Community Health Aide Program Certification Board

# BHA III

# 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 2.40.300(a) Prerequisites* and *CHAPCB 2.40.300(b) BHA III Specialized Training Program* or *CHAPCB 2.40.300(c) BHA III Alternative Training.*

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| **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.

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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

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

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

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