



Confirmation of Child Life Course In-Progress

IMPORTANT NOTES for STUDENTS:

- Please check with each clinical internship site to verify whether this form is accepted.
- This form may NOT be used to establish eligibility for the certification exam. When applying for a ACLP Eligibility Assessment, you must submit the Child Life Course Verification Form.

Course Name _____

Academic Institution _____

The following required topics of study are covered in this class.

- Child Life Documents
- Scope of practice
- Impact of illness, injury and health care on patients and families
- Patient and Family-Centered Care
- Therapeutic play
- Preparation

Student is currently enrolled, course start date: _____

Student is currently in good academic standing in this course and anticipated to pass this course.

- Yes
- No

Comments: _____

Date course to be completed: _____

Student Name _____

CCLS Instructor Name/Credentials _____

Certification # _____

CCLS Instructor Signature _____ Date _____