## Community Health Aide Program Certification Board BHA II Clinical Practicum Log

(Full Legal Name)  Last  requisite: The BHA has completed and shown expleted training and education equivalent in scope	First	MI
	vidence satisfactor	
APCB 2.40.200(a) Prerequisites and CHAPCB 2.4 APCB 2.40.200(c) BHA II Alternative Training.	e, quality, and diffic	culty to that identified within the
Summary of Dra	actioum Doguiron	a a m ta
5 hours of providing client substance use assessing tatistical Manual and American Society of Addictionase documentation.		nt planning using the <i>Diagnostic and</i>
<b>0 hours</b> of providing rehabilitative services with a	ppropriate case do	ocumentation.
<b>5 hours</b> of providing community readiness evalua ase documentation.	ation and preventic	on plan development with appropriate
alance of hours (10 hours) must be related to pra	acticum componen	ts listed above.
Date Clinical Practicum Completion:	то	otal Practicum Hours:
rest that I have successfully completed the prerequed above.  Signature of Applicant	uisites, clinical pra	acticum hours and practice components
Clinical Supervisor's Name	5	al Supervisor's Credential**
(Please Print)	Omno	a caparridor o orodoridar
Clinical Supervisor's Signature	Date	

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## Community Health Aide Program Certification Board BHA II Clinical Practicum Log

Applicant Name:						
(Full Legal Name)	Last	First	MI			
<b>35 hours</b> of providing client substance use assessment and treatment planning using the <i>Diagnostic and Statistical Manual</i> and American Society of Addiction Medicine patient placement criteria with appropriate case documentation. <b>Dates (number of hours)</b>						
( )	( )	( )	( )	( )		
( )	( )	( )	( )	( )		
( )	( )	( )	( )	( )		
( )	( )	( )	( )			
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()	(	()	()	()		
30 hours of providing rehabilitative services with appropriate case documentation.  Dates (number of hours)						
( )	( )	( )	( )	( )		
( )	( )	( )	( )	( )		
( )	( )	( )	( )	( )		
( )	( )	( )	( )	( )		
( )	( )	( )	( )	( )		
(	()	()	()	()		
25 hours of providing community readiness evaluation and prevention plan development 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)