

Statement for Academic Professionals Regarding CLCC's Eligibility Policies for Interns Impacted by the Coronavirus Pandemic

March 31, 2020

With authority regarding eligibility, certification, and recertification, the Child Life Certification Commission (CLCC) is the credentialing body for child life specialists. This authority is given to CLCC through the Association of Child Life Professional's (ACLP's) bylaws. Any changes made to the eligibility criteria for certification as a child life specialist are made by the CLCC. These decisions are made through scholarly inquiry, evidenced based practice, and through formal job analyses that respond to ongoing changes in the provision of healthcare.

The CLCC is made up of 11 voting members and 1 non-voting member (the immediate past president of ACLP). The current CLCC membership is made up of the following <u>individuals</u>: clinicians, academicians, a retired CCLS and a public member. Most of our commissioners work clinically. All but the public member are required to be a CCLS in good standing. The current public member is a parent who sits on a commission for another field, as well as the board of directors for the Institute for Credentialing Excellence (ICE).

This group of individuals are peers from the child life community who volunteer their time and expertise for certification. They take every aspect of their work for CCLC seriously. They have previously worked on the 7 standing CLCC committees including those charged with developing a credible and defensible exam. They follow industry best practices in alignment with standards set by ICE. They discuss matters at length, coming to decisions after considering all angles, and all of those affected.

Despite the addition of new responsibilities during this time of increased stress and anxiety due to COVID-19, they continue to work for CLCC. All are concerned about those whose internships have been interrupted and how this will affect future internship candidates.

Protecting the public from entering a therapeutic relationship with untrained individuals is the primary purpose for our certification program.

Often, CCLSs meet patients at an extremely vulnerable time in their development. An untrained person might impact children in a negative way. Not only could a child and their family be harmed, this would obviously reflect poorly on the CCLS, and also on the credential as a whole. Legally, CLCC must be able to assert that we have developed the standards for certification in an evidence-based, psychometrically-sound manner and have held all credential holders to the same standard.

The eligibility requirements allow for a comprehensive picture of a person's capacity to be a competent entry-level child life specialist. CLCC assesses this comprehensive picture through each piece of the eligibility assessment. For example, knowledge of child life foundational course material is assessed through completion and passing of 10 courses. The certification exam assesses the ability to apply this knowledge of child life. It is not an exam that assesses practice - meaning it does not assess one's ability to accurately practice child life skills. It assesses one's knowledge and ability to apply this knowledge and skill. Because we do not administer a practical exam allowing the simulation of key job tasks, we must rely heavily on the clinical internship as a means by which candidates can demonstrate these skills in another context. The internship allows clinical supervisors to train or demonstrate skills, supervise the development of interns' skills, and assess the implementation of those skills at entry level using the exam content outline as their guide.

The exam content outline lists the knowledge and skills necessary to perform as an entry-level child life specialist on day one of a job. These are the necessary skills one must have to safely provide services to children and families, as identified by professionals in the field. Therefore, the internship is not about interns having to complete an arbitrary number of hours. Interns require this amount of time to demonstrate the exam content outline competencies. It has been demonstrated that interns need this 15-week, 600-hour internship to obtain and demonstrate these skills.

As is common knowledge, the number of internship hours required to establish eligibility for the certification exam was raised to 600 hours on January 1, 2019. This decision was not arbitrary and while this increase only became effective last year, it was announced and anticipated for 6 years prior to implementation. The 600 hours requirement was determined by extensive research, including benchmarking other allied professions, surveying clinical coordinators on interns' needs, discussing with academics the needed time frame to meet student learning objectives, and the inclusion of specific learning modules.

CLCC is being asked to make a quick provision for the students affected, as this pandemic is completely out of their control. While we sympathize, CLCC cannot make a quick change. We continuously strive to meet credentialing industry best practices as a certification body. Our practices are designed to promote the protection of the public and the validity of the credential overall and are guided by the standards set by the National Commission for Certifying Agencies (NCCA – a subsidiary of the Institute for Credentialing Excellence)

While CLCC intends to be as flexible as possible within the parameters of public protection, there are no plans to make modifications to the eligibility requirements at this time. However, the CLCC Appeals Committee is open to accepting appeals based on the unique circumstances of each individual.

To be considered for any exception to CLCC policy, individuals may submit a letter of appeal to the Appeals Committee through the ACLP office. Appeals should be as specific as possible and include any relevant, supporting documentation. Appeals may be sent to Ame Enright, ACLP Director of Certification, at AEnright@childlife.org. The Appeals Committee is comprised of CCLS volunteers who meet on an ad hoc basis. Therefore, it may take up to 3 weeks for a response to a letter of appeal.

CLCC has been informed that many universities are shifting to a pass or fail option for the semester rather than letter grades. CLCC has and will continue to accept pass or fail for eligibility assessment.

CLCC has also provided guidance to clinical internship programs wishing to provide learning experiences during this emergency via remote strategies. This statement can be found here.