Community Health Aide Program Certification Board BHA I Clinical Practicum Log

1.	Applicant Name:									
	(Full Legal Name)	Last	First		MI					
com	pleted training and educa	tion equivalent in sc	ope, quality, a	nd difficulty	the Board that he or she has to that identified within the 0.100(b) BHA I Alternative Ti					
	Su	mmary of Practicu	m Requireme	nts (100 h	ours total)					
	5 hours of providing client oppropriate case document		ces, including	screening a	nd initial intake paperwork, w	vith				
25	25 hours of providing case management and referral with appropriate case documentation.									
	5 hours of providing villagopropriate case document	-	/ education, p	revention, a	and early intervention service	es with				
Ва	Balance of hours (15 hours) must be related to practicum components listed above.									
	Date Clinical Practicul est that I have successfull d above.	_	requisites, clin		Practicum Hours: um hours and practice compo	onents				
3.	Signature of Applicant			<u> </u>	Date					
4.	Clinical Supervisor's	Nama	5.	Clinical S	upervisor's Credential**					
	Clinical Supervisor's (Please Print)	Ivallic		Cillical S	apervisor s Orederillar					
6.	Clinical Supervisor's	Signatura		Date						
	Cililical Supervisors	Oignature		Date						
**Cli	nical Supervisor as defined i	n CHAPCB 2.40.010(a	a) Clinical Over	sight						

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appropriate case do			screening and initial int	ake paperwork, with
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Dates (number of h		t and referral with app	propriate case docume	ntation.
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35 hours of providing	ng village-based com	nmunity education, pr	evention, and early inte	ervention services with
appropriate case do			,	
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(Fill in and submit additional logs if necessary)