Community Health Aide Program Certification Board

BHP

Clinical Practicum Log

1. Applicant Name:

(Full Legal Name) Last First MI

**FOR OFFICIAL**

**USE ONLY**

#### Received

#### Action

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| **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 2.40.400(a) Prerequisites* and *CHAPCB 2.40.400(b) BHP Specialized Training Program* or *CHAPCB 2.40.400(c) BHP Alternative Training.* |

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| **Summary of Practicum Requirements** |
| **20 hours** 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. |
| **25 hours** of providing clinical team leadership by leading clinical team case reviews. |
| **30 hours** building cultural competence by learning about the Alaska Native cultural context and developing a wellness framework for this cultural context within which positive therapeutic relationships can be developed. |
| Balance of hours (**25 hours**) may be related to practicum components listed above, or can be accomplished through the provision of integrated clinical services or child/adolescent services. |

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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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APPLICANT NAME: (print name of applicant):

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| **45 hours** 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. **Dates (number of hours)** |

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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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| 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)*