



Levine Children's Child Life Department Practicum Applicant Check List

Molly Whitt
Child Life Practicum Coordinator
Levine Children's Hospital
Room 2034
1000 Blythe Blvd.
Charlotte, NC 28203

___ Completed Application (Typed)

___ Resume

___ I am currently enrolled in a College or University that has an existing affiliation agreement with Atrium Health (please verify with academic advisor)

___ Volunteer verification form (please include one per facility or ALCP form acceptable) total 100 hours. (50 hours working with well children and 50 hours with intellectually delayed or hospitalized children)

___ Unofficial transcripts from most recent academic institution, verifying 3.0 GPA in major (student copy is acceptable).

___ List of Relevant Child Life Coursework in your major or completed in the last year. Refer to the Child Life Council List of Accepted Courses.

___ Two signed letters of recommendation, these do not need to be in sealed envelopes (one should be from a professional who has observed you working with children).

___ 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 Levine Children's Hospital.

Signature: _____

Date: _____



Levine Children's Child Life Department Practicum Applicant Information Sheet

For your application to be considered, applicant information must be typed.
Handwritten/scanned documents are not accepted.

Session Applying for: ____Year ____Summer ____ Winter
Accepting applications for Summer 2021 session only.

Personal Information

Name:			
Present Address:			
Permanent Address:			
E-mail Address:			
Phone:			

Emergency Contact

Name:			
Relationship:			
Address:			
Phone Number:		Alternate Phone Number:	

University Affiliation

University Name:			
Address:			
<u>Advisor Information</u>			
Name:			
Phone:			
E-mail Address:			



Academic Information

Please list information for all universities and colleges attended

University Name:			
Major:			
GPA – Cumulative:		GPA in Major:	
Graduation date:			

___ Bachelors ___ Masters

University Name:			
Major:			
GPA – Cumulative:		GPA in Major:	
Graduation date:			

___ Bachelors ___ Masters

University Name:			
Major:			
GPA – Cumulative:		GPA in Major:	
Graduation date:			

___ Bachelors ___ Masters

What days and times are you available to fulfill your practicum hours? *(Please keep in mind we will offer shifts Monday-Sunday depending on staff availability. Some shifts could be weekends or evenings until 9:00pm.)*

What other commitments will you have during your practicum?

I understand it is the sole responsibility of the applicant to confirm receipt of application packet. I understand if my application packet is incomplete, I will not be considered for the practicum program.

Date

Signature



**Levine Children's Child Life Department
Practicum Program
Child Life Council Relevant Coursework List**
*(All courses listed must be present on unofficial transcripts)
Courses must be submitted through the Child Life Council website for verification*

Course Number and Title <i>(i.e. Child Development)</i>	Where <i>UNCC</i>	Year <i>2017</i>	Term <i>Spring</i>	Grade <i>A</i>
1.				
2.				
3.				
4.				
5.				



Supervised Hours Working with Children Verification Form

*(Applicant: This form is to be completed by all places from which you are submitting hours.)
Common form from the Child Life Council can take place of this form*

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 typically developing children (40 hours)

____ Working with children in a healthcare or stress-related environment/ Working with children with special needs (40 hours)

The applicants experience consisted of the following experiences (list typical types of interactions with children):

Signature/Credentials: _____

Printed Name: _____

Title: _____

Date: _____

Phone Number: _____