Community Health Aide Program Certification Board

# BHA II

# 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 2.40.200(a) Prerequisites* and *CHAPCB 2.40.200(b) BHA II Specialized Training Program* or *CHAPCB 2.40.200(c) BHA II Alternative Training.*

|  |
| --- |
| **Summary of Practicum Requirements** |
| **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. |
| **30 hours** of providing rehabilitative services with appropriate case documentation. |
| **25 hours** of providing community readiness evaluation and prevention plan development with appropriate case documentation. |
| Balance of hours (**10 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 (Please Print) |  | Clinical Supervisor’s Credential\*\* |
| 6. |  |  |  |
|  | Clinical Supervisor’s Signature |  | Date |

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

Continued on next page

Applicant Name:

(Full Legal Name) Last First MI

**FOR OFFICIAL**

**USE ONLY**

#### Received

#### Action

|  |
| --- |
| **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)*