

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

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

Prerequisite: The BHA has completed and shown evidence satisfactory to the Board that he or she has completed training and education equivalent in scope, quality, and difficulty to that identified within the *CHAPCB 2.40.300(a) Prerequisites* and *CHAPCB 2.40.300(b) BHA III Specialized Training Program* or *CHAPCB 2.40.300(c) BHA III Alternative Training*.

Summary of Practicum Requirements
45 hours of providing behavioral health clinical assessment, treatment planning, and rehabilitative services for clients with issues related to co-occurring disorders.
20 hours of providing quality assurance case review with documentation of review activity.
20 hours of providing clinical team leadership by leading clinical team case reviews.
Balance of hours (15 hours) must be related to practicum components listed above.

2.

Date Clinical Practicum Completion: _____ **Total Practicum Hours:** _____

I attest that I have successfully completed the prerequisites, clinical practicum hours and practice components listed above.

3. _____
 Signature of Applicant Date

4. _____ 5. _____
 Clinical Supervisor's Name Clinical Supervisor's Credential**
 (Please Print)

6. _____
 Clinical Supervisor's Signature Date

***Clinical Supervisor as defined in CHAPCB 2.40.010(a) Clinical Oversight*

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Applicant Name: _____
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45 hours providing behavioral health clinical assessment, treatment planning, and rehabilitative services for clients with issues related to co-occurring disorders. **Dates (number of hours)**

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

20 hours providing quality assurance case review with documentation of review activity. **Dates (number of hours)**

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

20 hours providing clinical team leadership by leading clinical team case reviews. **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)