

Clinical Experience Verification Form

Updated March 2018

Background

There are three components of eligibility for the Child Life Professional Certification Examination. All three must be met prior to the registration deadline for the exam administration. Refer to the [Candidate Manual](#) for more details.

1. Minimum of Baccalaureate Degree: Applicants must hold a bachelor's degree or the international equivalent.

2. Course Work: Applicants must have completed a total of 10 college-level courses in child life or a related department/subject including a minimum of one child life course taught by a Certified Child Life Specialist (CCLS).

3. Clinical Child Life Experience: Applicants must complete a minimum of 480 hours of child life clinical experience under the direct supervision of a Certified Child Life Specialist who meets specific qualifications. Hours may be completed as an internship or fellowship. This is the form on which these hours are documented.

Definition of Clinical Experience

The clinical experience being verified should involve training and education in a manner that results in a minimum, entry-level competence in each of the following areas by the end of the training experience, whether at one site or several:

- ◆ Developmentally-supportive play and social interactions with infants, children, youth and families, in individual and group settings
- ◆ Long- and short-term goal-setting based upon assessment of infant, child, youth and family stress potential
- ◆ Individual, therapeutically-oriented interactions, including: psychological preparation and development of associated coping processes, stress reduction techniques, health care education, health care play, expressive interventions, nonpharmacological pain management techniques and procedural support
- ◆ Collaboration with families regarding developmental issues and the impact of stressful events
- ◆ Consideration of diversity and socioeconomic issues
- ◆ Interaction and coordination with interdisciplinary team members, including participation in team meetings
- ◆ Instruction and practice of documentation in institutional records
- ◆ Materials management
- ◆ Supervision/coordination of volunteers and special events
- ◆ Prioritization of daily workload in relation to patient and administrative responsibilities
- ◆ Evaluating self (skill level, professionalism, personal coping styles, professional boundaries) and overall programming, implementing appropriate changes when needed
- ◆ Developing knowledge regarding medical terminology, etiology, disease process, and medical procedures
- ◆ Maintaining a therapeutic relationship with infants, children, youth and families
- ◆ Incorporating family-centered care practices
- ◆ Exhibiting an understanding of and adhering to departmental and organizational policies and procedures
- ◆ Administrative planning and implementation, when appropriate

Purpose

Clinical preparation programs exist to complement and support the child life profession. These programs are vital to child life as the excellence of any profession depends on the performance of its practitioners. The Child Life Certification Program 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 their eligibility to sit for and pass the certification exam.

Important Notes

- ◆ Candidates must exhibit minimum, entry-level competence as indicated by the clinical supervisor on the reverse of this form in order to establish eligibility for the exam.
- ◆ A minimum of 480 hours must be registration deadline. If a training experience is longer than 480 hours, it may continue after the deadline.
- ◆ Candidates are permitted to accrue the required 480 hours at multiple institutions. This form must be completed by the supervisor at each institution.
- ◆ Candidates wishing to complete internship with remote supervision are required to apply and obtain approval in advance. The supervisor must indicate on this form that remote supervision was employed.
- ◆ 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.
- ◆ The supervising CCLS at his/her discretion may assign other child life specialists to provide training during rotations as long as he/she maintains formal supervision.

Instructions

Complete the requested information on the reverse and submit by fax at 571-483-4482, scan/email to certification@childlife.org or mail to:

Association of Child Life Professionals
1820 Ft. Myer Drive Ste 520
Arlington, VA 22209

Definition of Clinical Supervision

Supervision must be direct and formal and provided by a Certified Child Life Specialist who:

1. Maintains professional child life certification throughout the clinical training program
2. Has at least 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, to include:
 - ◆ Demonstration, modeling & teaching of professional behaviors and skills
 - ◆ Defining action steps to achieve competence relative to CLC's Standards of Clinical Practice and Competencies (see *Official Documents of the Child Life Council*)
 - ◆ Setting learning goals/objectives
 - ◆ Creating and maintaining an effective learning environment
 - ◆ Providing opportunities for exploring ethical issues
 - ◆ Providing feedback regarding professional boundaries
 - ◆ Facilitating the individual's application of theory to practice
 - ◆ Orienting the individual to the placement site and policies
 - ◆ Monitoring performance by observing the individual's progress and providing opportunities for discussion, feedback and growth

It is important for clinical supervisors to:

- ◆ Have daily contact with the individual, working 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 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 following activities:
 - Therapeutic play (health care play required for health care setting)
 - Health care education
 - Group programming
 - Stress point preparation
 - Teaching coping skills
 - Introduction of services
 - Interactions with staff and/or volunteers
 - Presentation skills
 - Supportive relationships with infants, children, youth and families
 - Developmentally – supportive play
 - Documentation
 - Self-evaluation skills
 - Use of appropriate technology with patients
 - Materials management
 - Special events & public relations
 - Family-centered care
 - Respect for diversity
 - Ethical behavior
 - Maintenance of safe and therapeutic environment
 - Sibling intervention
 - Patient assessment skills and prioritization of client needs and other responsibilities

By signing this form you attest that all conditions and requirements set forth on both pages of this form have been met. By stating that the applicant exhibits minimum, entry-level competence, you attest that he/she has been adequately trained relevant to the Standards for Clinical Preparation Programs, supervised by an appropriately-qualified CCLS, has shown him/herself to be minimally competent, and meets the clinical experience requirement to establish eligibility for the Child Life Professional Certification Exam.

Applicant Name _____

Institution Name _____

Start Date for these Hours _____

Date these Hours were Completed _____

Number of Hours Completed _____

During this Period, Applicant Has Demonstrated Minimum, Entry-Level Competence as Described on the Reverse of this Form (Check one)

Yes	No
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Supervisors may submit additional information on a separate sheet to support their answer

CCLS Supervisor Name (Please print) _____

Certified From _____ **to** _____ **Certification #** _____
Date (Month/Year) Date (Month/Year)

CCLS Supervisor Signature _____ **Date** _____