**Child Life Certification Commission**

**Annual Attestation**

*Updated June 2019*

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| *If you answer yes to any of the following questions, you must submit an explanation on a separate sheet.*  | *Yes*  | *No*  |
| Are you presently charged with, or have you ever been convicted of or found guilty of or pled *nolo contendere* to, any felony or a misdemeanor which relates to the care, health or safety of children or other individuals? Examples include but are not limited to: sexual or other abuse of a patient or child, rape, crimes of violence, possession/use/sale of a controlled substance.   |   |   |
| Have you ever been disciplined by a state board or a health care or child care professional association, or are you presently being disciplined by such an entity?  |   |   |
| Do you or have you during the past three years habitually used alcohol or any drug or substance or had a physical or mental condition which would impair competent and objective professional performance of child life services and/or jeopardize public health and safety?  |   |   |

**You must agree to these statements of understanding with your digital signature below.**

* I attest that the information in this application is true and accurate to the best of my knowledge.
* I understand that if requested from the general public, CLCC will confirm my certification status (active, expired, never certified), effective/expiration dates, and identification number.
* I understand that CLCC reserves the right to verify any information I have provided in this application.
* I understand that my application and verification documents become the property of CLCC and will not be returned.
* I understand that my examination results will be released only to CLCC and me.
* I understand that aggregate data will be used for statistical study and review of the examination process.
* I have read, understand and agree to abide by the ethical, security, confidentiality and other policies detailed in the Candidate and Recertification Manuals.
* I have read, understand and agree to abide by the Child Life Code of Ethics and the Social Networking Guidelines found on the ACLP website.
* I understand that when faced with an ethical decision of two conflicting institutional policies regarding social media, I will adhere to the policy that maintains the higher standard.
* I have read and understand the conditions under which my certification can be revoked.
* I acknowledge that I will receive certification-related emails and may not opt out.

**Please sign to confirm that you have read and agree to the above Statements of Understanding:**

*Signature Date*

*Printed Name ID#*