

Child Life Certification Commission Participation Agreement

l,	, accept the position of	on the Child Life Certification
		and will be completed on
I understand and	agree to the following:	
 I agree to fulfi I have read a documents pro 	· ·	itment to the best of my ability. policies outlined in the Policies Manual and orientation
Initial		
If I am not able to	complete my term, I agree to the following;	
 To make a plan To assist any i 	e ACLP Director of Certification and the CLCC On of transition in collaboration with the leader incoming volunteer in their transition by sender and activities.	·
Initial	Confidentiality	Agreement

- I acknowledge that I have been fully informed about the need for complete security and confidentiality in the handling
 of all information and materials relating to the Child Life Professional Certification Program and the individuals involved
 in the process, including those applying to sit for the Child Life Professional Certification Examination and all CCLS
 credential holders.
- 2. I will not disclose an individual's confidential information to anyone, except 1) as mandated by law; 2) to prevent a clear and immediate danger to a person or persons; 3) where I am compelled to do so by a court or pursuant to the rules of a court.
- 3. I agree that I will not allow any breach in security regarding the certification examination, the CLCC Item Bank, or any other exam-related information and will report any breach that I witness or come to know about. I affirm that I know of no past breach of confidentiality.
- 4. I understand that if I violate any of these requirements, or any CLCC policy or procedure, I may be subject to a review by the CLCC Ethics Committee and potential legal action.

Initial

Conflict of Interest Disclosure

As a volunteer for the CLCC, I recognize that CLCC/ACLP must provide bias-free governance, and that I owe a duty of loyalty to CLCC and ACLP. I further recognize that one aspect of fulfilling my duty is to disclose "other interests." I am therefore disclosing the following. I will provide further information if requested and will cooperate with any review and evaluation on behalf of CLCC/ACLP. (Note: you must disclose these "other interests" both personally, and for family members or close business associates.) Please indicate whether any information provided here is to be kept confidential by CLCC/ACLP.

Any ownership interest, employment, or volunteer position or involvement in a commercial ention organization that may be seen as competing with CLCC/ACLP or its programs and services, or vying members or customers as CLCC/ACLP:	•
Any ownership interest, employment, or volunteer or other involvement, in a commercial entity or no organization that is, or seeks to be, a vendor of products or services to CLCC/ACLP:	onprofit
Any position as spokesperson, consultant, employee, or agent for another commercial or nonprofit of advances opposing or adverse public policy positions from those of CLCC/ACLP:	rganization that
I do not have "other interests" to disclose at this time. itial me CLCC positions may not be filled by academicians. Are you involved in preparing student fe Professional Certification Examination? If so, in what capacity? es No (Circle one)	s for the Child
inted Name: mmittee/Task Force/Work Group: rm of Office (Month and Year to Month and Year): gnature: Date:	
	organization that may be seen as competing with CLCC/ACLP or its programs and services, or vyir members or customers as CLCC/ACLP: Any ownership interest, employment, or volunteer or other involvement, in a commercial entity or no organization that is, or seeks to be, a vendor of products or services to CLCC/ACLP: Any position as spokesperson, consultant, employee, or agent for another commercial or nonprofit or advances opposing or adverse public policy positions from those of CLCC/ACLP: I do not have "other interests" to disclose at this time. tial me CLCC positions may not be filled by academicians. Are you involved in preparing student a Professional Certification Examination? If so, in what capacity? s No (Circle one) mted Name: mmittee/Task Force/Work Group:

Updated April 2018

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