



Child Life Certification Commission (CLCC) Toolkit

Affirming Clinical Experience through Exam Content Outline

The following chart lists the activities that the Child Life Certification Commission (CLCC) expects interns to experience during their clinical training. This chart can be completed by the clinical rotation supervisors who have directly observed the intern demonstrate the required skills to help ensure that the total internship experience is complete.

Please note this form is not the form to sign and submit to CLCC for verification of hours for the certification exam eligibility assessment. This is a form for an internship site's internal use and records.

The clinical rotation supervisor should document any skills they directly observed the intern complete during the rotation for which they are responsible by providing their signature and date for verification. The signature attests that the clinical rotation supervisor directly observed the intern demonstrate the skill. CLCC recognizes that there may be instances where the opportunity to demonstrate a skill does not present itself during the internship. In such cases, a clinical rotation supervisor should attest the intern was instructed on and exhibited understanding of the skill and relevant concepts.

Clinical rotation supervisors will also document the number of hours the intern completed under their supervision. Each clinical rotation supervisor should complete the form separately and submit it to the internship coordinator or equivalent for documentation. All elements should be observed by one or more clinical rotation supervisor prior to the completion of the internship. See the full [Exam Content Outline](#) here.

Clinical rotation supervisors must meet the following criteria:

- Maintain professional child life certification throughout the clinical training program
- Have a minimum of 4,000 hours paid child life clinical experience prior to taking on the supervisory role
- Be responsible for the educational development and guidance of the applicant in the clinical setting

Remember, it is important for clinical rotation supervisors to:

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

Applicant Name: _____

Rotation Site (Name of Hospital and unit): _____

Date Clinical Rotation Began: _____ Date Clinical Rotation Ended: _____

Number of Hours Completed: _____

Directly-Observed skills	Date	Signature of the responsible CCLS
Establish and maintain professional boundaries- Therapeutic relationships with patients, families, and staff.		
Establish and maintain professional boundaries- Helping professions (i.e., social work, child life, music therapy, etc.)		
Demonstrate knowledge of confidentiality and privacy laws.		
Adhere to the Child Life Code of Ethics for child life professionals (Use of social media, identification of conflicts of interest, personal peer, and professional accountability, continue to seek knowledge and skills related to the healthcare environment).		
Advocate for the protection, safety, and rights of the child and family (Mandated reporting, emotional safety, safe environment, consent and assent).		
Employ knowledge of cultural fluency and provide individualized and equitable care.		
Integrate self-reflective skills into daily practice (e.g., awareness of biases, projection, transference, etc.)		
Define evidence-based practice and operate under its principles.		
Participate in activities of inquiry and integrate findings into practice (Quality improvement, research processes).		
Initiate and seek opportunities for clinical supervision and professional/personal growth.		
Identify methods of self-care to manage the impact of exposure to pediatric illness, injury, and healthcare (e.g., stress management, compassion fatigue, secondary trauma, etc.)		
Employ clear and objective documentation standards in accordance with workplace policy (APIE).		
Apply principles of adult learning to represent the child life profession and/or the institution to internal and external adult audiences (Speaking to individuals and groups, integrate a variety of educational techniques).		
Educate others about expected reactions and responses to the healthcare experience using child development and family systems theories, and principles of psychosocial care.		
Recognize the strengths of the interdisciplinary team (Identify opportunities for collaboration, recognize and initiate appropriate referrals).		
Identify and apply relevant healthcare data to develop a comprehensive assessment and plan of care by considering the impact of diagnosis, procedures, and treatment.		
Identify and apply relevant healthcare data to develop a comprehensive assessment and plan of care by anticipating the impacts of illness, injury, and healthcare experiences.		
Identify and apply relevant healthcare data to develop a comprehensive assessment and plan of care by predicting the impact of healthcare trends, issues, and environment on stress and coping.		
Assess the physical, cognitive, and social-emotional development of the child.		
Apply developmental theories to anticipate response and reactions to illness, injury, and healthcare experiences.		

Select and apply theories of child development (Stress, trauma, and adverse child experiences, coping, temperament, emotional health, resiliency, attachment).		
Identify variables that impact a child's vulnerability to illness, injury, and healthcare experiences (e.g., history of abuse, physical limitations, absence of support system, etc.).		
Examine the families' norms, composition, practices, communication styles, and preferences.		
Demonstrate knowledge of family systems and family stress adaptation theories.		
Identify how children and families interpret and make meaning of health, illness, and loss.		
Identify the strengths and challenges in family dynamics and utilization of supports.		
Assess and articulate comprehension of sociocultural needs and learning styles.		
Describe and apply philosophies and practices of patient-centered care.		
Consider socioeconomic status, justice, access and equity, etc. when identifying the availability of community resources.		
Explore cultural and spiritual values, beliefs, and needs.		
Apply formal and informal techniques to assess patient/family acuity and psychosocial risk.		
Adapt services to meet the patient/family's needs, goals, and preferences.		
Apply the cyclical process of assessment, plan, intervention, and evaluation of services.		
Collect, interpret, and integrate relevant data into psychosocial assessment and plan of care.		
Facilitate types of play relevant to illness, injury, and healthcare experiences (Normalizing, developmental, healthcare, therapeutic, child-directed).		
Prescribe appropriate play practices to facilitate optimal coping (e.g., relationship building, mastery, assessment, education, normalization, etc.).		
Assimilate healthcare, family, and child variables to implement a plan of care that supports individualized learning needs (Preparation, diagnostic teaching, coping strategies, advocacy for pain management).		
Empower children and families to advocate for their needs related to illness, injury, and healthcare experiences.		
Anticipate the implication of trauma, loss, and/or bereavement for children and families.		
Define and distinguish palliative, hospice, and end-of-life care.		
Understand and recognize cultural and spiritual preferences for patient and families experiencing loss and/or grief.		
Describe developmental perceptions of and reactions to trauma, loss, and/or bereavement.		
Define and distinguish grief, bereavement, and mourning.		
Articulate types (e.g., anticipatory, complicated, etc.) and theories (e.g., stage and tasks, etc.) of grief experienced by children and families.		
Provide support and resources to promote transition.		

Facilitate opportunities for expression of feelings, meaning making, and legacy work.		
Adapt child life skills to support diverse populations (e.g., gender, sexuality, developmental differences, behavioral health, sensory and processing considerations, etc.)		
Apply child life development and family systems theories to provide emotional support within the child life scope in regards to environmental safety (e.g., playroom design, healing environment, sensory stimulation, etc.).		
Apply child life development and family systems theories to provide emotional support within the child life scope in regards to emotional safety (e.g., healthcare adherence, impact of the healthcare plan, etc.).		
Utilize clear and sensitive communication skills that develop trusting relationships across the continuum.		

By signing this form, the clinical rotation supervisor attests to directly observing the intern perform the skills identified in the chart above and attests the intern completed the number of hours noted.

Clinical Rotation Supervisor Name (printed): _____

Certification # _____

Certified From (month/year) _____ to (month/year) _____

CCLS Clinical Rotation Supervisor Signature _____

Date _____

Internship sites are encouraged to keep documentation, such as internship evaluations and these forms, for their records in case further information is needed to support verification of the internship hours.

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