

# Portland Area CHAP Certification Board (PACCB)

## BHA II Clinical Practicum Log



<b>Date:</b>	
<b>Applicant Name:</b>	
(Full legal name)	Last, First, MI

### Portland Area Standards and Procedures (PASP) Sec. 2.40.200. Behavioral Health Aide II Training, Competency, and Experience Requirements Section (c) Behavioral Health Aide II Competency.

In addition to meeting the requirements of subsection (a) [prerequisites] and completion of the training listed in subsection (b) [BHA II specialized training] or (c) [BHA II 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 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;
2	No fewer than 30 hours of providing rehabilitative services (e.g., comprehensive community support services or therapeutic behavioral health service) with appropriate case documentation;
3	No fewer than 25 hours of providing community readiness evaluation and prevention plan development with appropriate case documentation; and
4	A balance of 10 hours must be related to practicum components listed in subsections (d)(1) through (d)(3) of this section.

Clinical Practicum Completion Date:		Total of Practicum Hours:	
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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 II Clinical Practicum Log (con't)

No fewer than 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;

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
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

No fewer than 30 hours of providing rehabilitative services (e.g., comprehensive community support services or therapeutic behavioral health service) 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
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
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( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

No fewer than 25 hours of providing community readiness evaluation and prevention plan development with appropriate case documentation; and

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
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

A balance of 10 hours must be related to practicum components listed in subsections (d)(1) through (d)(3) of this section.

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@npaihb.org](mailto:paccb@npaihb.org)

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

## Document History:

Created 3.3.2023

Amended: 3.12.2025 replaced Dates with Mo/Yr.