ______________
HIPAA Fundamentals Training

Introduction
At Huntsville Hospital for Women and Children, privacy of patient information has always been considered a basic right. What can happen when protected health information is inadvertently exposed? Possible outcomes: personal harm to individuals, embarrassment, community mistrust, etc.

What is HIPAA?
- HIPAA stands for Health Insurance Portability and Accountability Act. HIPAA is a relatively new federal law that protects Protected Health Information, or PHI.
- The law allows for penalties such as fines and/or prison for people caught violating patient privacy.
- HIPAA Privacy Regulations became effective in April 2003 and the Security Regulations in April 2006.
- Part of our compliance with the HIPAA law is to provide the required awareness training form employees and workforce members.

Protected Health Information
- Protected Health Information (PHI) is about patient information – whether it is spoken, written, or on the computer. It includes health information about our patients. It can be information as simple as a person’s name.
- Certainly we can share PHI when it is part of our job to do so, but beyond that you may have broken the law if you share patient information.

Need to Know
- A good way to determine if you should share patient data is to ask yourself: “Do I or others need this information to do the job?” Use this little test before you look at patient information or share it with others.
- Sometimes you may inadvertently hear or see information that you don’t need to know. If so, keep it to yourself.

Dispose of PHI Properly
- Trash and garbage bins are another place that might contain PHI. Be sure to dispose of patient lists and other documents that contain PHI in non-public areas.
- If you see PHI in the trash in public areas, notify the supervisor immediately.
- If you transport PHI, make sure it is secure when not in your sight, such as a locked vehicle.

Privacy Officer
- At HH, we have a person responsible for insuring that privacy is maintained – The Privacy Officer. However, no one person can know if we have a possible threat in every area of such a large organization.
- Each of us must do our part to protect patient information. You should always report possibly privacy problems to the manager in your area or to the Privacy Officer.

Co-Workers, Friends and Family
Situation: You hear about a friend that has had surgery, so you call a nurse on that floor to find out the details.
- Friends and co-workers deserve the right to privacy, just like any other patient. You cannot seek or share patient information for personal reasons. You may only obtain/share information that you need to know to do your job.
- You may personally ask the individual you know about their condition, and it is his/her choice what to share with you.
- You may also ask his/her permission to share his/her information with a common friend, but you should never do this without permission.

Don’t Be Curious
Situation: You like to look at the patient directory or surgery schedule daily to see if you know anyone.
- This is not within the scope of your job at Huntsville Hospital for Women and Children.
- You are in violation of HIPAA laws and Huntsville Hospital policies.

Respect the Privacy of Patients
Situation: You are working in an area where caregivers are discussing health information with a patient, a family member, or another caregiver.
- You can ask if you need to leave the area.
- You may quickly finish your task and leave.
- You must keep any health information you overheard to yourself.

Protect Information in your Possession
Situation: In the process of doing your job, you use a list that contains patient names and possibly other patient information.
- You should keep the information in your possession at all times.
- You should make sure that it is protected from others who would not need the information.
- You can turn it over so the information can’t be viewed.
- You should make sure when you are finished with the information that you have disposed of it properly.
- Your supervisor may give you instructions for disposal of PHI.

HIPAA Fundamentals Test
This completes the fundamental overview of the HIPAA regulations. You now know and are responsible for what is required of you as a shadow student at Huntsville Hospital for Women and Children.
- HIPAA laws also require that we keep a record to show that you have been trained in patient privacy. You should now take the HIPAA FUNDAMENTALS TEST.
Child Life Shadow/Observation Program – HIPAA Fundamentals Test

Name:______________________________________________  Date:_____________________________________

_____1. HIPAA stands for:
   a. Health Information Protection Agency
   b. Human Instinct Protection Association Awareness
   c. Health Insurance Portability and Accountability Act

_____2. PHI stand for:
   a. Patient Health Initiatives
   b. Personal Health Institute
   c. Protected Health Information

_____3. The Privacy HIPAA law became effective:
   a. As soon as everyone in our hospital is trained
   b. April 2002
   c. April 2003
   d. December 2002

_____4. Patient information is protected when it is:
   a. Spoken
   b. Written
   c. On the computer
   d. All of the above

_____5. If you are in a public area and you see PHI in the trash, you should:
   a. Report this to a supervisor
   b. Dispose of it properly
   c. Show it to a friend
   d. Both a and b.

_____6. The Privacy Officer is responsible for:
   a. Checking the trash
   b. Pulling medical records of patients
   c. Making sure Huntsville Hospital protects patient information

_____7. You should ask yourself before you view or share patient information:
   a. Is this a personal friend or relative not under my care?
   b. Will anyone see me reading this?
   c. Do I need this to do my job at Huntsville Hospital?

_____8. Patient information that I use for my job:
   a. Isn’t important to anyone else
   b. Should be protected until I have disposed of it properly
   c. Is the responsibility of my manager

_____9. If I want to know about a friend that I see in the hospital, I should:
   a. Look at their medical record
   b. Ask the nurse
   c. Asks the individual

_____10. If you see another person violating the HIPAA Privacy Laws or the HH Policies:
   a. You should ask them to stop
   b. Ignore it and mind your own business
   c. Report it to your manger or the Privacy Officer (256-265-4477)
Child Life Shadow/Observation Program –
Affirmation Statement on Security & Privacy Information

HIPAA Fundamentals

HIPAA stand for Health Insurance Portability and Accountability Act. HIPAA is a federal law that was enacted in 2003, which protects Protected Health Information or PHI for patients. The law allows for penalties such as fines and/or prison for people caught violating patient privacy.

Protected Health Information, or PHI, is any patient information – whether it is spoken, written, or on the computer. PHI includes health information about patients in the hospital, and it can be as simple as a person’s name. PHI cannot be shared outside of the hospital, even if you see the information in a public area like the trash. If witness to PHI being shared, it needs to be reported to Huntsville Hospital’s Privacy Officer at 256-265-4477.

Affirmation Statement

I, the undersigned, have read and understand the Huntsville Hospital policy on confidentiality of protected health information as described in the HIPAA Fundamentals Policy, which is in accordance with applicable state or federal law.

I also acknowledge that I am aware of and understand the policies of Huntsville Hospital regarding the security of protected health information including the policies relating to the use, collection, disclosure, storage and destruction of protected health information. This protection includes proprietary information.

In consideration of my employment or association with Huntsville Hospital, and as an integral part of the terms and conditions of my employment or association, I hereby agree, pledge and undertake that I will not at any time, during my employment or association with Huntsville Hospital, or after my employment or association ends, access or use protected health information, or reveal or disclose to any persons within our outside Huntsville Hospital, any protected health information except as may be required in the course of my duties and responsibilities and in accordance with applicable legislation and policies governing proper release of information.

I understand that user identification codes and passwords are not to be disclosed (or shared), nor should any attempt be made to learn or use another employee’s code.

If I am an instructor, I understand that I assume responsibility for the actions of the students under my supervision to comply with the Security and Privacy of Information Policy.

If I am an employer, I understand that I assume responsibility for the actions of my employees to comply with the Security and Privacy of Information Policy.

Training: Members of the workforce receive required education concerning security and privacy during new Employee Orientation and during annual required training or upon commencement of the association. Any updates or changes to policies will be communicated via staff meetings, intranet and/or mandatory requirements tests.

Corporate Compliance: It is the responsibility of all employees and those associated with Huntsville Hospital to uphold all applicable laws and regulations. All employees must develop an awareness of the legal requirements and restrictions applicable to their respective positions and duties. The hospital has a corporate compliance program to further such awareness and to monitor and promote compliance with such laws and regulations. I am not aware of any violations of applicable laws or regulations and agree to report any violations to the Corporate Compliance Officer. Any questions about the legality or propriety of actions undertaken on or behalf of the Hospital should be referred immediately to the appropriate supervisory personnel, or to the Corporate Compliance Officer.

Excluded Party Status: I affirm that I am not an excluded party from participating in Federal health programs, nor am I under investigation which may lead to such sanctions.

Computer Applications: I further understand that I may be provided access to certain hardware and software applications, some of which may be proprietary to their respective vendors. I agree to keep the hardware and software applications confidential, to not disclose to third parties, and to use such hardware and software applications only for the benefit of Huntsville Hospital.

I understand that violation of this affirmation statement could result in disciplinary action up to and including termination of employment/contract/association/appointment, the imposition of fines pursuant to HIPAA, and a report to my professional regulatory body.

PRINT NAME:__________________________________________________________________________________

School or Organization Name (if applicable):_________________________________________________________

Signature: X______________________________________________________ Date:_________________________

The Healthcare Authority of the City of Huntsville d/b/a Huntsville Hospital

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration of receiving permission to participate in Huntsville Hospital’s Job Shadowing, Medical Venturing, or Internship or other Healthcare Observation Program (hereafter referred to as “the Program”), I hereby release, waive, discharge and covenant not to sue Huntsville Hospital, its officers, servants, agents and employees (hereinafter referred to as “releasees”) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in the Program, or while in, on or upon the premises where the Program is being conducted, while in transit to or from the premises, or in any place or places connected with the Program.

2. I am fully aware of risks and hazards connected with being on the premises and participating in the Program, and I am fully aware that there may be risks and hazards unknown to me connected with being on the premises and participating in the Program, and I hereby elect to voluntarily participate in the Program, to enter upon the above named premises and engage in activities knowing that conditions may be hazardous, or may become hazardous or dangerous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my being a participant in the Program, whether caused by the negligence of releasees or otherwise.

3. I further hereby agree to indemnify and save and hold harmless the releasees and each of them, from any loss, liability, damage or costs they may incur due to my participation in the Program, whether caused by the negligence of any or all of the releasees, or otherwise.

4. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releasees.

In signing this release, I acknowledge and represent that:

A. I have read the foregoing release, understand it, and sign it voluntarily as my own free act and deed;
B. No oral representation, statements or inducements, apart from the foregoing written agreement, have been made;
C. I, my parent or guardian is at least eighteen (18) years of age and fully competent
D. I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

In witness whereof, I have hereunto set my hand and seal this _____day of ____________________, __________

Participant Signature:___________________________________________________________________________

Name Printed:_________________________________________________________________________________

Parent or Guardian Signature
(if participant is under 18 years of age):____________________________________________________________

Parent or Guardian Name Printed:_________________________________________________________________
Child Life Shadow/Observation Program – Dress and Appearance Policy

Huntsville Hospital’s Job Shadowers/Observers have a responsibility to adhere to the hospital’s dress policy. Therefore, your attire, grooming, and personal hygiene are critically important. We require that you observe the following specifics standards regarding personal appearance and neatness while shadowing/observing in the hospital:

Clothing/Attire
- Shirts, Blouses, Dresses & Skirts – Shadowers should wear shirts, blouses or dresses with sleeves. Sleeves may be short (to the mid-bicep) or long sleeved. No sheer or sleeveless tops are permitted and no plunging necklines or cleavage should be showing. Lengths of dresses and skirts cannot be shorter than three inches above the knee. Dresses or skirts should not be clinging or tight.
- Undergarments – Lingerie, t-shirts or briefs should be covered by clothing.
- Pants – No shorts, blue jeans or work out /sports clothing. Pants and tops should not reveal the midriff or back area, including when bending, stooping, or reaching.
- Hair is to be clean, well groomed, and a natural color (i.e. no pink, orange, or blue). No distracting extremes in hair styling, dyeing, bleaching, or coloring is permitted. Shaving designs into the hair and Mohawks are not permitted. Hair and hair accessories must not be distracting or extreme. Hair below shoulder length should be confined if it falls forward over the face.
- Hosiery – Shadowers should wear complementary socks or hosiery.
- Shoes – Clean, closed-toe comfortable shoes should be worn.
- *NOTE* – Shadowers will be moving/on one’s feet for a good portion of the shadowing time. Please wear comfortable shoes and attire that may include sitting on the floor with pediatric patients. Business casual is appropriate dress.

Jewelry/Adornment
- Fingernails – Shadowers should not have artificial nails (which include acrylic/gel overlays, acrylic/gel nails, wraps, tips, and nail strengthen or hardener that is not removable by acetone. Fingernails should not exceed ¼ inch from the tip of the finger or have extreme nail art, or colors like black or orange.
- Earrings – No more than two earrings per earlobe are allowed. Earrings must not be larger than a quarter and are not permitted on the top of the ear or in the cartilage above the earlobe.
- Rings – No more than two rings per hand are allowed.
- Bracelets and Necklaces – Two necklaces and two bracelets are permitted.
- Body Piercing – Visible body piercing other than earrings is not permitted; this includes tongue piercing and forking, eyebrow piercing, and nose rings.
- Tattoos – Applicant should wear clothing that covers tattoos.

Hygiene
- Personal Hygiene is considered very important. Showering and the use of antiperspirant/deodorant is required.
- No perfume or fragrances of any kind.
- Smoking is not permitted on the Hospital campus. Those using tobacco products must take measures to eliminate smoke odor from clothing, skin, and breath.

The Dress and Appearance Policy applies to Shadowers/Observers who are wearing a Hospital badge.

I have read and understand the Dress and Appearance Policy.

Print Name:_______________________________________________________ Date:_______________________
Signature:___________________________________________________________________________________
Child Life Readings Quiz

Use the suggested readings to answer the following questions.

**Policy Statement: Child Life Services**

http://pediatrics.aappublications.org/content/pediatrics/133/5/e1471.full.pdf

1. ___________ variables (temperament, coping style, and cognitive abilities), _____________ variables (parental anxiety, presence, and involvement), and ___________/______________ variables (the number of invasive procedures) are known to affect psychosocial vulnerability and thus influence the child's particular child life intervention needs.

2. For example, child life specialists can participate in the care plan by teaching a child coping strategies for ______________ to a life-changing injury, promoting coping with examinations for alleged abuse, assisting families in talking to their children about __________, facilitating ________________ pain management techniques, and communicating the child's _______________ and individual needs and perspective to others.

3. Research has shown that physiologic responses, such as palm sweating, excessive body movement, tachycardia, and hypertension, can be reduced with ____________________ ____________.

4. More than 50 years of research and experience support 3 key elements of the preparation process: the provision of developmentally-appropriate _____________, the encouragement of questions and _____________ _____________, and the formation of a _______________ _____________ with a health care professional.

5. Acknowledging team goals to normalize the transition process and address patient and family anxieties or questions, CCLSs can assist in this transition by providing education and helping patients to communicate their __________, fears, hopes, and ________________.

**Preparing Children and Adolescents for Medical Procedures**


1. A child's ability to cope with a medical procedure is influenced by variables such as child's age and development level, ______________, ability to cope with new situations, prior health care experiences and previous encounters with medical professionals.

2. Much of the literature focuses on the psychological preparation of _____________ and ______________ age children because this group is more at risk for misunderstanding medical explanations.

3. When child life specialists provide developmentally appropriate information to children, the emphasis should be on providing _____________ and accurate messages.

4. Participation in a preparation program has been shown to reduce significantly the negative psychological sequelae experienced by children both immediately before and after the procedure and for up to _____________ later.

5. Studies completed by Campbell et al. and Peterson and Shigetomi found that children who were provided with ______________ techniques had more positive outcomes and were more calm and cooperative.
6. There are many gaps in the literature. Future studies should explore how best to encourage __________ expression from children during the course of preparation.

**Evidence-Based Practice Statement: Therapeutic Play in Pediatric Healthcare**


1. Therapeutic play is defined as a set of activities designed according to psychosocial and cognitive development of children to facilitate the emotional and physical __________ of hospitalized children.

2. It is strongly recommended that children of all ages receive therapeutic play opportunities during healthcare encounters to reduce anxiety, distress, and negative behaviors, and __________ a child’s ability to cope.

3. In a research study done in 1996, it was found that there was a positive relation between play and cognitive __________.

4. Therapeutic play also allows parents and children to have increased number of __________ interactions in an otherwise stressful environment.

5. Studies show children had less __________ prior to surgery and following surgery than those who did not receive therapeutic play interventions.

6. When children feel less fearful about their hospitalization, they experience greater __________ well-being and less __________ distress.

**Evidence-Based Practice Statement Child Life Assessment: Variables Associated with a Child’s Ability to Cope with Hospitalization**


1. Children who responded best to hospitalization tended to be more _________ ______, more predictable, easier to distract, more approachable and adaptable while being less reactive to stimuli.

2. Coping is the process used to __________ _________ _________ a stressful situation.

3. __________ _________ not only predicts children's emotional distress but also correlates positively with children's distress during invasive procedures.

4. The level of __________ _________ in the care of hospitalized children can exert significant influence on a child's ability to cope with medical experiences.

5. Studies reveal that the __________ of invasive procedures experienced by a child is positively associated with the level of stress anxiety and fear experienced during and following hospitalization.
Evaluation of Child Life Shadowing Program

1. What did you like and dislike about the application process?

2. What would have made the application process and preparation for shadowing better?

3. What did you like and dislike about your time shadowing a child life specialist?

4. What do you feel we could do to improve our shadowing program?

Please return evaluation to brittany.ellisor@hhsys.org or eugene.johnson@hhsys.org after shadowing is complete.

Thank you!
Child Life Seminar

For those who wish to learn more about the child life profession, there are two options from which to choose.

101

This seminar is open to high school juniors and seniors, college students, and adults interested in learning more about the field of child life. This is an introductory seminar and is typically offered twice per year. Key points that are discussed include the following:

- What is child life?
- How do I follow the child life career path to become a child life specialist?
- What does a typical day look like in this profession?
- Optional tour of hospital

102

This seminar is open to college juniors and seniors who are actively pursuing a degree or concentration in child life and is typically offered once per year. The pre-requisite for the seminar includes having completed or currently taking a child life specific class (e.g. Introduction to Child Life, Hospitalized Child). This is an opportunity for some hands-on learning experience with Certified Child Life Specialists. Some key points that will be addressed are the following:

- Internship/practicum application and interviewing
- Medical play
- Boundaries
- Prioritization
- Case studies/scenarios
- Bereavement
- Optional tour of hospital

Contact Michelle Barksdale with questions or for more information michelle.barksdale@hhsys.org or 256-265-7969
Volunteer Opportunities:
Adult Volunteer
To qualify as an adult volunteer, applicants must attend a personal interview, complete an application and orientation packet, and be prepared to undergo a criminal background check. Volunteers must be able to provide a minimum commitment of 50 service hours over the course of their assignment. You may complete a form on the Huntsville Hospital website: http://www.huntsvillehospital.org/20-volunteer

College Program
Volunteer with the Child Life Program for a semester (spring, summer, fall). Meet patients and families, provide age-appropriate toys, assist families with breaks, help provide play opportunities in the playroom, PLAY!

Holiday Program
Assist the Child Life team with donations and visitors during the busy holiday season, organize toys, prepare gifts for Santa to distribute to patients on Christmas Eve and Christmas Day.
NOTE: To participate in the holiday program, you must commit to a minimum of 40 hours or be an established volunteer. The deadline to register for the holiday program is November 30.

Contact Lynn Nelson for more information 256-265-8013

Practicum Opportunities:
We accept four practicum students during the summer term. The application can be found at our website: www.huntsvillehospital.org under the Child Life tab. We conduct interviews for these positions. The application should be postmarked by January 5.

Contact Michelle Barksdale with questions or for more information 256-265-7969

Internship Opportunities:
We accept one intern for the spring semester and one intern for the fall semester. The application can be found at our website: www.huntsvillehospital.org under the Child Life tab. We conduct interviews for the intern position. We follow all guidelines by the CLC concerning internship content and offer dates.

<table>
<thead>
<tr>
<th>Internship Session</th>
<th>Application Deadlines</th>
<th>Initial Offer Dates</th>
<th>Acceptance Dates</th>
<th>2nd Offer Date</th>
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<tr>
<td>Fall</td>
<td>March 15</td>
<td>1st Tuesday of May</td>
<td>Following Wednesday</td>
<td>Following Thursday</td>
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<tr>
<td>Winter/Spring</td>
<td>September 5</td>
<td>2nd Tuesday of October</td>
<td>Following Wednesday</td>
<td>Following Thursday</td>
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Contact Michelle Barksdale with questions or for more information 256-265-7969