Community Health Aide Program Certification Board

# BHA I

# Clinical Practicum Log

1. Applicant Name:

(Full Legal Name) Last First MI

**FOR OFFICIAL**

**USE ONLY**

#### Received

#### Action

**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 2.40.100(a) BHA I Specialized Training Program* or *CHAPCB 2.40.100(b) BHA I Alternative Training.*

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| **Summary of Practicum Requirements (100 hours total)** |
| **25 hours** of providing client orientation to services, including screening and initial intake paperwork, with appropriate case documentation. |
| **25 hours** of providing case management and referral with appropriate case documentation. |
| **35 hours** of providing village-based community education, prevention, and early intervention services with appropriate case documentation. |
| Balance of hours (**15 hours**) must be related to practicum components listed above. |

2.

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| --- | --- | --- | --- |
| **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

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| --- | --- | --- | --- |
| 4. |  | 5. |  |
|  | Clinical Supervisor’s Name  (Please Print) |  | Clinical Supervisor’s Credential\*\* |
| 6. |  |  |  |
|  | Clinical Supervisor’s Signature |  | Date |

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

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| **25 hours** of providing client orientation to services, including screening and initial intake paperwork, with appropriate case documentation. **Dates (number of hours)** |

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| **25 hours** of providing case management and referral with appropriate case documentation.  **Dates (number of hours)** |

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| **35 hours** of providing village-based community education, prevention, and early intervention services with appropriate case documentation. **Dates (number of hours)** |

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| Balance of hours must be related to practicum components listed above. **Dates (number of hours)** |

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*(Fill in and submit additional logs if necessary)*