



Confirmation of Child Life Course In-Progress

IMPORTANT NOTES for STUDENTS:

- This form is for internship application purposes only.
- 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 an 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 _____

Certification # _____

CCLS Instructor Signature _____ Date _____