Child Life Certification Commission Participation Agreement

I, ___________________________, accept the position of _________________________ on the Child Life Certification Commission (CLCC). My service will begin on ________________ and will be completed on ___________________.

I understand and agree to the following:

1. During my entire period of service, I will hold and maintain the CCLS credential with good standing.
2. I agree to fulfill the entire term and conditions of this commitment to the best of my ability.
3. I have read and understood the terms, procedures and policies outlined in the Policies Manual and orientation documents provided to me.
4. I will commit to and participate in meetings of my committee(s) to the best of my ability.

Initial

If I am not able to complete my term, I agree to the following:

1. To provide the ACLP Director of Certification and the CLCC Chairperson a minimum 2 weeks’ notice.
2. To make a plan of transition in collaboration with the leadership of the Commission
3. To assist any incoming volunteer in their transition by sending documents, communicating goals and objectives, key responsibilities and activities.

Initial

Confidentiality Agreement

1. 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.

a. Any ownership interest, employment, or volunteer position or involvement in a commercial entity or nonprofit organization that may be seen as competing with CLCC/ACLP or its programs and services, or vying for the same members or customers as CLCC/ACLP:

b. Any ownership interest, employment, or volunteer or other involvement, in a commercial entity or nonprofit organization that is, or seeks to be, a vendor of products or services to CLCC/ACLP:

c. Any position as spokesperson, consultant, employee, or agent for another commercial or nonprofit organization that advances opposing or adverse public policy positions from those of CLCC/ACLP:

OR

_____ I do not have “other interests” to disclose at this time.

Initial

Some CLCC positions may not be filled by academicians. Are you involved in preparing students for the Child Life Professional Certification Examination? If so, in what capacity?

   Yes   No   (Circle one)

Printed Name: ____________________________________________

Committee/Task Force/Work Group: ______________________________

Term of Office (Month and Year to Month and Year): ______________________

Signature: _____________________________ Date: ________________

Updated April 2018