

# Portland Area CHAP Certification Board (PACCB)

## BHA I Clinical Practicum Log



<b>Date:</b>	
<b>Applicant Name:</b>	
(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/Yr:		Total of Practicum Hours:	
--------------------------------------	--	---------------------------	--

I confirm that I have successfully completed the prerequisites, clinical practicum hours, and practice components (listed above).	
✓	
Signature of Applicant	Date

	✓		
Print Name – Clinical Supervisor	Signature of Clinical Supervisor	Credential/s	Date
Clinical Supervisor as defined in PASP 2.40.010. Supervision of Behavioral Health Aides and Practitioners.			

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

<b>No fewer than 25 hours of providing client orientation to services including screening and initial intake, with appropriate case documentation.</b> Please Indicate Month (Mo)/Year (Yr) Completed and (# of Hours)									
Mo/Yr	Hours	Mo/Yr	Hours	Mo/Yr	Hours	Mo/Yr	Hours	Mo/Yr	Hours
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

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

<b>No fewer than 35 hours of providing community-based education, prevention, and early intervention services with appropriate case documentation.</b> 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
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

<b>The balance of (15) hours must be related to practicum components listed in subsections (c) (1) through (3) of this section.</b> Please Indicate Mo/Yr Completed and (# of Hours)									
Mo/Yr	Hours	Mo/Yr	Hours	Mo/Yr	Hours	Mo/Yr	Hours	Mo/Yr	Hours
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

(Please submit additional logs if necessary)

<https://www.tchpp.org/bha-academic-review-committee> | <https://www.tchpp.org/-certification> | [paccb@npaih.org](mailto:paccb@npaih.org)

**Document History:**

PACCB BHA I Clinical Practicum Log\_v4PACCB BHA I Clinical Practicum Log\_v3

# 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.