

Practicum Application Packet

Dear Prospective Child Life Practicum Student:

Thank you for requesting information about our practicum program. Below is the information you requested, which provides a brief overview of the practicum program. Practicum students are required to complete the application and all necessary documents in its entirety and send in one envelope. Students will also need to obtain verification of liability insurance before the start date of the practicum.

Please include the following documents in your application packet:

Child Life Practicum Application Checklist

- Completed Application
- Attached document addressing the five application questions (Must be typed)
- Letter of recommendation #1 (Must be in a signed/sealed envelope)
(Individual who supervised and/or observed you interacting with children)
- Letter of recommendation #2 (Must be in a signed/sealed envelope)
(Academic Professor or Advisor)
- Resume
- Verification of volunteer experiences
(Please utilize "supervised hours working with children" verification form)
- Unofficial transcript(s)
- A cover letter from your academic advisor that clearly states what academic credit you will receive, if any, and specific academic requirements you will need to accomplish during this experience
- Signed application checklist

By signing, I indicate that I have reviewed and met the application requirements. I am submitting all necessary documentation to be considered for a Child Life practicum experience at Novant Health, Hemby Children's Hospital.

Signature: _____ Date: _____

After reviewing applications, we will notify qualified candidates to schedule an interview. For further questions, please call 704-384-9822 or email ChildLifePracticumProgram@novanthealth.org

Sincerely,

The Practicum Committee at Novant Health, Hemby Children's Hospital

Please return to:

ATTN: Child Life Program
Novant Health, Presbyterian Medical Center
Hemby Children's Hospital
200 Hawthorne Lane
Charlotte, NC 28204

Please Note:

**** Submit all required documents in one envelope ****

**** Envelope must be postmarked by the deadline date of January 15th ****

I. Demographic Information

Name: _____

Present Address: _____

How long will you be at this address? _____

Primary phone: _____

Email: _____

Emergency Contact person: _____

Contact phone: _____ Relationship: _____

II. Academic Information

Please list information for all colleges and universities attended

University Name:	
Major:	
Minor:	
GPA (Cumulative):	
GPA (Major):	
Graduation Date:	
Degree:	

University Name:	
Major:	
Minor:	
GPA (Cumulative):	
GPA (Major):	
Graduation Date:	
Degree:	

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Major:	
Minor:	
GPA (Cumulative):	
GPA (Major):	
Graduation Date:	
Degree:	

III. Volunteer experience with children or families

Institution	Setting	Population/Ages	Responsibilities	Dates & Total Hours
1.				
2.				
3.				

IV. Paid experience with children or families

Institution	Setting	Population/Ages	Responsibilities	Dates & Total Hours
1.				
2.				
3.				

V. Association of Child Life Professionals Relevant Coursework
(All courses listed must be present on unofficial transcript)

Course Number & Title	Where	Year	Term	Grade
(i.e. Child Development)	UNC	2018	Spring	A

VI. Please list any Certification(s): (i.e. CPR, First Aid, Infant Massage etc.)

1. _____
2. _____
3. _____
4. _____
5. _____

VII. Please list any professional organizations you are a member of (i.e. ACLP).

1.

2.

3.

4.

5.

VIII. Essay

(Please type out answers – no longer than one page per question)

1. Describe an experience you had working with a well child (ren).
2. Describe an experience you had working with a sick child (ren).
3. How do you visualize child life specialists spending time in the hospital? Do you plan to become a certified child life specialist? Why or why not?
4. Please list a minimum of four professional development goals you hope to accomplish as part of your practicum experience at Novant Health, Hemby Children's Hospital. What do you hope to learn and what aspects do you feel will be challenging?
5. Please share what you have done to prepare for this practicum.

Supervised Hours Working with Children

Verification Form 1

(Application: This form is to be completed by all places from which you are submitting hours.)

I confirm that(Applicant) _____
has completed _____ hours at(Institution) _____
In(Location) _____ working with:

(Type of experience – check one)

- Working with children who are physically well
- Working with children in a healthcare or stress-related environment
- Working with children with special needs
- Working with typically developing children

The applicants experience consisted of the following responsibilities:

(list typical types of interactions with children):

Signature/Credentials: _____

Printed Name: _____

Title: _____

Date: _____

Phone Number: _____

Supervised Hours Working with Children

Verification Form 2

(Application: This form is to be completed by all places from which you are submitting hours.)

I confirm that(Applicant) _____
has completed _____ hours at(Institution) _____
in(Location) _____ working with:

(Type of experience – check one)

- Working with children who are physically well
- Working with children in a healthcare or stress-related environment
- Working with children with special needs
- Working with typically developing children

The applicants experience consisted of the following responsibilities:

(list typical types of interactions with children):

Signature/Credentials: _____

Printed Name: _____

Title: _____

Date: _____

Phone Number: _____