

# BHA/P Application Certification Checklist

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## **BHA/P Specialized Training Certification** **Initial or Change in Level**

- Community Health Aide Program Certification Board Application for Behavioral Health Aide/Practitioner Certification, Form 14-15B (Revised 2020-10-07).
- BHA/P Specialized Training Log, Form 14-16B (Revised 2020-10-07).
- BHA/P Knowledge & Skills Checklist, Form 10-09B (Revised 2018-01-25) submit the scoring summary and signature pages only.
- BHA/P Clinical Practicum Log [submit only signature page](#) (Attach correct form for the level applying for):
  - BHA I Clinical Practicum Log, Form 12-11B (Revised 2020-10-07)
  - BHA II Clinical Practicum Log, Form 12-12B (Revised 2020-10-07)
  - BHA III Clinical Practicum Log, Form 12-13B (Revised 2020-10-07)
  - BHP Clinical Practicum Log, Form 12-14B (Revised 2021-01-12)

## **BHA/P Alternative Training Certification** **Initial or Change in Level**

- Community Health Aide Program Certification Board Application for Behavioral Health Aide/Practitioner Certification, Form 14-15B (Revised 2020-10-07).
- BHA/P Alternative Training Log, Form 14-17B (Revised 2020-06-03).
- BHA/P Knowledge & Skills Checklist, Form 10-09B (Revised 2018-01-25) submit the scoring summary and signature pages only.
- BHA/P Clinical Practicum Log [submit only signature page](#) (Attach correct form for the level applying for):
  - BHA I Clinical Practicum Log, Form 12-11B (Revised 2020-10-07)
  - BHA II Clinical Practicum Log, Form 12-12B (Revised 2020-10-07)
  - BHA III Clinical Practicum Log, Form 12-13B (Revised 2020-10-07)
  - BHP Clinical Practicum Log, Form 12-14B (Revised 2021-01-12)

## **Renewal of Certification (every two years)**

- Community Health Aide Program Certification Board Application for Behavioral Health Aide/Practitioner Certification, Form 14-15B (Revised 2020-10-07).
- Renewal of BHAP Continuing Education Log, Form 10-08B (Revised 2021-01).
- BHA/P Knowledge & Skills Checklist, Form 10-09B (Revised 2018-01-25) submit the scoring summary and signature pages only.

# BHA/P Application Certification Checklist

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## Sec. 3.10.300. Approved Continuing Education Programs for BHA/P.

- (a) Competencies.** To be approved by the Board, a continuing education program must
- (1) contribute to the knowledge or skills described in section 2.40.500 [BHA/P knowledge, skills, and scope of practice] or expand on content or subject matter described in chapter 8 [BHA curricula];
  - (2) directly relate to the clinical practice of a behavioral health aide or practitioner, which shall include courses related to the effects of tobacco use and tobacco use assessment and treatment; and
  - (3) be no less than 1 hour in length.
- (b) Sponsorship.** A continuing education program that meets the requirements of section 3.10.300(a) [approved continuing education programs for BHA/P; competencies] and is offered or sponsored by any of the following organizations is considered approved by the Board:
- (1) a certified BHA/P Training Center;
  - (2) Alaska Commission for Behavioral Health Certification (ACBHC);
  - (3) the Indian Health Service;
  - (4) Alaska Board of Social Work Examiners;
  - (5) Alaska Training Cooperative;
  - (6) Accreditation Council for Continuing Medical Education (ACCME);
  - (7) an accredited postsecondary educational institution;
  - (8) American Counseling Association (ACA);
  - (9) American Nurses Credentialing Center (ANCC)
  - (10) American Psychiatric Nurses Association (APNA);
  - (11) American Society of Addiction Medicine (ASAM);
  - (12) American Psychological Association (APA);
  - (13) Commission on Rehabilitation Counselor Certification (CRCC);
  - (14) International Certification & Reciprocity Consortium (IC&RC);
  - (15) Livingworks.net (Safetalk);
  - (16) National Association of Alcohol and Drug Abuse Counselors (NAADAC);
  - (17) National Association of Social Workers (NASW) or any state chapter of NASW;
  - (18) National Board of Certified Counselors (NBCC);
  - (19) National Association of Direct Service Providers (NADSP);
  - (20) QPR Institute

**For ALL applications - Each signature line of application must be signed and dated after all training components are completed.**

*CHAPCB Standards and Procedures*, applications and other information can be accessed on the CHAP website: <https://akchap.org/> Click on the CHAPCB tab.

## Specialized Training Matrix for BHA/P Certification

Level of Practice	BHA I	BHA II	BHA III	BH Practitioner
<b>BHA Program Oversight</b>	The BHA/P may only practice in a program in which clinical oversight of the behavioral health program is provided and responsibility is taken by a licensed behavioral health clinician (LBHC).			
<b>Employment</b>	Must be employed by Indian Health Services, a tribe, or tribal health organization that operates a community health aide program.			
<b>Work Related Experience</b> Providing village-based behavioral health services.	<input type="checkbox"/> 1000 hours under supervision of a licensed behavior health clinician or behavioral health professional.	<input type="checkbox"/> 2000 hours under supervision of a licensed behavior health clinician or behavioral health professional.	<input type="checkbox"/> 4000 hours under supervision of a licensed behavior health clinician or behavioral health professional.	<input type="checkbox"/> 6000 hours under supervision of a licensed behavior health clinician or master level behavioral health person.
<b>BHA/P Specialized Training Requirements</b>	<input type="checkbox"/> CB 8.20.050 General Orientation (28) <input type="checkbox"/> CB 8.20.100 Orientation to Behavioral Health Services (8) <input type="checkbox"/> CB 8.20.110 Ethics, Consent, Confidentiality & Privacy (16) <input type="checkbox"/> CB 8.20.116 Human Development (8) <input type="checkbox"/> CB 8.20.125 Intro to Behavioral Health Concerns (24) <input type="checkbox"/> CB 8.20.135 Intro to Counseling (12) <input type="checkbox"/> CB 8.20.140 Intro to Documentation (12) <input type="checkbox"/> CB 8.20.145 Intro to Case Management (8) <input type="checkbox"/> CB 8.20.150 Working with Diverse Populations (12) <input type="checkbox"/> CB 8.20.155 Intro to Group Counseling (8) <input type="checkbox"/> CB 8.20.160 Crisis Intervention (16) <input type="checkbox"/> CB 8.20.165 HIV/AIDS & Infectious Diseases (8) <input type="checkbox"/> CB 8.20.170 Community Approach to Prevention (8) <input type="checkbox"/> CB 8.20.175 Family Systems I (16) <input type="checkbox"/> CB 8.20.180 Maintaining Health, Wellness, & Balance (8)	<input type="checkbox"/> CB 8.20.220 Psychophysiology & Behavioral Health (16) <input type="checkbox"/> CB 8.20.225 Intro to Co-Occurring Disorders (8) <input type="checkbox"/> CB 8.20.228 Tobacco Use & Treatment (8) <input type="checkbox"/> CB 8.20.230 DSM Practice Application (12) <input type="checkbox"/> CB 8.20.235 Advanced Interviewing Skills (16) <input type="checkbox"/> CB 8.20.240 ASAM Practice Application (12) <input type="checkbox"/> CB 8.20.245 Case Studies & Applied Case Management (8) <input type="checkbox"/> CB 8.20.250 Traditional Health Based Practices (8) <input type="checkbox"/> CB 8.20.255 Intermediate Therapeutic Groups Counseling (16) <input type="checkbox"/> CB 8.20.260 Applied Crisis Management (8) <input type="checkbox"/> CB 8.20.270 Community Needs & Action (12) <input type="checkbox"/> CB 8.20.275 Family Systems II (16) <input type="checkbox"/> CB 8.20.280 Behavioral Health Documentation (8)	<input type="checkbox"/> CB 8.20.325 Treatment of Co-Occurring Disorders (12) <input type="checkbox"/> CB 8.20.335 Advanced Behavioral Health Clinical Care (20) <input type="checkbox"/> CB 8.20.340 Documentation & Quality Assurance (16) <input type="checkbox"/> CB 8.20.350 Applied Case Studies in Alaska Native Culture Based Issues (8) <input type="checkbox"/> CB 8.20.370 Behavioral Health Clinical Team Building (12) <input type="checkbox"/> CB 8.20.385 Intro to Supervision (16) <input type="checkbox"/> CB 8.20.390 Child Development (20)	<input type="checkbox"/> CB 8.20.400 Village-Based Behavioral Health Services (20) <input type="checkbox"/> CB 8.20.425 Challenges in Behavioral Health Services (16) <input type="checkbox"/> CB 8.20.485 Competencies for Village-Based Supervision (6) <input type="checkbox"/> CB 8.20.490 Principals & Practice of Clinical Supervision (40) <input type="checkbox"/> CB 8.20.495 Child-Centered Interventions (20)
<b>Prerequisites</b>	None	Must satisfy all of the requirements of a BHA I	Must satisfy all of the requirements of a BHA II	Must satisfy all of the requirements of a BHA III

## Specialized Training Matrix for BHA/P Certification

Level of Practice	BHA I	BHA II	BHA III	BH Practitioner
<b>Supervised Practicum Hours</b>	Practicum hours 100	Practicum hours 100	Practicum hours 100	Practicum hours 100
<b>Supervised Practicum Requirements</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Providing initial intake or client orientation to services, including screening and initial intake paperwork, with appropriate case documentation (25);</li> <li><input type="checkbox"/> Providing case management &amp; referral with appropriate case documentation (25);</li> <li><input type="checkbox"/> Providing village-based community education, prevention &amp; early intervention with appropriate case documentation (35).</li> <li><input type="checkbox"/> Balance of hours must be related to practicum components listed above (15).</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Providing client substance use assessment and treatment planning using DSM &amp; ASAM patient placement criteria with appropriate case documentation (35);</li> <li><input type="checkbox"/> Providing rehabilitative services with appropriate case documentation (30);</li> <li><input type="checkbox"/> Providing community readiness evaluation &amp; prevention plan development with appropriate case documentation (25).</li> <li><input type="checkbox"/> Balance of hours must be related to practicum components listed above (10).</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Providing behavioral health clinical assessment, treatment planning &amp; rehabilitative services for clients with issues related to co-occurring disorders (45);</li> <li><input type="checkbox"/> Providing quality assurance case review with documentation of review activity (20);</li> <li><input type="checkbox"/> Providing clinical team leadership by leading clinical team case reviews (20).</li> <li><input type="checkbox"/> Balance of hours must be related to practicum components listed above (15).</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Engaging, mentoring, and supporting, as well as participating in supervision and evaluation of BHA-Is, BHA-IIIs, and BHA-IIIs based on their understanding of supervisee's level of knowledge and skills, professional goals, and behavior (20)</li> <li><input type="checkbox"/> Providing clinical team leadership by leading clinical team case review (25).</li> <li><input type="checkbox"/> Building cultural competence by learning about the Alaska Native cultural context and developing a wellness framework for this cultural context within which positive therapeutic relationships can be developed. (30);</li> <li><input type="checkbox"/> Balance of hours must be related to practicum components listed above, or can be accomplished through the provision of integrated clinical services or child/adolescent services.</li> </ul>
<b>BHA/P Knowledge &amp; Skills Checklist.</b> The applicant has demonstrated the knowledge of the BHA competencies.	<input type="checkbox"/> Supervisor and BHA to complete and sign the signature page.	<input type="checkbox"/> Supervisor and BHA to complete and sign the signature page	<input type="checkbox"/> Supervisor and BHA to complete and sign the signature page	<input type="checkbox"/> Supervisor and BHA to complete and sign the signature page
<b>Application Fee</b>	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500
<b>Certification Renewal Requirements</b>				
<b>Recertification</b>	<input type="checkbox"/> Recertify every 2 years	<input type="checkbox"/> Recertify every 2 years	<input type="checkbox"/> Recertify every 2 years	<input type="checkbox"/> Recertify every 2 years
<b>Continuing Hours</b> **CE is needed only when an applicant is renewing their certification	<input type="checkbox"/> 40 hours	<input type="checkbox"/> 40 hours	<input type="checkbox"/> 40 hours	<input type="checkbox"/> 40 hours
<b>Continuing Education Training Requirements</b> ** A minimum of 20 CEUs must be attended via face-to-face instruction.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Ethics &amp; Consent (4);</li> <li><input type="checkbox"/> Confidentiality &amp; Privacy (4);</li> <li><input type="checkbox"/> Cross Cultural Communication &amp; Understanding and Working with Diverse Populations (4);</li> <li><input type="checkbox"/> The remaining (28) hours must be a balance of the hours related to the knowledge &amp; skills competencies.</li> </ul>			



# Community Health Aide Program Certification Board Application for Behavioral Health Aide/Practitioner Certification

## Requirements

13. Application type (check one):

- Initial Certification
- Renewal (every 2 years)
- Change in level

14. Applicant is applying for the following level of certification (check one):

- Behavioral Health Aide I (BHA I)
- Behavioral Health Aide II (BHA II)
- Behavioral Health Aide III (BHA III)
- Behavioral Health Practitioner (BHP)

15. If previously certified, what is your certification number: \_\_\_\_\_

What is the level of practice: \_\_\_\_\_

What is the expiration date: \_\_\_\_\_

16. Based on level of certification and application type; Attach the following forms to this application. A full copy of the certification application should be kept in the employee file.

\*If the training program was completed more than two years prior to the application date, attach BHA/P Certification Continuing Education Log (Form 10-08B) documenting 40 hours of Continuing Education in the two years prior to the application date.

<p><b>BHA/P Training Certification</b></p> <p><input type="checkbox"/> BHA/P Training Log* (Form 14-16B or Form 14-17B)</p> <p><input type="checkbox"/> Clinical Practicum Log Signature Page (Form 12-11B, 12-12B, 12-13B, or 12-14B)</p> <p><input type="checkbox"/> BHA/P Knowledge &amp; Skills Checklist Scoring Summary and Signature Pages (Form 10-09B)</p>
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<p><b>BHA/P Change in Level</b></p> <p><input type="checkbox"/> BHA/P Training Log* (Form 14-16B or Form 14-17B)</p> <p><input type="checkbox"/> Clinical Practicum Log Signature Page (Form 12-11B, 12-12B, 12-13B, or 12-14B)</p> <p><input type="checkbox"/> BHA/P Knowledge &amp; Skills Checklist Scoring Summary and Signature Pages (Form 10-09B)</p>
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<p><b>BHA/P Renewal Certification</b></p> <p><input type="checkbox"/> BHA/P Certification Continuing Education Log (Form 10-08B)</p> <p><input type="checkbox"/> BHA/P Knowledge &amp; Skills Checklist Scoring Summary and Signature Pages (Form 10-09B)</p>
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**Community Health Aide Program Certification Board  
Application for Behavioral Health Aide/Practitioner Certification**

**Employer Verification**

17. I verify that \_\_\_\_\_ (print name of applicant):

Please **check** each item on lines 19 through 21.

18. \_\_\_\_\_ The applicant has completed the training and education requirements and is competent to practice at the level of certification being sought. The information provided on Form 14-15B, Application for Behavioral Health Aide/Practitioner Certification, is accurate.
19. \_\_\_\_\_ The applicant is currently employed by the Indian Health Service, a tribe, or tribal health program operating a community health aide program in Alaska under the Indian Self-Determination and Education Assistance Act [PL 93-638, 25 U.S.C. 450 et seq.].
20. \_\_\_\_\_ The application fee of \$500.00 is enclosed; or
21. \_\_\_\_\_ The application fee of \$500.00 will be sent separately.

**Please make check payable to the Alaska Native Tribal Health Consortium – ATTN: CHAPCB.**

22. _____ Supervisor's Name (Please Print)	23. _____ Supervisor's Title (i.e.: BHA/P Director, Medical Director, Chief Executive Officer or other person authorized to sign on behalf of the organization)
24. _____ Supervisor's Signature	_____ Date

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Please **check** item 25.

25. \_\_\_\_\_ The applicant will only practice as a BHA/P under a behavioral health aide program in which clinical oversight is provided by a licensed behavioral health clinician, who is familiar with the BHA/P program, the Standards, and the BHAM; and is employed by the federal government or employed by or under contract with a tribal health program operating a community health aide program in Alaska under the ISDEAA. This requirement does not preclude other licensed behavioral health clinicians or behavioral health professionals, or other independently-licensed qualified healthcare professionals designated by the referral clinician directing the day-to-day activities of a behavioral health aide or behavioral health practitioner under the direction of the licensed behavioral health clinician providing clinical supervision.  
See [CHAPCB 2.40.010(a) Clinical Oversight.]

26. _____ Licensed Behavioral Health Professional's Name (Please Print)	27. _____ Credential
28. _____ Signature	_____ Date

**Community Health Aide Program Certification Board  
Application for Behavioral Health Aide/Practitioner Certification**

**Applicant Verification**

29. I verify that \_\_\_\_\_ (print name of applicant):

Please **check** each item on lines 30 through 35.

30. \_\_\_\_\_ I have received a copy of *the Community Health Aide Program Certification Board Standards and Procedures, as amended*, and have read this document.

31. \_\_\_\_\_ I have not engaged in conduct that is grounds for imposing disciplinary sanctions under Chapter 4 of the document above.

32. \_\_\_\_\_ I have completed the training and education requirements for the level of certification being sought.

33. \_\_\_\_\_ I am currently employed by the Indian Health Service, a tribe, or tribal health program operating a community health aide program in Alaska under the ISDEAA [PL 93-638, 25 U.S.C. 450 et seq.].

34. \_\_\_\_\_ I will only practice as a BHA/P when employed by the Indian Health Service, a tribe, or tribal health program operating a community health aide program in Alaska under the ISDEAA [PL 93-638, 25 U.S.C. 450 et seq.].

35. \_\_\_\_\_ I will only practice as a BHA/P under the clinical supervision of a licensed behavioral health clinician who is familiar with the BHA/P program, the *Standards* and the BHAM; and is employed by the federal government or employed by or under contract with a tribal health program operating a community health aide program in Alaska under the ISDEAA. This requirement does not preclude other licensed behavioral health clinicians or behavioral health professionals directing the day-to-day activities of a behavioral health aide or behavioral health practitioner under the direction of the licensed behavioral health clinician providing clinical supervision.

I verify that I have considered each of the above responsibilities and have provided accurate information to the CHAP Certification Board. I understand that failure to comply with any of the above provisions or providing false information may result in disciplinary action by the Board and may result in the surrender of my certificate as a BHA/P.

36. \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date





## BEHAVIORAL HEALTH AIDE II

**PREREQUISITES:** A BHA II must have satisfied all training and work experience requirements of a BHA I. See *CHAPCB 2.40.200(a) Prerequisites.*

<b>WORK EXPERIENCE</b> See <i>CHAPCB 2.40.200(e) BHA II Work Experience.</i>	<b>Date of Hire</b> MM/DD/YYYY	<b>Total Hours Worked</b>
2,000 hours providing village-based behavioral health services under the direct supervision of a licensed behavioral health clinician or behavioral health professional.		
<b>REQUIRED TRAINING</b> See <i>CHAPCB 2.40.200(b) BHA II Specialized Training Program.</i>	<b>Date Completed</b> MM/DD/YYYY	<b>Training Hours Completed</b>
Psycho-Physiology & Behavioral Health (12 hours)		
Intro to Co-Occurring Disorders (8 hours)		
Tobacco Dependency Treatment (8 hours)		
DSM Practice Application (12 hours)		
Advance Interviewing Skills (16 hours)		
ASAM Practice Application (12 hours)		
Case Studies & Clinical Case Management (8 hours)		
Traditional Health Based Practices (8 hours)		
Intermediate Therapeutic Groups Counseling (16 hours)		
Applied Crisis Management (8 hours)		
Community Development Approach to Prevention (12 hours)		
Family Systems II (16 hours)		

## BEHAVIORAL HEALTH AIDE III

**PREREQUISITES:** A BHA III must have satisfied all training and work experience requirements of a BHA I and BHA II. See *CHAPCB 2.40.300(a) Prerequisites.*

<b>WORK EXPERIENCE</b> See <i>CHAPCB 2.40.300(e) BHA III Work Experience.</i>	<b>Date of Hire</b> MM/DD/YYYY	<b>Total Hours Worked</b>
4,000 hours providing village-based behavioral health services under the direct supervision of a licensed behavioral health clinician or behavioral health professional.		
<b>REQUIRED TRAINING</b> See <i>CHAPCB 2.40.300(b) BHA III Specialized Training Program.</i>	<b>Date Completed</b> MM/DD/YYYY	<b>Training Hours Completed</b>
Treatment of Co-Occurring Disorders (12 hours)		
Advanced Behavioral Health Clinical Care (20 hours)		
Documentation & Quality Assurance (16 hours)		
Intro to Case Management Supervision (16 hours)		
Applied Case Studies in Alaska Native Culture Based Issues (8 hours)		
Behavioral Health Clinical Team Building (12 hours)		
Intro to Supervision (8 hours)		
Child Development (20 hours)		

**BEHAVIORAL HEALTH PRACTITIONER**

**PREREQUISITES:** A BHP must have satisfied all training and work experience requirements of a BHA I, BHA II, and BHA III. See *CHAPCB 2.40.400(a) Prerequisites.*

<b>WORK EXPERIENCE</b> <i>See CHAPCB 2.40.400(e) BHP Work Experience.</i>	<b>Date of Hire</b> MM/DD/YYYY	<b>Total Hours Worked</b>
6,000 hours providing village-based behavioral health services under the direct supervision of a licensed behavioral health clinician or behavioral health professional.		
<b>REQUIRED TRAINING</b> <i>See CHAPCB 2.40.400(b) BHP Specialized Training Program</i>	<b>Date Completed</b> MM/DD/YYYY	<b>Training Hours Completed</b>
Issues In Village-Based Behavioral Health Care (20 hours)		
Special Issues in Behavioral Health Services (16 hours)		
Competencies for Village-Based Supervision (16 hours)		
Principals & Practice of Clinical Supervision (40 hours)		
Child-Centered Interventions (20 hours)		

I attest that I have successfully completed the training hours listed above and I have completed the behavioral health related work experience.

\_\_\_\_\_  
Signature of Applicant                      Date                      Signature of Clinical Supervisor                      Date

\_\_\_\_\_  
Clinical Supervisor's Credential\*\*\*

\*\*\*Clinical Supervisor as defined in *CHAPCB 2.40.010. Supervision of Behavioral Health Aides and Practitioners.*



# Behavioral Health Aide/Practitioner Knowledge & Skills Checklist

BHA Name \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Date Begun \_\_\_\_\_

This is a:      BHA Self Assessment      Supervisor Assessment

Current BHA Certification level:      Not Certified      BHA-I      BHA-II      BHA-III      BHA-P

BHA is applying for level:      BHA-I      BHA-II      BHA-III      BHA-P

## CHECKLIST INSTRUCTIONS:

The BHA Knowledge and Skills Checklist must be completed for initial certification and each time a BHA/P wishes to renew certification or advance to a higher certified practice level.

- **Column 1** lists ten competency areas with specific sub-skills to be rated.
- **Column 2** is completed by rating the BHA's current skill level (T, I, II, III, or P) for each skill (regardless of a BHA's current certification level, they may be rated below, at, or above that certification level on any particular item).
- **Column 3** is automatically populated with a yes or no. Yes, means the BHA meets or exceeds the skill requirement for that item.
- **Column 4** may be used to enter notes or comments pertaining to the skill rating.

1 Competency	2 BHA Skill Level Rating	3 Meets Minimum Skill Level	4 Notes
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**Note:** Some competencies or items are only applicable to BHA-II, III, and Ps. If rating is for BHA I, the skills that pertain to BHA –II, III or P will be inactivated on the form.

Before rating a BHA on the Competency Checklist, review the Rating Guide below. This Guide outlines the common characteristics of a worker at each BHA skill level. For example, if evaluating an individual to determine if they have mastered competencies at the BHA-III level, keep in mind that he or she should be at an advanced level of proficiency on that competency, and require minimal supervision and direction to perform the competency.

Level →	Trainee-Prior to BHA Certification	BHA-I	BHA-II	BHA-III	BHP
<b>Typical developmental level:</b>	Beginning Proficiency	Basic Proficiency	Intermediate Proficiency	Advanced Proficiency	Independent
<b>Skill level:</b>	Is learning the basic skill	Has developed the basic skill	Has intermediate level skill, recognizes when to seek assistance	Has advanced skill	Use the advanced skill flexibly
<b>Supervision/Structure Required</b>	Extensive and close/High	Frequent Moderately High	Occasional Moderate	Less frequent Minimal	Less frequent Minimal

Competency	BHA Skill Level Rating	Meets minimum Skill Level	Notes
	T, I, II, III, P		
<b>I. WORKING WITH OTHERS</b>			
<b>Communicates effectively</b>			
1. Engages in active and reflective listening			
2. Speaks clearly and slowly enough to be understood			
3. Uses non-judgmental words and behaviors			
4. Communicates directly with the client's family & significant others (with client consent)			
5. Uses "person centered/person first" language			
6. Uses technical language correctly, including clinical terminology			
<b>Builds positive relationships</b>			
7. Demonstrates warmth, empathy, and genuineness			
8. Shows respect and concern for others through words and actions			
9. Focuses on and respects the concerns and preferences of the client and family			
10. Provides support and encouragement to colleagues and clients			
11. Collaborates with colleagues and clients to complete tasks and solve problems			
12. Maintains appropriate boundaries in all relationships			
<b>Subtotal I</b> Scores at or above target certification level:			
<b>II. SCREENING &amp; ASSESSMENT</b>			
<b>Gathers information using multiple sources</b>			
1. Obtains information from providers knowledgeable of the client and family			
2. Collects demographic, psychological, social, and medical information through interviews of the client and family			
3. Summarizes all information verbally or in writing			
4. Demonstrates sound judgment in evaluating and using the information collected			
<b>Uses screening and diagnostic tools</b>			
5. Assists clients in completing screening tools on substance use and mental health conditions			
6. Scores and interprets the results of screening tools correctly			

Competency	BHA Skill Level Rating	Meets min. Skill Level	Notes
	T, I, II, III, P		
<b>Assesses and identifies strengths and needs</b>			
7. Assesses clients' preferred method of communication and language barriers			
8. Identifies client and family strengths and resources			
9. Identifies barriers to engaging in services and provides solutions			
10. Identifies client and family goals			
11. Assesses clients' motivation and readiness to participate in services			
12. Identifies client problems, mental health and substance use conditions, and stressors			
13. Identifies signs of abuse and neglect			
14. Assesses level of risk for harm to self or others			
15. Determines whether additional assessment is required and arranges if necessary			
16. <b>BHA II, III, BHP only</b> Assesses physical and psychological risk associated with acute intoxication, overdose, withdrawal, detoxification, and co-occurring mental health and substance use disorders			
17. <b>BHA II, III, BHP only</b> Applies the criteria in the current version of the Diagnostic and Statistical Manual for Mental Disorders (DSM) in assessing clients' behavioral health conditions			
18. <b>BHA II, III, BHP only</b> Applies the ASAM patient placement criteria to guide treatment planning and recommend a level of care			
<b>Subtotal II</b>			
Scores at or above target certification level:			
<b>III. PLANNING SERVICES</b>			
<b>Identifies recommended goals &amp; services</b>			
1. Identifies recommended short-term and long-term service goals			
2. Identifies service options based on experience & research			
3. Evaluates eligibility and insurance coverage or ability to pay for recommended services			

Competency	BHA Skill Level Rating	Meets min. Skill Level	Notes
	T, I, II, III, P		
<b>Supports client &amp; family member decision-making in developing the plan of care</b>			
60E qo o wplecvgu'qweqo g'qh'yj g'uetggplpi '( cuuguo gpv'v'vj g'erkgpv'( 'hco kn{			
70Cuuku'u'vj g'erkgpv'( 'hco kn{ 'lp'w'pf gtucpf lpi vj g'erkgpv'u'eqpf kkp'u'cpf "ghgeu			
80F kuewuugu'tgeqo o gpf gf 'i qcu'cpf 'ugt'xlegu y kj 'erkgpv'( 'hco kn{( 'cngt'pcv'qr v'kp'u			
90Cuuku'u'erkgpv'lp'eqo o wplecv'pi 'j ku'qt'j gt pggf u'v'q'vj gtu			
: 0P gi q'wcv'g'cpf 'h'p'ck' gu'c'r n'p'qh'ect'g'y kj 'vj g'erkgpv'( 'hco kn{ 'dcugf 'qp'vj gk' r't'gh'et'g'pegu			
<b>Assists clients in developing personal plans</b>			
; 0Cuuku'u'vj g'erkgpv'lp'f g'x'gn'r lpi 'c"safety'r n'p" as needed			
320Uw r qt'u'vj g'erkgpv'lp'f g'x'gn'r lpi 'y g'p'gu'u'( t'ge'x'gt { 'r n'p'u			
<b>Subtotal III</b> Ueqt'gu'cv'qt'cd'qx'g'v'cti g'v'egt'w'he'cv'q'p'g'x'gn'			
<b>IV. PROVIDING SERVICES</b>			
<b>Coordinates Care</b>			
30Ctt'epi gu'h'qt'cuuk'v'peg.'h'p'ggf gf .'y kj n'p'i wci g't'cp'u'v'kp'qt' h'k'gt'ce{			
40K r ngo gpw'vj g'r n'p'qh'ect'g'*g'0 'd'gi kpu ugt'x'legu.'o cng'u't'gh'tt'cnu+			
50O q'p'k'qt'u'erkgpv'u'eqpf k'kp'p.'d'gi c'x'k'qt.'c'p'f r t'qi t'guu'q'p'c'eq'v'k'p'w'q'u'd'cuku			
60T'ge'qi p'k' gu'y j gp'r t'qi t'guu'j cu'um'y gf . c'f f t'guu'g'u'd'c'tt'k'gtu.'c'p'f 'y q't'm'u'v'q'o q'w'x'cv'g'v'j g'erkgpv			
70G'x'c'w'cv'g'u'r t'qi t'guu'c'p'f 't'g'x'k'gy u'c'p'f 't'g'x'k'gu'v'j g'r n'p'qh'ect'g'q'p'c't'gi w'ct'd'cuku			
80G'p'e'q'w'ci gu'erkgpv'r c't'v'k'r c'v'kp'lp'ugt'x'legu'c'p'f t'g'c'ej gu'q'w'y j gp'v'j g'erkgpv'ku'p'q'v'g'pi ci gf			
90R'c't'v'k'r c'v'g'u'lp'f g'x'gn'r lpi . 'e'q'q't'f l'p'c'v'pi . 'c'p'f o q'p'k'qt'k'pi 'c'f k'ue'j c'ti g'r n'p'			
: 0G'ue'd'r'k'ij gu'y q't'n'k'pi 't'g'r'v'k'p'uj k'r u'( e'q'q't'f l'p'c'v'g'u'ect'g'y kj 'q'v'j g't'r t'q'x'k'f g'tu'c'p'f 'v'g'co u'lp'v'j g'DJ C'au'ci g'p'e{			

Competency	BHA Skill Level Rating	Meets min. Skill Level	Notes
	T, I, II, III, P		
; 0Guvcdrikj gu'y qtnkpi 'tgrvqpuj kr u'( eqqtf kpcvu'ectg'y kj "qvj gt 'r tqxf gt u'kp'qvj gt ci gpekgu			
320Cuuku'kp'guvcdrikj kpi 'tqwkpg'cpf 'hqto cn y qtnkpi 'tgrvqpuj kr u'y kj "qvj gt 'ci gpekgu0			
<b>Assists with medication management</b>			
330Tgxkgy u'yj g'rkv'qh'yj g'erkpv'u'o gf lecvkqpu cpf 'yj gkt'ghgeu'cpf 'ukf g'ghgeu			
340Uw r qt u'erkpv'cpf 'hco kn' "gf wecvkq'cdqww o gf lecvkq'ghgeu'cpf 'ukf g'ghgeu			
350Eqcej gu'yj g'erkpv'qp'utcvgi kgu'hqt'vknkpi o gf lecvkqpu'cu'r tguetkdgf			
360Eqcej gu'yj g'hco kn' "qp'utcvgi kgu'hqt uw r qt v'kpi 'yj g'erkpv'kp'vknkpi 'o gf lecvkqpu			
370Uw r qt u'yj g'erkpv'u'r ctvek cvkq'kp'o gf lecn cr r qkpo gpv'u'o gf lecn'o qpkqt'kpi ."cpf 'rcd vgvkpi 0			
380Cuuku'yj g'erkpv'kp'o qpkqt'kpi "cpf 'tgr qt v'kpi o gf lecvkq'ghgeu'cpf 'ukf g'ghgeu'v'yj g'o gf lecn r tguetkdgf			
<b>Provides individual counseling</b>			
390Rtqxf gu'go qvqpcn'uw r qt v.'gpeqwtci go gpv. cpf 'tgcuwtcpeg			
3: 0J gr u'yj g'erkpv'f ghp'vj g'r tqdrgo 'd{ 'vknkpi yj gkt'uvqt { 'f kuewukpi 'yj gkt'ukwcvkq.'cpf ej cmgpi kpi 'j ku'qt'j gt'ewttgpv'r gtur gevkg.'y j gp y cttcpvgf 0			
3; 0J gr u'yj g'erkpv'ugv'i qcn'd{ 'f kuewukpi 'yj g r quukdkk'gu'cpf 'cuukv'kpi 'yj g'erkpv'v'ugrgev'cpf eqo o k'v'q'pgy 'i qcnu			
420J gr u'yj g'erkpv'v'cng'cev'kq'vj tqwi j 'r tqdrgo / uqrk'kpi ."gf wecvkq'cpf 'tck'kpi ."tghge'kpi "qp'r cuv gZR gtl'pegu'cpf "r cwgt'pu."etgc'kpi "cp'cev'kq'r rcp. eqpvtcev'kpi ."cpf 'r tqxf kpi 'hggf dcem			
<b>Manages crises</b>			
430Tgeqi pk gu'dgj cxkqtcn'j genj 'etkugu'cpf 'gctn' y ctpkpi 'uki pu'qh'etkugu			
440Cuuku'kp'f gguec'v'kpi 'r tqdrgo u'kp'yj gkt'gctn' r j cug			

Competency	BHA Skill Level Rating	Meets min. Skill Level	Notes
	T, I, II, III, P		
23. Reports crises and seeks assistance from a supervisor or licensed behavioral health professional			
24. Seeks assistance, as needed, from Village Public Safety Officers, other first responders, or community members			
25. Assists in implementing the response to a individual, family, and community crises			
26. Communicates with the family and others about the crisis and the response			
27. Assists with notifications and investigations of reportable events (e.g., abuse, domestic violence, assaults, neglect, deaths)			
28. Provides support to those affected by the crisis and assist them in accessing supportive services			
29. Assists the client and family in obtaining services related to the crisis (e.g., domestic violence shelter; emergency foster care).			
30. Participates in debriefing meetings to discuss the crisis and the response			
<b>Provides family counseling – BHA II, III, BHP only</b>			
31. Assesses family norms and roles (in nuclear and extended families, clans, biological and non-biological families)			
32. Uses genograms and sociograms to assess and work with families			
33. Identifies family dynamics, functional and dysfunctional units, and barriers to communication			
34. Identifies the impact within the family of an individual with a mental health or substance use condition and accommodations made by the family for the individual			
35. Identifies the impact on family functioning of stressors (e.g., medical illness, separation, divorce, abuse, financial concerns, housing issues, legal trouble)			
36. Engages members of the family in constructive problem-solving			
37. Assists the family in improving its functioning			

Competency	BHA Skill Level Rating	Meets min. Skill Level	Notes
	T, I, II, III, P		
<b>Provides group counseling – BHA II, III, BHP only</b>			
38. Identifies the functions, limitations, and risks of different types of groups (educational, psycho-educational, self-help, support, activity, skill development, therapeutic)			
39. Identifies appropriate members for the different types of group			
40. Orients new members to groups addressing the purpose, rules, boundaries, levels of self-disclosure			
41. Runs groups effectively, providing adequate structure, encouraging member interaction, and maintaining safety			
42. Assists clients in ending participation in a group or transitioning to another group			
43. Manages the ending of groups			
<b>Subtotal IV</b> Scores at or above target certification level:			
<b>V. LINKING TO COMMUNITY RESOURCES</b>			
<b>Identifies recommended resources</b>			
1. Maintains information on a range of community resources (e.g., service, medical, financial, housing, spiritual, volunteer)			
2. Maintains information on traditional support & intervention resources (Elders, traditional healers)			
3. Identifies recommended resources and traditional supports for the client and family based on need and eligibility			
4. Identifies resources outside of the community that may need to be brought into the community			
<b>Supports client &amp; family decision-making in selecting resources</b>			
5. Discusses resource recommendations & options with the client & family			
6. Motivates the client & family to access and use resources			
7. Negotiates a plan with the client & family about accessing resources based on their preferences			

Competency	BHA Skill Level Rating	Meets min. Skill Level	Notes
	T, I, II, III, P		
<b>Connects individuals and families to community resources</b>			
8. Makes a referral and actively connects the client or family to selected resources			
9. Ensures that the referral was accepted and client or family is receiving services			
10. Makes an alternate referral if the initial referral was unsuccessful			
11. Draws on individuals in the community to offer support to the client & family			
<b>Subtotal V</b> Scores at or above target certification level:			
<b>VI. COMMUNITY EDUCATION &amp; ADVOCACY</b>			
<b>Provides education</b>			
1. Educates clients, families, and the community about behavioral health conditions and their prevention and treatment			
2. Provides information to destigmatize people with mental health and substance use conditions			
<b>Participates in prevention activities</b>			
3. Uses community gatherings to encourage healthy behaviors			
4. Serves in community workgroups focused on prevention and early intervention with behavioral health conditions			
5. Works with community leaders to develop supports for individuals and families at risk			
6. Engages and provides support to individuals and families at risk			
7. Educates clients and families about strategies for improving physical and mental health			
8. Assists in assessing community needs and readiness for prevention and early intervention activities			
<b>Provides advocacy</b>			
9. Provides information to clients and families about their rights and responsibilities			

Competency	BHA Skill Level Rating	Meets min. Skill Level	Notes
	T, I, II, III, P		
10. Supports individual and family goals and wishes within the agency and with other organizations			
11. Helps clients and families to participate in service planning meetings			
12. Refers clients and families to peer and family support activities and advocacy organizations			
<b>Subtotal VI</b> Scores at or above target certification level:			
<b>VII. CULTURAL COMPETENCY &amp; INDIVIDUALIZING CARE</b>			
<b>Delivers culturally relevant services</b>			
1. Recognizes and adapts to different cultures, including the varied Alaska Native tribes and communities			
2. Recognizes and respects diversity, differences, and cultural traditions, including among different Alaska Native tribes and communities			
3. Assesses and manages one’s own personal biases			
4. Is aware of the traditions of the community			
5. Demonstrates awareness of and sensitivity to the client's degree of involvement in their traditions, values, and community			
6. Adapts services to the unique characteristics and preferences of the client and family			
7. Applies knowledge of gender expression, gender identity, sexual orientation, life span development, financial status, religion, disability, and intergenerational differences in delivering services			
8. Promotes empowerment as a goal and desirable treatment outcome for Alaska Native/American Indian people by fostering client and family decision-making, problem-solving, and self-determination.			
9. Effectively discusses cultural issues and differences with clients			
10. Uses cultural views of health and family when assisting in providing services			
11. Utilizes cultural resources and traditional practices when providing services (e.g., storytelling, talking circles, and deferring to elders)			

Competency	BHA Skill Level Rating	Meets min. Skill Level	Notes
	T, I, II, III, P		
12. Identifies and addresses issues of difference to reduce conflict between individuals and groups			
<b>Obtains consultation on cultural issues</b>			
13. Routinely considers and discusses cultural issues in supervision and team meetings			
14. Consults with elders or traditional healers in the community			
<b>Subtotal VII</b> Scores at or above target certification level:			
<b>VIII. DOCUMENTING</b>			
<b>Completes required documentation</b>			
1. Completes all required documentation (e.g., screening & assessment, intake, service plans, progress notes, discharge summaries)			
2. Produces documentation that is objective, accurate, and legible with correct language, grammar, and spelling			
3. Completes documentation in a timely manner			
<b>Responds to client requests to view records</b>			
4. Reviews client documentation with clients when they request to do so and when approved by the agency			
5. Demonstrates sensitivity as assists clients in understanding their documentation			
<b>Follows all documentation requirements and guidelines</b>			
6. Has knowledge of organization documentation policies			
7. Has familiarity with insurance payer requirements, including the Center for Medicare and Medicaid Services (CMS)			
8. Has knowledge of the documentation requirements of accrediting bodies			
<b>Subtotal VIII</b> Scores at or above target certification level:			

**BHA/P Knowledge and Skills Checklist**

Competency	BHA Skill Level Rating	Meets min. Skill Level	Notes
<b>T, I, II, III, P</b>			
<b>IX. PROFESSIONAL &amp; ETHICAL PRACTICE</b>			
<b>Fulfills responsibilities and commitments</b>			
1. Minimizes absences, arrives on time, and completes a full work day			
2. Completes assigned duties in a timely way and follows through on instructions received, reasonable requests, and promises made			
3 Acts professionally in interactions with the client, family, community and other professionals			
4. Works within the limits of assigned duties and role			
5. Recognizes personal limits of knowledge and skills			
6. Seeks additional supervision or consultation when uncertain about what to do or concerned about the performance of others			
<b>Practices ethically</b>			
7. Complies with the BHA Code of Ethics			
8. Complies with laws, regulations, and agency policies			
9. Manages effectively personal and professional boundaries with clients, families, and the community			
10. Models appropriate personal and professional behavior			
11. Respects client and family rights			
<b>Obtains client consent</b>			
12. Provides information and obtains informed consent			
13. Complies with special rules and procedures related to consent for: involuntary commitment; mandated reporting; minors; or individuals unable to consent, under guardianship, or subject to a court order			

Competency	BHA Skill Level Rating	Meets min. Skill Level	Notes
	T, I, II, III, P		
<b>Maintains confidentiality and privacy</b>			
14. Complies with laws, regulations, and agency policies regarding confidentiality and privacy (e.g., HIPAA, Federal Privacy Act, 42 C.F.R, Part 2)			
15. Complies with the procedures regarding disclosure of confidential information (e.g., mandated reporting, duty to warn, client authorized releases of information)			
16. Maintains the physical security of confidential information (electronic and hard copy)			
17. Educates clients and families about confidentiality, privacy, and their limits			
18. Assists clients with decisions and process to release confidential information			
19. Maintains the confidences and privacy of clients and families, even when not required by law, regulation or policy			
20. Protects client and family anonymity when providing information for statistical information and research			
21. Assists in ensuring that other individuals providing services comply with the laws, regulations, and policy on confidentiality and privacy			
<b>Manages stress and maintains personal health</b>			
22. Recognizes signs of personal stress			
23. Uses self-care strategies to manage stress, maintain health, and prevent burnout			
<b>Subtotal IX</b> Scores at or above target certification level:			

Competency	BHA Skill Level Rating	Meets min. Skill Level	Notes
	T, I, II, III, P		
<b>X. PROFESSIONAL DEVELOPMENT</b>			
<b>Seeks opportunities to improve knowledge, skills and abilities</b>			
1. Sets personal goals for professional development			
2. Participates in employer sponsored training and other continuing education activities			
3. Adopts best practices learned through continuing education			
<b>Uses supervision effectively</b>			
4. Participates routinely and constructively in supervision			
5. Uses supervision, peer consultation, and self-evaluation to enhance self-awareness and improve professional performance			
6. Uses formal evaluations to improve professional performance and the quality of services provided			
7. <b>BHA II, III, BHP only</b> Provides guidance and mentoring to others			
<b>Subtotal X</b> Scores at or above target certification level:			
<b>END OF CHECKLIST</b>			



**SIGNATURE PAGE**

The clinical supervision of a behavioral health aide or practitioner may be direct, indirect, or general as defined in BHA Standards. BHA's must evidence competence in each of the areas detailed in this document that is commensurate with the level of certification being sought, provided that: *(Clinical Supervisor, please initial each item and date/sign below)*

\_\_\_ the person providing clinical supervision must either be a licensed behavioral health clinician or masters level behavioral health professional, provided that a behavioral health practitioner (BHP) acting within the scope of his or her certification may provide day-to-day support and mentoring of behavioral health aides I, II, III;

\_\_\_ the behavioral health aide or practitioner must be supervised at whatever level of supervision is required for the specific service or care being provided;

\_\_\_ the supervisor may impose a higher level of supervision on the behavioral health aide or practitioner than that provided in this article, and

\_\_\_ the supervisor may develop an individualized protocol under which the behavioral health aide or practitioner is permitted to engage in a wider range of activities than that allowed under this article.

By signing below, I verify that I have reviewed and understand the BHA Knowledge & Skills checklist and Supervision requirements under Sec. 2.40.010\*. By signing below, I also attest that the applicant has demonstrated the knowledge and skill needed for the certification being sought.

BHA Applicant Printed Name: \_\_\_\_\_

BHA Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Supervisor\*\* Printed Name & Credentials: \_\_\_\_\_

Clinical Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* *Community Health Aide Program Certification Board Standards and Procedures, as amended*

\*\* *Clinical Supervisor is a master's level clinician or a licensed behavioral health clinician as defined in CHAPCB Sec. 1.20.010 (31)(A)(B)(C)(D).*

**Submit a copy of the Scoring Summary (page 13) and Signature page (page 14) of this checklist with the BHA's Certification Application packet.**



# Community Health Aide Program Certification Board

## BHA I

### Clinical Practicum Log

Applicant Name:  
(Full Legal Name)

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ MI

**25 hours** of providing client orientation to services, including screening and initial intake paperwork, with appropriate case documentation. **Dates (number of hours)**

_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )

**25 hours** of providing case management and referral with appropriate case documentation. **Dates (number of hours)**

_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )

**35 hours** of providing village-based community education, prevention, and early intervention services with appropriate case documentation. **Dates (number of hours)**

_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )

Balance of hours must be related to practicum components listed above. **Dates (number of hours)**

_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )

*(Fill in and submit additional logs if necessary)*



**Community Health Aide Program Certification Board  
BHA II  
Clinical Practicum Log**

Applicant Name: \_\_\_\_\_  
(Full Legal Name)                      Last                      First                      MI

**35 hours** of providing client substance use assessment and treatment planning using the *Diagnostic and Statistical Manual* and American Society of Addiction Medicine patient placement criteria with appropriate case documentation. **Dates (number of hours)**

_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )

**30 hours** of providing rehabilitative services with appropriate case documentation. **Dates (number of hours)**

_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )

**25 hours** of providing community readiness evaluation and prevention plan development with appropriate case documentation. **Dates (number of hours)**

_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )

Balance of hours must be related to practicum components listed above. **Dates (number of hours)**

_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )

*(Fill in and submit additional logs if necessary)*



# Community Health Aide Program Certification Board

## BHA III

### Clinical Practicum Log

Applicant Name: \_\_\_\_\_  
 (Full Legal Name)                      Last                      First                      MI

**45 hours** providing behavioral health clinical assessment, treatment planning, and rehabilitative services for clients with issues related to co-occurring disorders. **Dates (number of hours)**

_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )

**20 hours** providing quality assurance case review with documentation of review activity. **Dates (number of hours)**

_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )

**20 hours** providing clinical team leadership by leading clinical team case reviews. **Dates (number of hours)**

_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )

Balance of hours must be related to practicum components listed above. **Dates (number of hours)**

_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )

*(Fill in and submit additional logs if necessary)*



**Community Health Aide Program Certification Board**  
**BHP**  
**Clinical Practicum Log**

Continued on next page

APPLICANT NAME: \_\_\_\_\_ (print name of applicant):

**20 hours** of engaging, mentoring, and supporting as well as participating in supervision and evaluation of BHA-Is, IIs, and IIIs, based on their understanding of supervisee's level of knowledge and skills, professional goals and behavior. **Dates (number of hours)**

_____	_____	_____	_____	_____
( )	( )	( )	( )	( )
_____	_____	_____	_____	_____
( )	( )	( )	( )	( )
_____	_____	_____	_____	_____
( )	( )	( )	( )	( )
_____	_____	_____	_____	_____
( )	( )	( )	( )	( )
_____	_____	_____	_____	_____
( )	( )	( )	( )	( )
_____	_____	_____	_____	_____
( )	( )	( )	( )	( )
_____	_____	_____	_____	_____
( )	( )	( )	( )	( )
_____	_____	_____	_____	_____
( )	( )	( )	( )	( )

**25 hours** of providing clinical team leadership by leading clinical team case reviews. **Dates (number of hours)**

_____	_____	_____	_____	_____
( )	( )	( )	( )	( )
_____	_____	_____	_____	_____
( )	( )	( )	( )	( )
_____	_____	_____	_____	_____
( )	( )	( )	( )	( )
_____	_____	_____	_____	_____
( )	( )	( )	( )	( )
_____	_____	_____	_____	_____
( )	( )	( )	( )	( )

**30 hours** building cultural competence by learning about the Alaska Native cultural context and developing a wellness framework for this cultural context within which positive therapeutic relationships can be developed. **Dates (number of hours)**

_____	_____	_____	_____	_____
( )	( )	( )	( )	( )
_____	_____	_____	_____	_____
( )	( )	( )	( )	( )
_____	_____	_____	_____	_____
( )	( )	( )	( )	( )
_____	_____	_____	_____	_____
( )	( )	( )	( )	( )
_____	_____	_____	_____	_____
( )	( )	( )	( )	( )

**Community Health Aide Program Certification Board**  
**BHP**  
**Clinical Practicum Log**

Balance of hours **(25)** may be related to practicum components listed above, or can be accomplished through the provision of integrated clinical services or child/adolescent services. **Dates (number of hours)**

_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )

*(Fill in and submit additional logs if necessary)*