



Item Writer Application

Name: _____ Date: _____

Position: _____

Preferred Mailing Address: Home Work

Institution (if Work Address): _____

Street Address: _____

City/State/ZIP: _____

Daytime Tel.: _____ Evening Tel.: _____

Fax: _____ Email: _____

Are you a Certified Child Life Specialist? Yes No

How many years of experience in the child life profession do you have? _____

Please attach a brief statement (approximately 250 words) describing your qualifications to be an item writer for the Child Life Professional Certification Examination. Make sure your name is on this attachment page.

On the same attachment page, please submit at least one four-option multiple-choice question that you have written as a sample. The question(s) should be appropriate for the Child Life Professional Certification Examination, and you should cite a source that supports the correct answer.

Child Life Council
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