

**APPLICATION FOR REMOTE SUPERVISION OF A CLINICAL INTERNSHIP  
UNDER EXTENUATING CIRCUMSTANCES**  
*Effective January 1, 2018*

**Introduction**

Candidates for child life certification are required to complete an internship or fellowship prior to being seated for the Child Life Professional Certification Examination. Internships are expected to provide interns with a full range of clinical experience, sufficient to create eligibility for the exam. Ideally, applicants are placed in a hospital setting where direct and formal supervision is provided by a Certified Child Life Specialist (CCLS) working onsite at the same location on a consistent basis. The Child Life Certifying Committee (CLCC) recognizes that special circumstances may exist where this is not possible. In such situations, a potential internship supervisor may apply to supervise an intern remotely. In all such cases, this form, accompanying documentation (see below), and an interview with the proposed supervisor must be completed for approval prior to the start of any remotely-supervised internship hours.

This type of arrangement is strictly between the intern and supervisor. All liability must be assumed by the parties and institutions involved. The Association of Child Life Professionals (ACLP) and CLCC will not coordinate this type of experience, accept liability for its successful completion, or intervene or mediate between the intern and supervisor should the internship not proceed as planned.

Patient confidentiality must be maintained according to policies of the organizations involved and all applicable laws.

**Definition of Extenuating Circumstances**

This policy applies only to interns living in remote areas to whom a CCLS is not readily available, for example, those living in countries with no or limited numbers of CCLSs. This policy does not cover interns who reside in areas where CCLSs are present in sufficient numbers.

**Intern and Supervisor Requirements**

The potential Intern must have achieved a working level of knowledge of the field of child life through previous academic or clinical experiences with hospitalized children. The potential supervisor must have:

- Been certified for at least five years
- A minimum of five years paid child life clinical experience
- A minimum of 2,880 hours spent supervising child life interns

**Curriculum**

All the elements outlined on the [Child Life Clinical Experience Verification Form](#) must be covered during the internship. Internship supervisors are required to use the [Child Life Clinical Internship Learning Modules](#) to define and guide the curriculum of the internship. The supervisor must assign readings related to child life practice and child developmental theory.

**Setting and Contact between Intern and Supervisor**

If approved under this policy, the intern will complete their training in a hospital setting. They will have a minimum of 40 hours of direct contact with their CCLS supervisor (in addition to any orientation hours),

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meaning the intern and supervisor will work together in the same location for a minimum of 40 hours at the outset of the internship. Following this initial period, the intern will continue to be supervised, remotely. This may be accomplished through daily journaling, video, web conferencing and other means that provide the supervisor firsthand insight into the progress of the intern.

Weekly evaluative meetings and case consultation must be held. These may be conducted via phone or web conferencing. The intern must keep a daily journal and send it to the supervisor for comments at least weekly. The supervisor must return comments within 48 hours.

Video footage of the student demonstrating clinical skills must be sent to the supervisor for review and discussion. At a minimum, these videos must show the intern demonstrating each of the following:

- Coping skills teaching
- Developmentally supportive play
- Group programming
- Healthcare education
- Interactions with staff and/or volunteers
- Introduction of child life services tailored to meet the situation
- Stress point preparation
- Supportive relationships with infants, children, youth and families
- Therapeutic play

A minimum of three chart notes, using the organization's charting format, must be sent to the supervisor at least weekly for his/her review and comments. Feedback must be provided within 48 hours.

**Internship Completion and Documentation**

It is the responsibility of the CCLS supervisor to complete the [Clinical Experience Verification Form](#) at the completion of the internship. He/she has the ethical responsibility to only verify the internship as successfully completed if 1) all required elements are covered, and 2) minimum, entry-level competence has been demonstrated by the intern. If it is the professional opinion of the supervisor that the intern has not demonstrated minimum, entry-level competence, the supervisor must indicate so on the form.

Questions about this process should be directed to [certification@childlife.org](mailto:certification@childlife.org).

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Proposed start date		Proposed end date	
Name of proposed internship host (institution)			
Mailing address		Host contact name	
		Host contact email address	
		Populations served:	
Name of Proposed Supervisor		Title	
Mailing address		Preferred phone	
		Pager	
		Fax	
		Email address	
Name of student		Preferred Phone	
Mailing address		Email address	
What are the extenuating circumstances?			
What safety protocols will be in place throughout the internship?			

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**Statements of Understanding**

1. The role of a child life specialist is to help infants, children, youth and families cope with the stress and uncertainty of acute and chronic illness, injury, trauma, disability, loss and bereavement. They provide evidence-based, developmentally and psychologically appropriate interventions including therapeutic play, preparation for procedures, and education to reduce fear, anxiety, and pain.
2. The institution named in this application agrees to support the roles of the proposed supervisor and intern.
3. The institution named in this application agrees to support a minimum of 480 hours of child life clinical internship to the intern and with the supervision of the CCLS named in this application.
4. The Clinical Experience Verification Form is to be completed by the CCLS internship supervisor. It is the prerogative of the supervisor to make a determination as to the level of competence exhibited by the intern. The form will be used by the Child Life Certifying Committee to determine the intern's eligibility for the certification exam.

Signature of proposed internship supervisor: \_\_\_\_\_

Signature of institution representative: \_\_\_\_\_

Printed name, title, and contact information for institution representative:

\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT: Documents to be submitted with this form:**

- Resume of proposed internship supervisor
- Resume of proposed intern

**SEND TO:**     [certification@childlife.org](mailto:certification@childlife.org) or

Fax: 571-483-4482 or

ACLP - Certification  
1820 N. Ft. Myer Dr. Suite 520  
Arlington, VA 22209

**Questions?**    [certification@childlife.org](mailto:certification@childlife.org)  
571-483-4500

**After these materials are received and reviewed, the proposed internship supervisor will be contacted to schedule a telephone or video conference interview. The interview will be approximately 30 – 60 minutes in duration.**

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**The following are examples of questions that may be asked during the interview.**

- What is the host institution's understanding of the role of the child life specialist?
- Will the intern have experiences with developmentally-supportive play and social interactions with infants, children, youth and families, in both individual and group situations? Will you please describe the types of situations?
- Will the intern have experiences with long- and short-term goal-setting based upon assessment of infant, child, youth and family stress potential. Do you have access to children of all ages, and a method by which you can assess their needs and assess the family's stress potential?
- Interns need to be able to collaborate with families regarding developmental issues and observe the impact of stressful events. How will this happen?
- Will the placement allow for consideration of diversity and socioeconomic issues? Can you describe the range of demographics among the clientele?
- Interaction/coordination with interdisciplinary team members including participation in team meetings is important. Tell us about the team who will work with the intern? Do they understand the intern's role in relation to theirs?
- The intern will need to practice child life documentation in institutional records. What documentation plan is in place? How will the intern access records?
- Self-evaluation (skill level, professionalism, personal coping styles, professional boundaries) and overall programming is crucial to the intern's development. As well as implementing appropriate changes when needed. How will this be monitored? How will changes to approaches, skills or thinking be monitored?
- How will development of knowledge regarding medical terminology, etiology, disease process, and medical procedures take place? How will that be evaluated?
- An understanding and skill in developing and maintaining therapeutic relationships is central to child life. How will the intern demonstrate these skills?
- There will need to be an incorporation of patient and family-centered care practices into the internship. Are these consistent with the facility's practices? If not, will the intern be allowed to practice in this way?
- Demonstration of understanding and adherence to departmental and organizational policies and procedures is generally a part of orientation and ongoing practice. How will the intern potentially manage reporting injury to a child while in his/her care, such as a bump or bruise, or a problem such as accidental displacement of a line?
- How would reporting disclosure, from a child, of a potentially injurious situation be handled? How will the intern deal personally with policies that might be in opposition to professional values, such as restraining children, or using punishment or shaming to control children's behavior?