



Verification of Related 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 supervisor or coordinator as a means of verifying completed child life related volunteer/paid hours.
- This form may NOT be used to establish eligibility for the certification exam

Name of Applicant:	
Institution Name:	
Institution Location:	

Please check one of the following:

- Experience with Infants, Children, Youth and/or families in Healthcare Settings (e.g. volunteer student)
- Experience with Infants, Children, Youth and/or families in Stressful Situations (e.g. camps for children with chronic illnesses, programs for children with special needs, advocacy programs, bereavement/hospice experiences)
- Experience with Well Infants, Children, Youth, and/or Families (e.g. nanny, counselor, teacher).

Start Date: _____

End Date: _____

Applicant's total number of related hours completed: _____

Volunteer: Yes No

Please describe responsibilities:

Paid: Yes No

Please list job title and responsibilities:

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

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