



Verification of Child Life Practicum Experience Hours

Important NOTES for STUDENTS:

- Please check with each clinical internship site to verify whether this form is accepted
- This form is to be completed by your child life practicum coordinator as a means of verifying completed child life practicum hours.
- This form may NOT be used to establish eligibility for the certification exam
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Name of Applicant:	
Institution Name:	
Institution Location:	

This applicant's child life practicum is complete: Yes No
 (If practicum is in progress, please complete the ACLP Practicum In-Progress Form)

Applicant's number of child life practicum hours completed: _____

Semester and Year (ex: Summer 2016) of applicant's child life practicum: _____

Child life practicum is/was supervised by a Certified Child Life Specialist: Yes No

The practicum follows all Association of Child Life Professionals recommended standards: Yes No

Standard #1: The child life practicum is largely an observational experience.

Standard #2: The child life practicum student will be supervised by a Certified Child Life Specialist (CCLS) who has achieved a minimum of 2,000 hours of paid work experience.

Standard #3: The child life practicum encompasses a minimum of 100 supervised hours. The child life practicum may include a combination of practicum hours being completed in no more than two practice experiences.

Standard #4: Child life practicum hours should be completed in an appropriate setting: hospitals/medical centers, therapeutic, medical or health related camp settings, hospice, grief or support centers; and/or rehabilitation settings.

Standard #5: The child life practicum includes observation opportunities for students to explore: child life assessments, developmental theory integration, therapeutic play interventions, and rapport building.

Standard #6: The child life practicum learning experience includes activities and assignments such as: journaling, education in- services and discussions, and specific and structured readings.

The applicants experience consisted of the following experiences:

Your signature below confirms the above information is true and accurate:

Signature:	
Printed Name/Credentials:	
Title:	Certification #:
Email Address:	
Date:	