

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

Applicant Name: _____
(Full Legal Name) Last First MI

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. **Dates (number of hours)**

_____ ()	_____ ()	_____ ()	_____ ()	_____ ()
_____ ()	_____ ()	_____ ()	_____ ()	_____ ()
_____ ()	_____ ()	_____ ()	_____ ()	_____ ()
_____ ()	_____ ()	_____ ()	_____ ()	_____ ()
_____ ()	_____ ()	_____ ()	_____ ()	_____ ()
_____ ()	_____ ()	_____ ()	_____ ()	_____ ()
_____ ()	_____ ()	_____ ()	_____ ()	_____ ()
_____ ()	_____ ()	_____ ()	_____ ()	_____ ()

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)