

BHA CERTIFICATION PLAN QUESTIONNAIRE

All questions contained in this questionnaire are confidential and will become part of your BHA Certification Plan.

Name:			
Race/Ethnicity:		Gender:	Date of Birth:
Employer:		Job Title:	
Mailing Address:			Date of Hire:
Email:		Phone:	Fax:
Clinical Supervisor:			
Clinical Supervisor Email:			
Please list any villages that you travel to on a regular basis to deliver services:			
EDUCATION <i>(Check all that apply)</i>			
	Date of (anticipated) Completion		Date of (anticipated) Completion
<input type="checkbox"/> RHS Endorsement (1 yr.)		<input type="checkbox"/> College Certificate Specify type:	
<input type="checkbox"/> RHS Certificate (2 yr.)		<input type="checkbox"/> Associate's Degree Major:	
<input type="checkbox"/> Counselor Tech Certificate		<input type="checkbox"/> Bachelor's Degree Major:	
<input type="checkbox"/> Chemical Dependency Counselor Certificate		<input type="checkbox"/> Master's Degree Major:	
<input type="checkbox"/> Some College		<input type="checkbox"/> Doctorate Major:	
CERTIFICATION			
Do you have a current or expired BHA Certificate? <input type="checkbox"/> Yes (continue to section 1) <input type="checkbox"/> No (continue to section 2)			
Section 1. CURRENT BHA CERTIFICATION			
What is your current level of BHA Certification? <input type="checkbox"/> BHA I <input type="checkbox"/> BHA II <input type="checkbox"/> BHA III <input type="checkbox"/> BHP			
Certification Number:			
Certification Start Date:			
Certification Expiration Date:			
I want to remain at the same certification level and renew every two years.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I want to advance to the next level of BHA certification.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 2. BHA CERTIFICATION PLAN OR ADVANCE TO THE NEXT BHA LEVEL			
Have you and your supervisor completed the Knowledge and Skills Checklist? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Which level of BHA Certification are you pursuing? <input type="checkbox"/> BHA I <input type="checkbox"/> BHA II <input type="checkbox"/> BHA III <input type="checkbox"/> BHP			
In addition to my BHA Certificate:			
I want to be a certified Counselor Technician or Chemical Dependency Counselor.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I want to earn a college degree.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Return completed forms by email to bhaprogram@anthc.org.

Admin Office Use Only							
Date Received:	<input type="checkbox"/> Email	<input type="checkbox"/> eBHAM	<input type="checkbox"/> DLN	<input type="checkbox"/> Relias	<input type="checkbox"/> Blackboard	<input type="checkbox"/> BHAT #	Rev. 2019/12