

PLEASE PRINT

Check one PDU type

Workshops/Courses/Independent Learning

- ☐ Employer-provided continuing education
- ☐ Workshops, seminars, lectures, professional conferences, or webinars from continuing education providers, universities or colleges

Presenting

- ☐ Article review or case presentation to staff
- ☐ Professional in-service training, instruction, or guest lecturer for child life specialists or related professionals

Internship Supervision

- ☐ Direct floor supervisor for child life intern (Internship Coordinator cannot be the applicant's primary role)

Title _____ Start Date (D/M/Y) _____

Sponsoring Organization _____ End Date (D/M/Y) _____

Location (City, State) _____ Start Time _____

Exam Content Outline (Domain and Subdomain) _____ End Time _____

Number of PDUs _____

(See p.2 for details on how to calculate)

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☐ **Professional Service**

Presenting

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Internship Supervision

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(See p.2 for details on how to calculate)

Participant Name _____ **ACLP ID#** *(if known)* _____

By signing this form you attest that the above named individual participated in the PDU activities described above.

Name _____ **Title** _____

Organization _____

Signature _____ **Date** _____