

The Child Life Certification Commission cannot bestow competence on individuals, but rather recognizes it. It is the responsibility of academic and clinical preparation programs to put forth competent individuals who are prepared to establish eligibility to sit for and pass the certification exam.

The purpose of this form is the verification of internship hours for the purpose of establishing eligibility for the Child Life Professional Certification Examination. The internship hours being verified should involve training and education in a manner that results in minimum, entry-level competence in each of the areas of the Child Life Professional Certification [Exam Content Outline](#). All concepts and relevant skills delineated therein are required for a complete training experience.

Clinical Rotation Supervisors

Clinical rotation supervisors must meet the following criteria:

1. Maintains professional child life certification throughout the clinical training program
2. Has a minimum of 4,000 hours paid child life clinical experience prior to taking on the supervisory role
3. Is responsible for the educational development and guidance of the applicant in the clinical setting.

Clinical rotation supervisors must:

- Have daily contact with the individual, working at least 80% of the same hours
- Have no dual relationships with the individual (family member, spouse, friend, etc.)
- Arrange for alternate supervision of the individual by another qualified CCLS in their absence
- Model for and then observe the individual demonstrating a minimum, entry-level competence
- Directly observe the individual in order to monitor and evaluate performance
- Schedule private, weekly, formal, and uninterrupted supervision meetings with the indi-

vidual

Internship Coordinator

Internship coordinators must meet the following criteria:

1. Maintains professional child life certification throughout the clinical training program
2. Has a minimum of 4,000 hours paid child life clinical experience prior to taking on the supervisory role
3. Is responsible for the educational development and guidance of the applicant in the clinical setting.

In lieu of a formal internship coordinator, a designated clinical supervisor must be named to fulfill this role and complete the verification form. The designated individual must meet the clinical rotation supervisor requirements.

Internship coordinators must:

- Be responsible for oversight of internship program with the support of the clinical rotation supervisors.
- Work with the clinical rotation supervisors to educate, evaluate, mentor, and coach interns
- Ensure educational opportunities for interns are available to help them gain knowledge and experience in relation to the [Exam Content Outline](#)
- Serve as a liaison between the child life department and academic institutions, where applicable
- Schedule private, weekly, formal, uninterrupted supervision meetings with the individual
- Provide intern with the Clinical Experience Verification

Important Notes

- ◆ Candidates are permitted to accrue the required clinical hours at more than one institution. This form must be completed by each institution.
- ◆ Candidates are required to complete some of the required hours in a hospital setting. There is no minimum.
- ◆ Candidates submitting this form who completed the internship with remote supervision must have previously obtained authorization through the [Extenuating Circumstances Policy](#). The internship coordinator must indicate on this form that remote supervision was approved.
- ◆ Photocopies of the original form are accepted as documentation when establishing eligibility for the exam.
- ◆ Exam candidates are encouraged to keep a copy of this form for their records.

Instructions

Complete the requested information on the following page and submit by upload to the applicant's record, fax to 571-483-4482, scan/email to certification@childlife.org or mail to:

Association of Child Life Professionals
7600 Leesburg Pike West Ste 200
Falls Church, VA 22043

Applicant Name _____ Institution Name _____

CLCC-Approved Remote Supervision Yes or No (circle one)

Clinical Rotation Supervisor 1

Name (printed) _____ CCLS # _____

Dates of supervision from _____ to _____

By signing this form, the clinical rotation supervisor attests to meeting the supervisor requirements and directly observing the intern successfully perform or be trained in the skills identified on the [Exam Content Outline](#).

Signature _____ Date _____

Clinical Rotation Supervisor 2

Name (printed) _____ CCLS # _____

Dates of supervision from _____ to _____

By signing this form, the clinical rotation supervisor attests to meeting the supervisor requirements and directly observing the intern successfully perform or be trained in the skills identified on the [Exam Content Outline](#).

Signature _____ Date _____

Clinical Rotation Supervisor 3

Name (printed) _____ CCLS # _____

Dates of supervision from _____ to _____

By signing this form, the clinical rotation supervisor attests to meeting the supervisor requirements and directly observing the intern successfully perform or be trained in the skills identified on the [Exam Content Outline](#).

Signature _____ Date _____

Internship Coordinator or Designated Individual

Name (printed) _____ CCLS # _____

Interns must be trained on all items on the [Exam Content Outline](#) by one of the following: clinical rotation supervisor or internship coordinator. By signing this form, the coordinator (or designated individual) attests that they meet the internship coordinator requirements and that all these elements were included in the training experience. By stating that the applicant exhibits minimum, entry-level competence, you attest that they have been adequately trained relevant to the [Exam Content Outline](#), supervised by an appropriately-qualified CCLSs, and during this period, the applicant has demonstrated minimum, entry-level competence in all areas of the [Exam Content Outline](#): (Check one)

Yes No

Start Date _____ End Date _____ Number of Hours Completed _____

Signature _____ Date _____