

# Certified Child Life Specialist Credential Reinstatement Application

Updated 2009

This form to be used by individuals whose certification status is "inactive" due to non-payment of certification maintenance fees. Application must be made prior to the end of the calendar year of the delinquent payment. Send this document along with payment to:

**Child Life Council - Certification**  
11821 Parklawn Drive, Suite 310  
Rockville, MD 20852

<b>5-Year Certification End Date</b> 12/31/20_____	<b>CLC ID# (if known)</b>		
<b>Name</b>			
<i>Last</i>	<i>First</i>		
<i>MI</i>	<i>Maiden</i>		
<b>Address</b>			
<i>Street Address</i>	<i>Apt. Number</i>		
<i>City, State</i>	<i>Zip Code</i>		
<i>E-mail</i>	<i>Phone</i>		
<ul style="list-style-type: none"> <li>I am applying for the reinstatement of the CCLS credential.</li> <li>The maintenance payment that is overdue was due on January 31st of this calendar year.</li> <li>I understand that as a result of the period my credential was inactive my certification expiration date and deadlines to apply for recertification will NOT change.</li> </ul>			
<i>Signature</i>	<i>Date</i>		
<b>Reinstatement Fees Schedule</b>	<b>Membership Status at Time of Maintenance Fee Invoice:</b>		
	<b>CLC Member</b>	<b>Non-Member</b>	
Maintenance Fee	\$30	\$50	
Late Fee	\$25	\$25	
Reinstatement Fee	\$50	\$50	
<b>Total Due</b>	<b>\$105</b>	<b>\$125</b>	
<b>Payment type</b> <i>(please circle one)</i>	<b>MasterCard</b>	<b>Check</b>	<b>Money order</b>
<b>Visa</b>			\$
<i>Credit Card # or Check #</i>	<i>Exp Date &amp; 3 digit security code</i>	<i>Name on credit card (if different from applicant)</i>	<i>Amount</i>
<i>Signature authorizing credit card payment:</i>			

Any questions about the completion of this form or the reinstatement policy/process should be directed to [certification@childlife.org](mailto:certification@childlife.org)