## Community Health Aide Program Certification Board BHP Clinical Practicum Log

1.	Applicant Name:								
	(Full Legal Name)	Last	First	t	MI				
<b>Prerequisite:</b> The BHA has completed and shown evidence satisfactory to the Board that he or shown evidence training and education equivalent in scope, quality, and difficulty to that identified within CHAPCB 2.40.400(a) Prerequisites and CHAPCB 2.40.400(b) BHP Specialized Training Program CHAPCB 2.40.400(c) BHP Alternative Training.									
		Summary of	Practicum Re	equiremer	nts				
BH	hours of engaging, mentoder AA-Is, IIs, and IIIs, based of ofessional goals and behave	n their understand			g in supervision and evaluation of knowledge and skills,	of			
25	hours of providing clinical	team leadership b	by leading clin	ical team o	ase reviews.				
a١					tive cultural context and developi apeutic relationships can be	ng			
Ba	alance of hours (25 hours) complished through the pro								
2.									
۷.	Date Clinical Practicum	Completion: _		Tota	l Practicum Hours:				
	est that I have successfully d above.	completed the pre	requisites, clir	nical practi	cum hours and practice compone	ents			
3.									
	Signature of Applicant			Date					
4.			5.						
	Clinical Supervisor's N (Please Print)	lame		Clinical S	Supervisor's Credential**				
6.	-								
	Clinical Supervisor's S	ignature		Date		_			

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

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				Continued on next page						
APPLICANT NAME:			(print	name of applicant):						
<b>20 hours</b> of engaging, mentoring, and supporting as well as participating in supervision and evaluation of BHA-Is, IIs, and IIIs, based on their understanding of supervisee's level of knowledge and skills, professional goals and behavior. <b>Dates (number of hours)</b>										
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25 hours of providing clinical team leadership by leading clinical team case reviews.  Dates (number of hours)										
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developing a welln		by learning about the A s cultural context withir ours)								
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through the provision of integrated clinical services or child/adolescent services. <b>Dates (number of hours)</b>										
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(Fill in and submit additional logs if necessary)