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Happy Fall,

Fall is a busy time within the Child Life Certification Commission. Many Certified Child Life Specialists complete their recertification, keeping the PDU Recertification Committee immersed in reviewing audits. In addition, our exam development committees (Item Writing, Item Review, and Exam Assembly) create two new exam forms to be administered in the coming year. Our other committees are also busy completing tasks related to monitoring the forum, reviewing appeals, and so much more. All the while the exam is being administered to aspiring CCLSs.

Fall is a time to reflect on the process of shedding things from the past and moving to something new. This CCLS Connection newsletters has that same theme embedded in it. In one article, a fellow CCLS summarizes their experience of providing virtual support during an internship when COVID-19 prevented typical clinical experiences. This is the perfect example of looking at the current situation and applying new strategies to move forward.

During this Fall, the world has begun to shed old practices and reflect on new steps forward in the areas of diversity, equity, and inclusion (DEI). CLCC is actively engaging in its own reflection on the role of DEI within certification and recertification. DEI has always been embedded in certification and recertification requirements and will continue to be so in the future. Continue reading to review a reminder of how DEI is a part of the current PDU requirements for recertification. However, CLCC recognizes that more is needed, and we are continuing to assess this need and how best to fulfill it. With that being said, the Child Life Certification Commission is excited to announce their encouragement of the completion of a course on diversity, equity, and inclusion as an option for the three additional courses requirement. For years, CLCC and the child life profession have recognized the importance of culture, diversity, equity, and inclusion within our training. Courses that fit this category have always been accepted as one of the additional coursework requirement. However, as part of an increased awareness for needed growth in this area by all, CLCC felt the need to emphasize this as a preferred option. If you visit, (insert website), you will see the language has been updated to include:

*Recommended Courses:* It is highly recommended that applicants complete these courses in the following content areas:

- Exploring Diversity, Equity, and Inclusion of Children and Families
- Ethics
- Human Anatomy and Physiology
- Medical Terminology

Please note this does not change any of the current requirements. It simply reminds potential candidates that diversity, equity, and inclusion is something we recommend.

We hope this encouragement is met with excitement and viewed as another way CLCC is moving forward for the better. Principle 5 of the Child Life Code of Ethics reminds us, "Certified Child Life Specialists demonstrate the competencies of the child life profession by continuous efforts to improve professional services and practices provided in the diverse settings in which they work, and in the community at large." During this season of change, know CLCC is making continuous efforts to improve and hopes this is a time for growth in your professional life as a Certified Child Life Specialist as well.

Sincerely,

Sherwood Burns-Nader, PhD, CCLS

Child Life Certification Commission Chairperson

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**Certification Numbers**

Total Current CCLSs: 6453

Residing in:	AK - 7	MS - 22
US- 5974	AL - 84	MT - 7
Australia - 5	AR - 36	NC -237
Brazil - 1	AZ - 125	ND - 13
Canada - 357	CA -581	NE - 40
China - 2	CO - 111	NH - 29
Georgia - 2	CT - 73	NJ-193
Hong Kong - 9	DC - 22	NM -20
Italy - 1	DE - 22	NV - 25
Japan - 57	FL - 279	NY-323
Kenya - 2	GA-182	OH-308
Kuwait - 1	HI - 13	OK - 39
Luxembourg -1	IA - 91	OR - 39
Mexico - 2	ID - 18	PA -213
New Zealand - 3	IL - 245	RI - 18
Norway - 1	IN - 100	SC - 86
Philippines - 3	KS - 49	SD - 14
Puerto Rico - 2	KY - 52	TN-161
Qatar - 7	LA - 66	TX-579
Romania - 2	MA -326	UT - 84
Saudi Arabia - 1	MD -115	VA -105
Singapore - 4	ME - 17	VT - 20
South Africa - 1	MI - 190	WA -115
Spain - 1	MN - 170	WI -120
Switzerland - 3	MO - 181	WV - 7
Taiwan - 5	Other - 1	
Turkey - 1		
United Kingdom - 7		



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**Important Dates to Remember**

**December**

- 20 Deadline to submit transcripts and other documentation in time to apply for the [2021 Winter/Spring Internship](#)
- 31 Last day to [reinstate lapsed CCLS credential](#)

**January**

31 – Annual Certification Maintenance fees due

**March**

- 10 – Registration deadline for March testing window
- 15-30 – March exam administration

## Virtual Internship Activities: One Program's Experience

Debbie Spencer is a Certified Child Life Specialist at AdventHealth for Children in Orlando, Florida. In March, when her intern, Katie Bowlin, learned all students were being sent home due to the pandemic, she still had about 170 hours of her 600-hour internship to complete. Katie, being proactive and passionate about the field, informed her supervisor that she still intended to keep doing her assignments and watching videos relating to hospitalization and child life. It was then that Debbie and Katie began exploring ways they could keep Katie engaged in the field while being away from the hospital. Debbie agreed to meet with Katie virtually twice a week to discuss her internship assignments. The hospital's special event coordinator was already conducting virtual events like bingo anyway, so Katie joined in on those activities virtually while remaining at home.

The timing was good as the hospital had just vetted the use of robots. The intention of the robots (which essentially are iPads on wheels) was to engage those patients who could not leave their rooms. Using an iPad, the patient could "drive" the robot to various parts of the hospital to explore. The robot could go to the playroom or the lobby for an event and broadcast what was happening back to the patient in their room.

Debbie and Katie wondered if using the robots to visit patients could help Katie complete her internship. Debbie posed the idea to her supervisor and the IT department as a pilot test of the robots. After gaining approval, Debbie and Katie set out to implement virtual child life services. Because of decreased patient volumes due to the pandemic, Debbie was able to devote her time to this project, and she and Katie chose their patient list from units that were already covered by a child life specialist, in essence lightening the load of that child life specialist.

Each day Debbie and Katie would meet virtually to discuss the day and patient list. Just as if she were in person, Katie would prioritize and explain to her supervisor what her plan was for the day. Debbie would then start "rolling" down the hallways with Katie. Since Katie was already over ten weeks into her internship, Debbie had a clear understanding of Katie's introduction, assessment, and intervention skills. Debbie essentially served as the mechanism to help "virtual Katie" get into rooms—opening the doors, navigating elevators, troubleshooting technology errors, and of course running for whatever item the patient requested after interacting with virtual Katie. After each intervention or during set times of the day, Debbie and Katie would discuss her interactions just as they would if Katie were in hospital.

Debbie and Katie navigated a new way to provide a successful learning experience. Katie said her interventions felt similar to those when she was there in person. They both acknowledge that because it was a robot and "wheeled into rooms" it was more like interacting with a person. Had it just been an iPad, they felt it would have been easier for the patient to disengage.

One patient with autism became enamored with virtual Katie. The patient compared the robot to a character on one of their favorite cartoons.

Debbie and Katie also shared challenges with the experience. When working with technology, you always need to be prepared for snags. Debbie had to be prepared to jump in if Katie's connection suddenly cut out. Katie had to deal with only seeing a portion of what was happening in the patient's room. Not being present, she couldn't get a 360-degree picture of the patient and their family—only what she could see on screen. Debbie acknowledged that if she had not already seen Katie's ability to assess and provide preparation in person it would have been harder to assess these skills virtually. Both agreed that virtual child life would work well in a practicum setting, but by no means should an internship be entirely virtual, a hybrid version would be more appropriate.

For Katie's part, she had to work hard to remain professional while presenting to the patients from her home. During patient interactions, she made sure to have a neutral background and be dressed as if she were in the hospital. Katie attended a webinar on virtual child life from ACLP which provided great insight on communication to help her interact with patients in this new way. When Katie's worlds merged into working from home, she put a lot of thought into how to create clear boundaries for herself and remain HIPAA compliant when interacting with patients.

After this experience, Debbie believes that there is a place for virtual child life in the future with her program. It's a nice complement to in-person learning for students. Debbie credited a commitment to supervision as paramount in this experience. Katie felt motivation and engagement on both parts were what made her experience successful. She noted these two qualities (motivation and engagement) on the part of her supervisor were key factors in making this virtual internship effective.

Thinking virtual child life has a place in your program? Debbie encourages fellow child life specialists not to be intimidated by technology. Learn and practice using what technology you have. Debbie and Katie engaged in a lot of role-playing before going live with patients. They also were cautious to not take on more than they could handle. Katie acknowledged the process may make you uncomfortable and stretch your comfort zone, but it helped her to learn skills she never thought she would.

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## Incorporating DEI into Your Recertification

With the concepts of Diversity, Equity and Inclusion (DEI) in the forefront of conversations in the child life community, there are many ways Certified Child Life Specialists can increase knowledge of these important topics while meeting certification requirements:

- Webinars addressing culture or diversity
- Conference sessions on working with diverse populations
- Publishing a journal article related to meeting the needs of the diverse families served by child life
- Taking a course related to culture and racism
- Creating and presenting your own conference session related to DEI
- Presenting a poster at a hospital-wide conference

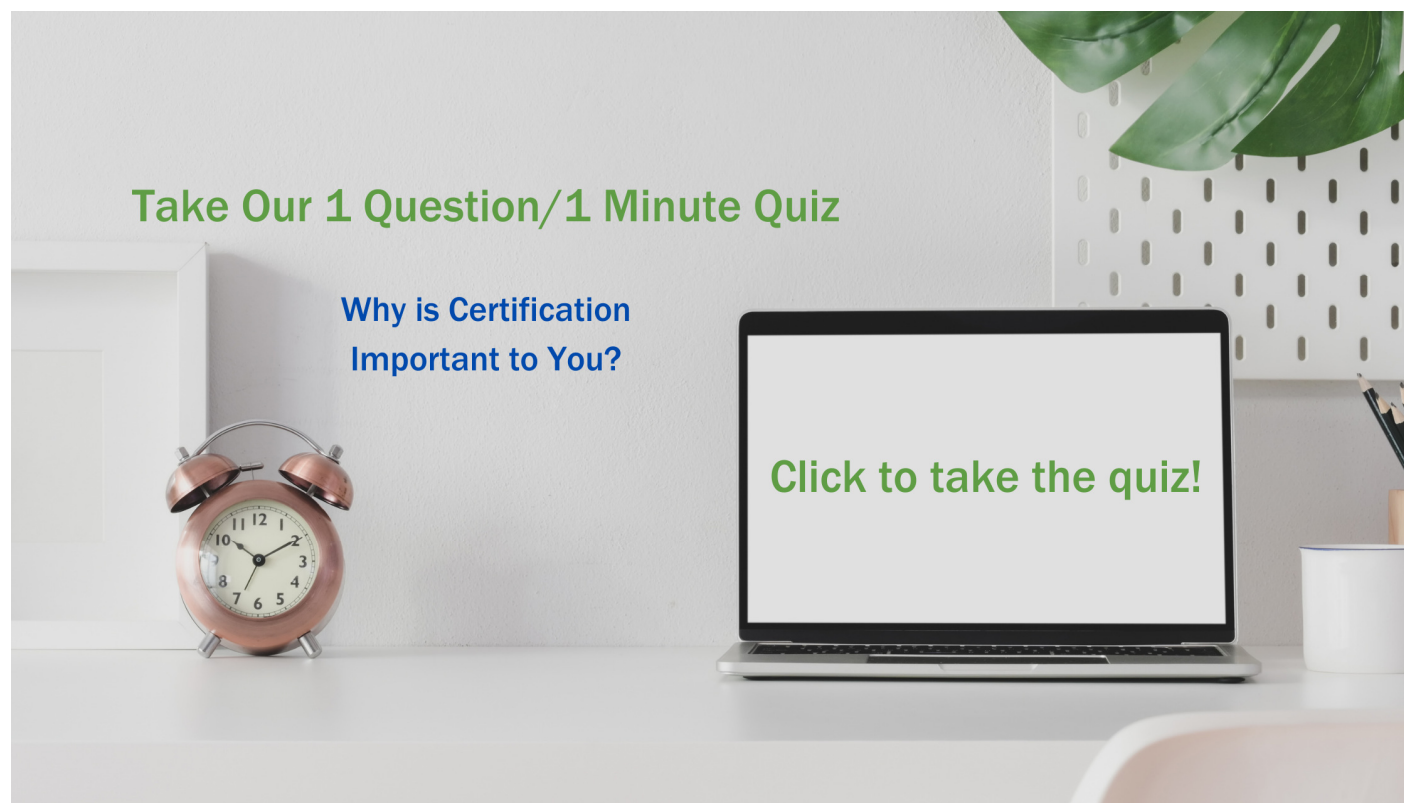
Although there is not a specific requirement for a certain number of PDUs dedicated to DEI at this time, the opportunity to continue learning in this area is embedded in all of the required domains.

Currently, the recertification requirements allow for PDUs related to DEI to be obtained for professional responsibility (e.g., a webinar on the relationship between ethics and health equity), assessment (e.g., a conference presentation on the importance of assessing a family's cultural practices in order to provide family centered care), and intervention (e.g., a poster presentation on a child life program's implementation of a high school recruitment strategy to increase diversity in the field).

Looking for a place to start? Check out ACLP's website under the DEI tab. There's a link dedicated to DEI-focused online education.

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For the Child Life Community **COVID-19 RESOURCES** By the Child Life Community

**CLCC Statements in Response to the COVID-19 Pandemic**

In response to inquiries and feedback resulting from the public health emergency, ACLP and CLCC have issued the following statements.

[ACLP Statement in Support of CLCC Decision on Clinical Hours](#)

[CLCC Statement for Interns](#)

[CLCC Statement for Academics](#)

[Guidance for Remote Internship Activities](#)

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Certification Highlights

**Certification Exam Administration**

The Child Life Professional Certification Examination was administered in August with the following results:

# Candidates	# New CCLs	% Passing
127	103	81.1%

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**Certification Maintenance**

ACLP is waiving the reinstatement fees for those who have yet to pay their certification annual maintenance fees. Ninety-one individuals currently have an inactive certification status due to non-payment of the 2020 certification maintenance fee. Existing annual maintenance fees are due by 12/31/2020 to avoid loss of the CCLS credential.

[Reinstatement](#) applications will be accepted through December 31, 2020.

Roughly 98% of CCLSs who owed this fee have made their payment.

**Thank you for maintaining your certification!**

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**Recertification**

Number of CCLSs due to recertify in 2020:	1073
Number of CCLSs who did not recertify:	114

Retention Rate 89.4%

**Thank you for recertifying!**

**REMEMBER: If you recertified in 2020, your first certification maintenance fee payment for your new certification cycle will be due on January 31, 2021. You did not pay this fee in 2020.**

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**Thank you CLCC Communications Committee!**

CLCC would like to recognize the team of volunteers who serve on the CLCC Communications Committee and make this newsletter possible!

Thank you!

Chair, Tracey Craddock  
Chair-Elect, Monica Gibson

Members:  
Sarah Framarin, Shannon Meland, Jennifer Mangers

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