

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)