Levine Children's Hospital
Child Life Information Session Application

We appreciate your interest in learning more about Child Life Specialists at Levine Children's Hospital.

Please refer to the Child Life Council website, www.childlife.org , **before** requesting to participate in the Child Life information session to be sure we are providing the appropriate experience for your educational needs.

Name: ____

Address: ____

Phone Number: ____________________________________

E-Mail Address: _____________________________________

Emergency Contact Name and number: _________________________________

Are you 16 years of age or older? Yes No

Are you interested in pursuing a career in Child Life? Yes No

Are you a student? Yes No

If YES, do you need this experience as a class requirement or for credit?

YES NO

Name of School: ______________________________________

What goals do you have for this experience:

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Updated 12/2018 - MF

The Child Life information session is offered to applicants actively interested in learning more about the Child Life profession and who are pursuing a degree in a field in which they may become a Child Life Specialist. In the Child Life information session, the applicant will receive a tour of the hospital and hear a presentation from a Certified Child Life Specialist about what the career entails. The applicant will also have a brief time to ask questions in regard to the career field. The class is offered one time a month, on a Tuesday or Thursday with different hours to accommodate different schedules.

Please note that this experience is for applicants interested in the Child Life field. For those that are interested in another healthcare related shadow experience, please contact Jen Nelson at Jennifer.Nelson@carolinashealthcare.org For music therapy shadow requests, please contact Danae Merrick, Music Therapist at Angela.Merrick@carolinashealthcare.org

Please list your top 3 choices for dates:

_______Thursday, January 17, 2019 - 11am – 12:30 pm

_______Tuesday, February 19, 2019 - 5:00pm – 6:30 pm

_______Tuesday, March 12, 2019 - 11am – 12:30 pm
(this session will be at Jeff Gordon Children's Center)

_______Thursday, April 18, 2019 - 5:00pm – 6:30 pm

_______Thursday, May 16, 2019 -11am – 12:30 pm

_______Tuesday, June 18, 2019 - 5:00pm – 6:30 pm
(this session will be at Jeff Gordon Children's Center)

_______Tuesday, July 16, 2019 - 11am – 12:30 pm

_______Thursday, August 15, 2019 - 5:00pm – 6:30 pm

_______Thursday, September 19, 2019 - 11am – 12:30 pm
(this session will be at Jeff Gordon Children's Center)

_______Tuesday, October 22, 2019 - 5:00pm – 6:30pm

Class Requirements

- Applicant must return all (4 pages) of the Shadow request.
- Atrium Health employees will provide direct supervision at all times.
- Class applicants will adhere to the dress code policy appropriate for the area of observation and will be required to wear a shadow identification badge to alleviate any confusion on the shadows role during this experience. Badges will be provided by Volunteer Services.
- Those participating in the shadowing/class experience must be in good general health on scheduled day(s) of shadowing/observing and not have symptoms such as fever, diarrhea, or coughing.

Levine Children's Hospital
Volunteer Services Department
<u>HIPAA Confidentiality Statement</u>

As a shadow at Levine Children's Hospital you will encounter patient information. All patient information should be considered highly confidential.

As a shadow, you will consider all information that you hear or see, either directly or indirectly, concerning a patient, patient family member, doctor, or other health care professional as confidential. You will not seek information from any of the above regarding a patient.

You will not seek information regarding personnel employed by the hospital unless this information is normally communicated as a part of your shadow and is in accordance with hospital policy.

Levine Children's Hospital Confidentiality Statement

As a shadow at Levine Children's Hospital, I understand that:

- I will have access to confidential patient information about the family of the patient.
- I may not disclose any information about a patient to anyone.
- The law provides for civil and criminal penalties for disclosure of confidential patient information.
- I may not reveal to anyone the name or identity of any patient.
- I may not repeat to anyone any statements or communications made by or about any patient.
- I may not reveal to anyone any information that I learn about the patient as a result of discussions with others providing care to any patient.
- I may not write or publish any articles, stories, papers or other written materials containing the names of any patient or information from which the names or identities of any patient can be discerned. If a paper is written about my experience here, I agree that I will submit it to Volunteer Services for approval.
- I must not ask for any specific information about a patient's health or illness.
- I will not suggest nor offer opinions or diagnosis or methods of treatment to patients or family members.
- By signing this agreement, I assume responsibility for confidentiality of the patients, doctors, nurses and employees of Levine Children's Hospital.

Signature: ____
Date: _____________________

Guardian Signature (if under 18): ____
Date: _____________________