

Thank you for expressing interest in our child life practicum program. Applicants are required to complete the application and attach all necessary documents as PDFs in one email to ChildLifePracticumProgram@novanthealth.org. Please include your name and the name of the academic institution you are affiliated with in the subject line of the email.

All letters of recommendation must be emailed directly from the author. Recommendations should be sent to ChildLifePracticumProgram@novanthealth.org with 'Recommendation' and your first and last name in the subject line. Recommendations *must* be received no later than the application deadline for your application to be considered complete.

Child Life Practicum Application Checklist

- ☐ Completed Application
- ☐ Attached document addressing the five essay questions (Must be typed)
- ☐ Letter of recommendation #1 sent directly to ChildLifePracticumProgram@novanthealth.org.
(Individual who supervised and/or observed you interacting with children)
- ☐ Letter of recommendation #2 sent directly to ChildLifePracticumProgram@novanthealth.org
(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 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 email ChildLifePracticumProgram@novanthealth.org .

Sincerely,

The Practicum Committee at Novant Health Hemby Children's Hospital

I. Demographic Information

Name: _____

Present Address: _____

Primary phone: _____

Email: _____

II. Academic Information

Please list information for all colleges / universities attended

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

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

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

III. Volunteer/work experience with children and families in a pediatric hospital or related facility

Institution	Setting	Population/Ages	Responsibilities	Dates & Total Hours
1.				
2.				
3.				
4.				

IV. Volunteer/work experience with typically developing children in a supervised, structured setting

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

4.				
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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)	ECU	2024	Spring	A

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

1. _____

2. _____

3. _____

4. _____

5. _____

VII. Essay

(Please type – no longer than 250 words per question).

1. Describe an experience you had working with a well child (ren).
2. Describe an experience you had working with a hospitalized or chronically ill child (ren)
3. Why are you interested in pursuing a career as a CCLS?
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 steps you have taken to prepare for your practicum placement.