## Portland Area CHAP Certification Board (PACCB) BHA I Clinical Practicum Log





Date:	
Applicant Name:	
(Full legal name)	Last, First, MI

Portland Area Standards and Procedures (PASP) Sec. 2.40.100. Behavioral Health Aide I Training, Competency, and Experience Requirements Section (c) Behavioral Health Aide I Competency.

In addition to the coursework listed in subsection 2.40.100 (a) BHA I Specialized Training Program or 2.40.100 (b) BHA I Alternative Training of this section, the applicant must complete a 100-hour clinical practicum or equivalent under the direct supervision of a licensed and/or certified behavioral health clinician or behavioral health professional. The applicant must complete a competency-based checklist for each of the following:

	Summary of Practicum Requirements (100 hours total)								
1	No fewer than 25 hours of providing client orientation to services including screening and initial intake, with appropriate case documentation;								
2	No fewer than 25 hours of providing case management and referral with appropriate case documentation;								
3	No fewer than 35 hours of providing community-based education, prevention, and early intervention services with appropriate case documentation; and								
4	A balance of 15 hours must be related to practicum components listed in subsections (c) (1) through (3) of this section.								

Clinical Practicum Completion Mo,	S:							
				-				
I confirm that I have successfully o	ompleted	the prerequisites,	clinical practicum hou	rs, and practice				
components (listed above).	•	•	•	•				
✓								
Signature of Applicant				Date				
	✓							
Print Name – Clinical Supervisor	Signatur	e of Clinical Supervi	sor Credential/s	Date				
Clinical Supervisor as defined in PASP 2.40.010. Supervision of Behavioral Health Aides and Practitioners.								

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No fewer than 25 hours of providing client orientation to services including screening and initial intake, with appropriate case documentation.

Please Indicate Month (Mo)/Year (Yr) Completed and (# of Hours)

Mo/Yr	Hours								
	( )		( )		( )		( )		( )
	( )		( )		( )		( )		( )
	( )		( )		( )		( )		( )
	( )		( )		( )		( )		( )
	( )		( )		( )		( )		( )

No fewer than 25 hours of providing case management and referral with appropriate case documentation. Please Indicate Month (Mo)/Year (Yr) Completed and (# of Hours)

Mo/Yr	Hours								
	( )		( )		( )		( )		( )
	( )		( )		( )		( )		( )
	( )		( )		( )		( )		( )
	( )		( )		( )		( )		( )
	( )		( )		( )		( )		( )

No fewer than 35 hours of providing community-based education, prevention, and early intervention services with appropriate case documentation.

Please Indicate Month (Mo)/Year (Yr) Completed and (# of Hours)

Mo/Yr	Hours	Mo/Yr	Hour	Mo/Yr	Hours	Mo/Yr	Hours	Mo/Yr	Hours
	( )		( )		( )		( )		( )
	( )		( )		( )		( )		( )
	( )		( )		( )		( )		( )
	( )		( )		( )		( )		( )
	( )		( )		( )		( )		( )
	( )		( )		( )		( )		( )
	( )		( )		( )		( )		( )

The balance of (15) hours must be related to practicum components listed in subsections (c) (1) through (3) of this section.

Please Indicate Mo/Yr Completed and (# of Hours)

Mo/Yr	Hours								
	( )		( )		( )		( )		( )
	( )		( )		( )		( )		( )
	( )		( )		( )		( )		( )

(Please submit additional logs if necessary)

https://www.tchpp.org/bha-academic-review-committee | https://www.tchpp.org/-certification | paccb@npaihb.org

## **Document History:**

## PACCB – BHA I Clinical Practicum Log (con't)

BHARC vetted: 3.22.2023

Amended: 6.1.2023 (replaced Dates with Wk/Qrt)

Amended: 9.5.2023 added "credential/s" clinical supervisor and added "date" at the top of the form.

Amended: 3.12.2025 replated Dates with Mo/Yr.