



BEHAVIORAL HEALTH ACADEMIC REVIEW COMMITTEE  
a subcommittee of the Tribal Behavioral Health Directors Committee



**Request for Coursework Equivalent**

BHARC will review all requests on an individual basis with the intent of acknowledging the training and education completed by a BHA while maintaining the integrity of the BHA Certification.

Name: \_\_\_\_\_ BHA Certification Goal: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**For BHA Specialized Courses - Attach the following information.**

To be considered for BHA Specialized Training courses you must provide the following documentation. Please understand this option is only available for BHA courses not currently available and course content must align with *CHAPCB Standards and Procedures Article 20. BHA Curricula*.

1. List CHAPCB BHA Course Title: \_\_\_\_\_
2. BHA's course certificate of completion, including the contact hours, date of completion, and training sponsor.
3. Course syllabus or training agenda that includes a brief outline, course schedule, course objectives, and related activities.

Submit Request for Coursework Equivalent to Behavioral Health Academic Review Committee at: [bharc@anthc.org](mailto:bharc@anthc.org)

FOR BHARC USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Hours Awarded:	Date of expiration:
Comments/Restrictions:		
Approved / rejected by:		Date: