

Dear Internship/Practicum Candidate,

We are pleased that you are interested in the UCF PedsAcademy Internship Program at Nemours Children's Hospital. Attached is the application form. Before completing the application, please review the requirements for your specific degree program.

For students in the elementary education (BS) program (K-6 certification track), the exceptional student education (BS) program or the secondary education (BS) program, admission to the PedsAcademy internship program will only be considered for students who have already submitted an online application for Internship 1 to the UCF Office of Clinical and Field Experiences.

For students in the lifelong learning track or early childhood development and education program, please refer to your undergraduate catalog for any special departmental and/or program requirements.

Important Dates

Internship Semester	Application Deadline	Interview Period	Internship Orientation
Fall	March 1	March – April	August
Spring	September 26	September – Oct.	January

Please note: All completed applications will be reviewed; however, we are only able to accept a limited number of interns each semester. Qualified applicants will be contacted to schedule a formal interview. Due to the large number of applications received, we regret that not all applicants will be granted acceptance to the PedsAcademy internship program.

Onboarding Requirements

If accepted to participate in the PedsAcademy internship program, you will be required to complete the following requirements as part of the onboarding process at Nemours Children's Hospital:

1. Pass a background check.
2. Pass a 10-panel drug screen / within 30 days of your start date.
3. Submit proof of a 2-step tuberculosis (TB) test performed within 12 months prior to your start date.
4. Demonstrate immunity to the following by providing proof of vaccination or serum titer results:
 - a. MMR (measles, mumps, rubella)
 - b. hepatitis B
 - c. varicella (chicken pox)
 - d. Tdap (tetanus/diphtheria/pertussis - must have received within the last 10 years)
5. Receive the SARS-CoV-2 (COVID-19) vaccine and the influenza vaccine to help protect the health of patients, families, and Nemours Associates.

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6. Obtain Employment Educators Liability Insurance by purchasing a student membership to the National Education Association (NEA).
7. Complete a series of Nemours web-based trainings.
8. Attend a one-day internship orientation at Nemours Children's Hospital prior to your start date.

If willing to complete the above requirements upon acceptance to the internship program, please submit your completed and signed application to mlawida@knights.ucf.edu.

Late and/or incomplete applications will not be accepted.

Sincerely,

Lee-Anne Spalding

Lee-Anne Spalding, EdD
PedsAcademy Director & Clinical Coordinator

Applicant Information

Full Name: _____ Birthdate: _____
Last First M.I. mm/dd/yyyy

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Knights Email: _____

Major: _____ UCFID: _____ NID: _____

Cumulative GPA: _____ Major GPA: _____ Anticipated Graduation: _____

Previous Experience with Infants, Children, Youth and/or Families

(e.g., paid employment, volunteer, fieldwork)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____

Essay Questions

Please answer the following questions:

Why are you interested in participating in the PedsAcademy internship program? (approx. 200 words)

What do you believe are the most important components of a successful learning environment? (approx. 200 words)

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What experiences have you had working with diverse populations? (approx. 200 words)

Please identify **at least** two goals you want to accomplish during this unique internship/practicum experience.

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____