



Dear Child Life Intern Applicant:

Thank you for your interest in our internship program. This packet includes a description of our internship program, an application, and information about our hospital.

We offer internships three times a year: fall (August-December), spring (January-April), and summer (May-August) semesters. The Internship is (14) fourteen weeks in length. The child life intern is required to work eight clinical hours a day, five days a week, forty clinical hours per week, for a total of 560 hours. Child life interns will work some holidays and school breaks that fall within the internship time period. The intern will work some evenings and weekends as well. The intern must be a senior or graduate student at a college or university. (We do not accept independent interns.)

Please return a completed application packet as soon as possible consisting of:

- The application form
- A (2) two page autobiography
- Your personal statement of philosophy concerning Child Life
- Three (3) letters of recommendation, in separate envelopes with the references signature across the sealed flap. One from your academic program director, one from a professional who knows your work, and one from a non-family member of your choice.
- A copy of your current academic transcript(s)
- A copy of the university's objectives for the internship

Qualified applicants will be contacted and a telephone interview arranged.

If you have any questions, call Child Life Services, at (901) 287-6021. We look forward to hearing from you.

Sincerely,

Child Life Services  
Le Bonheur Children's Hospital

# Description of Child Life Internship Program



## Child Life Services

*“Because Kids Need  
More Than Medicine to Get Well.”*



Child Life Services  
Le Bonheur Children's Hospital  
50 North Dunlap Street  
Memphis, Tennessee 38103  
(901) 287-6021

## **LE BONHEUR'S CHILD LIFE INTERNSHIP PROGRAM**

The child life internship is a concentrated fourteen (14) week placement within the health care system where qualified students gain practical experience in the child life profession.

The primary goal of Le Bonheur's child life internship 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.

The child life intern, with the guidance and supervision of a Certified Child Life Specialist, participates in the development and implementation of therapeutic, educational and recreational activities for the patients and the families of Le Bonheur based on an understanding of child development.

Through the cooperative effort between Le Bonheur's Child Life Department and the student's university advisor, the child life internship program bridges the gap between classroom theory and professional services.

## **A. ON-SITE SUPERVISOR GOALS**

- Plan and outline all student requirements and activities.
- Orient the student to the agency, including its policies, programs, departments, and procedures.
- Share knowledge and experiences with the student that will help him/her to grow professionally.
- Assign responsibilities to the student that are consistent with the child life program.
- Provide opportunities for new experiences in the academic and professional field.
- Complete the university's requirements for student fulfillment of the intern obligations.

## **B. ON-SITE SUPERVISOR OBJECTIVES**

- To provide students the opportunity to relate and apply classroom theories and techniques to real life situations.
- To develop a cooperative relationship between Le Bonheur Children's Hospital and various universities from across the nation.
- To assist in the training of professionals in child life.

## C. GUIDELINES FOR INTERNSHIP APPLICATION

### QUALIFICATIONS FOR APPLICANTS:

The internship program is open to senior or graduate level students from the fields of child life, child development, early childhood education, and other related fields with a strong developmental emphasis.

### INTERNSHIP SEMESTERS:

Child Life Internships are offered three times a year:

<u>Internship Semesters</u>	<u>Application Deadlines</u>	<u>Offer Deadlines</u>	<u>Acceptance Deadlines</u>
Fall	May 5 <sup>th</sup>	June 22 <sup>nd</sup>	June 28 <sup>th</sup>
Winter/Spring	September 5 <sup>th</sup>	October 22 <sup>nd</sup>	October 28 <sup>th</sup>
Summer Semester	January 5 <sup>th</sup>	February 22 <sup>nd</sup>	February 28 <sup>th</sup>

### APPLICATION:

1. Students applying for an internship should follow the above guideline for application deadlines. The student should download the application from the hospital website ([www.lebonheur.org](http://www.lebonheur.org)) under *Services* then click on *Family Services at Le Bonheur* and then click on *Child Life*.
2. Return the completed application packet consisting of:
  - a. The application form
  - b. A (2) two page autobiography
  - c. The candidate's personal philosophy concerning child life
  - d. Three (3) letters of recommendation, in separate envelopes with the references signature across the sealed flap. One from your academic program director, one from a professional who knows your work, and one from a non-family member of your choice.
  - e. A current copy of his/her academic transcript(s)
  - f. Proof of (100) hundred hours working with children in a variety of settings. At least (50) fifty of those hours must be volunteer/work experience in the healthcare setting (experience in Child Life highly preferred).
  - g. A copy of the university's objectives for the internship

3. The student needs to be willing to commit to working eight clinical hours a day, five days a week, for no less than 14 weeks (560 hours). Intern(s) will be required to work various hospital shifts, including days, evenings, and weekends. The intern(s) will be required to work school breaks and some holidays which fall within the internship.
4. The on-site supervisor and internship selection committee will review the applications and qualified applicants will be called for an interview.

**CANDIDATE NOTIFICATION:**

After the applications are reviewed and interviews conducted, acceptance into the program will be determined by the on-site supervisor and internship selection committee. Acceptance is based on program capacity and qualifications of all applicants. The intern candidate(s) will be notified of their acceptance via phone.

**HOUSING ARRANGEMENTS:**

Students are responsible for obtaining their own housing. The child life department will provide guidance in helping the intern(s) select a suitable location in the city.

**CLINICAL AFFILIATION AGREEMENT:**

The hospital supplies a clinical affiliation agreement that defines the terms of the agreement and responsibilities of the internship. The university's student advisor and Le Bonheur's Child Life Director MUST sign the agreement BEFORE the internship begins. The clinical affiliation agreement serves as a formal commitment by the student and university to the acceptance if the appointment.

**CHILD LIFE COUNCIL:**

Student membership in the Child Life Council is required prior to the start of the internship:

(Student membership is \$45.00 per year)

Child Life Council, Inc.  
11821 Parklawn Drive, Suite 310  
Rockville, MD 20852-2529  
Phone: (301) 881-7090      Fax: (301) 881-7092  
Web Site: [www.childlife.org](http://www.childlife.org)

**INSURANCE:**

Each intern is responsible for his/her own health insurance. Each intern is responsible for assuring that he/she has liability insurance in the amount \$1,000,000 per occurrence, \$3,000,000 annual aggregate. *(Most universities carry this liability insurance for their students participating in internships. If the student's university does not provide liability coverage, it will be up to the student to obtain insurance from a private agency. Contact the Child Life Council for more information).* Proof of the liability insurance policy must be provided before the internship begins.

**IMMUNIZATIONS & BACKGROUND CHECK:**

Intern(s) are considered to be apart of the Child Life Department and Volunteer Services Department during the (14) fourteen week internship. Volunteer Services helps with documentation of intern(s) background check, hours served, and immunizations. Once selected, intern(s) will be required to complete the volunteer application and attend an orientation prior to the start of the internship. A chest x-ray or TB skin test with appropriate follow-up is required. Documentation of the intern's immunity status to the following is also required:

- Varicella (Chicken Pox)
- MMR (Measles, Mumps, Rubella)
- Appropriate MMR boosters (if born after 1956)

## **D. ON-SITE JOB REQUIREMENTS**

### **JOURNAL:**

The child life intern will keep a weekly journal describing their experiences throughout the week. This journaling process allows the intern to analyze and reflect on their own thoughts and feelings about the experiences they encounter while on a specific unit. This journal will be turned in weekly to the on-site supervisor and unit mentor for review.

\* If your university requires a daily journal, the child life intern may submit it instead. The journal will still need to reflect what the intern is learning each week.

### **CASE STUDY:**

The child life intern will prepare (2) two, three to five page typed case studies, one at mid-term and one prior to the completion of the internship. The case studies serve the purpose of integrating theory and practice as it related to one patient's experience. An oral presentation will be made to the child life staff for each case study. The case presentation should include the following:

- Patient's first initial, age, and diagnosis
- Summary of Diagnosis (definition and general treatment)
- Developmental level and how it pertains to interventions
- Patient's medical history
- History and assessment of child and family
- Child life assessment – identification of needs and problems
- Child life interventions
- Results of interventions, evaluation, and further plans

### **DEVELOPMENTAL ASSESSMENTS:**

Over the course of the internship, the child life intern will be responsible for (5) five developmental assessments. These informal assessments will focus on five distinct areas of psychosocial care: brief summary of patient's hospital experience, cognitive, emotional, language, motor and social developments. The intern will complete one assessment from each of the



following age groups: infant, toddler, preschool, school age, and adolescent.

### **INTERVENTION PLANS:**

Child life interns will be expected to write and implement (5) five intervention plans that are relevant to a patient's psychosocial needs. Intervention plans work best when correlated to the developmental assessment assignment. Plans should include a description of the intervention/activity, goal(s), materials needed, analysis of intervention, and self-reflection of ways to improve for future interventions. The following are examples of possible intervention plans: diagnosis education, coping skill development, legacy building, medical play, or patient care goals.

### **ARTICLES:**

At the beginning of the internship, the child life intern will be given (6) six articles pertaining to issues directly related to child life. The intern will be responsible for reading one article every two weeks and turning in a one page typed review of the article and how it impacts Child Life. The articles will be discussed during supervision meetings.

### **ROTATIONS:**

There will be several clinical rotations under the guidance of a Certified Child Life Specialist. The student may gain exposure to inpatient/outpatient and critical care populations.

### **SPECIAL PROJECTS:**

Le Bonheur Children's Hospital recognizes that a number of child life academic programs require that interns complete a special project during the course of the internship. Recognizing the validity in special projects, the child life internship at Le Bonheur Children's Hospital program has chosen to focus on the application of theories and techniques. With this in mind, the internship program substitutes the developmental assessments

and intervention plans in the place of a special project. If an academic program will not accept the changes in place of a special project the director will work with the program to find a compromise.

### **INTERN DUTIES AND RESPONSIBILITIES**

1. Advocates for patient and family-centered care.
2. Participates in planning, implementing and evaluating activities and interactions at the bedside to support development and meet emotional needs.
3. Plans and provides individualized preparation for medical experiences for patients and their families.
4. When possible, remains with a child during medical procedures, providing support and helping the child use effective coping behaviors.
5. Increases parents' awareness of psychosocial needs of hospitalized children and provides support for the family system.
6. Facilitates peer interaction and socialization among patients.
7. Participates in the Discharge Planning rounds of the assigned units, receiving and sharing information with other health team members which will help maximize effectiveness of patient care and help the child and family make the transition from home to hospital and from hospital to home.
8. Provides programming for the closed-circuit television channel and creative arts.
9. Maintains equipment and supplies by cleaning toys according to infection control guidelines.
10. Helps in facilitating of all hospital wide special events.

**E. GOALS OF INTERNSHIP**

1. To become more familiar with the Child Life profession.
2. To develop a better working knowledge of child and adolescent growth and development.
3. To gain experience in providing appropriate play activities for children and adolescents in a health care setting.
4. To assess the child's age and stage of development and ability to perform planned activity.
5. To gain understanding of the effects of stress and trauma on child, adolescent and family behavior and development.
6. To better understand the special needs of chronically ill children and adolescents and their families.
7. To have opportunities to prepare children for hospitalization, surgery and other medical procedures.
8. To increase knowledge of medical procedures and terminology and the roles of other medical professionals.
9. To gain experience in relating the psychosocial needs of children and families to other professionals through individual contact and multidisciplinary meetings.
10. To understand the value of emotional expression through medical play, art, games, dramatic, music, dance, creative writing, and television production.

## **F. EVALUATION**

### **COMMUNICATION BETWEEN FACULTY ADVISOR:**

The site supervisor will communicate with the faculty advisor several times through out the internship experience. Specifically, this communication will take place:

1. Prior to the internship, in order to coordinate the student's assignments and responsibilities
2. Rotation evaluation
3. Final evaluation

### **SITE VISITS:**

Le Bonheur encourages the University or Faculty Advisor to make one or two visits to the hospital facility.

### **EVALUATION OF THE INTERN:**

Several times throughout the internship, the child life intern will be provided both formal and informal observations. These observations will help to guide and focus growth within the field of child life. Formal evaluations are conducted at the end of each rotation and the end of the internship. The site supervisor(s) will prepare a competency-based evaluation which will be discussed with the intern and mailed to the faculty advisor. Additionally, any evaluation forms provided by the faculty advisor will be completed with this process.

### **INTERN'S EVALUATION OF PROGRAM:**

At the conclusion of the Internship, the child life intern will fill out the Internship Site Evaluation Form. This form will be completed AFTER the intern has received their final evaluation. The form will be given to the director of Child Life Department.

## Internship Weekly Schedule & Assignments

### Week 1: Orientation

### Week 2, 3, 4, and 5: 1<sup>st</sup> Rotation (Critical Care, Inpatient, or Outpatient)

- ✓ First article review due (end of Wk. 2)
- ✓ First Developmental Assessment due (end of Wk. 3)
- ✓ First Intervention Plan due (end of Wk. 3)
- ✓ Second article review due (end of Wk. 4)
- ✓ Second Developmental Assessment due (end of Wk. 5)
- ✓ Second Intervention Plan due (end of Wk. 5)
- ✓ **Rotation Evaluation due (end of Wk. 5)**
- ✓ Weekly Journal due at end of each week

### Week 6, 7, 8, and 9: 2<sup>nd</sup> Rotation (Critical Care, Inpatient, or Outpatient)

- ✓ Third article review due (end of Wk. 6)
- ✓ **Case Study due** (middle of Wk. 7)
- ✓ Fourth article review due (end of Wk. 8)
- ✓ Third Developmental Assessment due (end of Wk. 9)
- ✓ Third Intervention Plan due (end of Wk. 9)
- ✓ **Rotation Evaluation due (end of Wk. 9)**
- ✓ Weekly Journal due at end of each week

### Week 10, 11, 12, and 13: 3<sup>rd</sup> Rotation (Critical Care, Inpatient, or Outpatient)

- ✓ Fifth article review due (end of Wk. 10)
- ✓ Fourth Developmental Assessment due (end of Wk. 11)
- ✓ Fourth Intervention Plan due (end of Wk. 11)
- ✓ Sixth article review due (end of Wk. 12)
- ✓ Fifth Developmental Assessment due (end of Wk. 13)
- ✓ Fifth Intervention Plan due (end of Wk. 13)
- ✓ **Rotation Evaluation due (end of Wk. 13)**
- ✓ Weekly Journal due at end of each week

### Week 14: Wrap-up Week

- ✓ **Case Study due** (middle of Wk. 14)
- ✓ **Final Evaluation**
- ✓ Opportunities to shadow

⇒ *Schedule is subject to change.*

# Child Life Internship Application



Please complete and return to:

Child Life Services  
Le Bonheur Children's Hospital  
50 North Dunlap Street  
Memphis, TN 38103



# 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 7 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)

**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	
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	
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	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:				

6.

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:				

If you use Internet email (Gmail, Hotmail, etc.), save this document and email it as an attachment to your Internship Coordinator.