# COMMUNITY HEALTH AIDE PROGRAM CERTIFICATION BOARD STANDARDS AND PROCEDURES AMENDED June 8, 2023

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1	<b>Chapter 1. General Provisions</b>
2 3	Article 10. Authority and Scope
4 5	History: June 18, 2008, the Title of Article 10 Chapter 1 was amended.
6 7	Sec. 1.10.010. Authority. The Community Health Aide Program Certification Board is
8	established under the authority of the Act of November 2, 1921 (25 U.S.C. § 13, popularly
9	known as the Snyder Act) pursuant to 25 U.S.C. § 16161 (Section 119 of Pub. L. 94-437), the
10	Indian Health Care Improvement Act, as amended, including the permanent reauthorization and
11	amendments in Section 10221 of the Patient Protection and Affordable Care Act, Pub. L. 111-
12	148, which incorporated by reference, as amended by Section 10221, S. 1790 as reported by the
13	Senate Committee on Indian Affairs in December 2009 and directives and circulars of the United
14	States Department of Health and Human Services, Public Health Service, Indian Health Service,
15	and Alaska Area Native Health Service.
16	
17	History: January 13, 2011, Section 1.10.010 was amended. November 26, 2002, Section 1.10.010
18	was amended.
19 20	Sec. 1.10.020. Scope. The Community Health Aide Program Certification Board sets
20	standards for the community health aide program and certifies individuals as community health
22	aides and practitioners, dental health aides (including primary dental health aides, dental health
23	aide hygienists, expanded function dental health aides, and dental health aide therapists), and
24	behavioral health aides and practitioners. Each of these individuals is subject to specific
25	requirements and engages in a specific scope of practice set forth in these <i>Standards</i> . For
26	historical reasons, these various health aides are often referred to generically as "community
27	health aides."
28	
29	History: June 18, 2008, Section 1.10.020 was added.
30	
31	Article 20. Definitions
32	
33	Sec. 1.20.010. Definitions. In these Standards and Procedures
34	<ul> <li>(1) "ARC" means Academic Review Committee;</li> <li>(2) "ART" means attraumatic restanting treatment;</li> </ul>
35	<ul> <li>(2) "ART" means atraumatic restorative treatment;</li> <li>(3) "Atraumatic restorative treatment" means a maximally preventive and</li> </ul>
36 27	minimally invasive approach to stop further progression of dental caries. It involves the removal
37 38	of soft, completely demineralized carious tooth tissues with hand instruments, and is followed by
38 39	restoration of the cavity with an adhesive dental material that simultaneously seals the remaining
40	tooth structure that remains at risk;
41	(4) "Behavioral health aide" means a behavioral health aide I, II, and III, except
42	when the level is specified;
43	(5) "Behavioral health professional" means a person who
44	(A) has at least a master's degree in psychology, social work, counseling,
45	marriage and family therapy, substance abuse or addiction, nursing with a psychiatric mental
46	health specialty, or a related field; and

1	(B) satisfies the requirements of section 2.40.010(a)(2) [supervision of
2	BHA/Ps; clinical oversight; qualifications];
3	(6) "BHA" means behavioral health aide;
4	(7) "BHAM" means the <i>Behavioral Health Aide Manual</i> , or its successor if
5	approved by this Board;
6	(8) "BHA/P" means behavioral health aide or behavioral health practitioner;
7	"BHP" means behavioral health practitioner;
8	(9) "BHARC" means Behavioral Health Academic Review Committee;
9	(10) "BLS" means Basic Life Support certification, which must include certification
10	in cardiopulmonary resuscitation ("CPR") techniques based upon training equivalent to that
11	required for completion of a CPR course certified by the American Heart Association or
12	American Red Cross;
13	(11) "Board" means the Community Health Aide Program Certification Board;
14	(12) "CHA" means community health aide;
15	(13) "CHAM" means the Alaska Community Health Aide/Practitioner Manual,
16	2006 Edition, as revised, or its successor if approved by this Board;
17	(14) "CHAP" means the program, including community health aides, dental health
18	aides, and behavioral health aides;
19	(15) "CHAPCB" means Community Health Aide Program Certification Board;
20	(16) "CHA/P" means community health aide or community health practitioner;
21	(17) "CHA/P Curriculum" means the <i>Community Health Aide Basic Training</i>
22	<i>Curriculum</i> , 1993, revised as of May, 1997, unless other revisions are adopted in which case
23	"CHA/P Curriculum" will incorporate those revisions;
24	(18) "CHP" means community health practitioner;
25	(19) "Community health aide" means a community health aide I, II, III, and IV,
26	except when the level is specified;
27	(20) "Contact hour" means no less than 50 minutes of instructional or clinical time,
28	provided that
29 20	(A) a course, seminar, or workshop offered or approved by an organization from which educational or continuing education requirements may be obtained will be accepted
30 31	
	for the number of continuing education credits designated by the organization offering it; and (B) academic credit will be converted to contact hours, as follows:
32 33	
33 34	<ul> <li>(i) one semester academic credit equals 15 contact hours;</li> <li>(ii) one quarter academic credit equals 10 contact hours;</li> </ul>
34 35	(1) "One quarter academic credit equars to contact hours, (21) "DARC" means Dental Academic Review Committee;
35 36	(21) "Darke" means Dental Academic Review Committee, (22) "Dental health aide" means primary dental health aides I and II, dental health
30 37	aide hygienists, expanded function dental health aides I and II, dental health aide therapists, and
38	dental health aide therapist practitioner, except as used in Article 30 of Chapter 2 regarding
39	requirements for special classes of dental health aides;
40	(23) "Dental hygienist" means a person licensed as a dental hygienist in Alaska
41	under AS 08.32.010 or a dental hygienist in the employ of the federal government in the
42	discharge of official duties who is a dental hygienist licensed in one of the states or territories of
43	the United States;
44	(24) "Dentist" means a person licensed as a dentist in Alaska or a dentist in the
45	employ of the federal government in the discharge of official duties who is licensed in one of the
15	states or territories of the United States:

46 states or territories of the United States;

1	(25) "DHA" means dental health aide;						
2	(26) "DHA Advanced Dental Procedures" means the curriculum set forth in section						
3	7.20.040 [DHA advanced dental procedures];						
4	(27) "DHA Core Curriculum" means the curriculum set forth in section 7.20.010						
5	[DHA core curriculum]; and						
6	(28) [Repealed October 3, 2006]						
7	(29) "DHA Curriculum" means a curriculum for training dental health aides						
8	approved by the Board pursuant to Article 20 [DHA curricula] of Chapter 7 [certification of						
9	DHA training and curriculum];						
10	(30) "DHAH" means dental health aide hygienist;						
11	(31) "DHAT" means dental health aide therapist;						
12	(32) "DHATP" means dental health aide therapist practitioner;						
13	(33) "EFDHA" means expanded function dental health aide;						
14	(34) "eLearning" means formal instruction where students and instructors are						
15	separated by geography, time or both for the majority of the instructional period;						
16	(35) "EMT" means Emergency Medical Technician;						
17	(36) "ETT" means Emergency Trauma Technician;						
18	(37) "ISDEAA" means the Indian Self-Determination and Education Assistance						
19	Act, Pub. L. 93-638, as amended, 25 U.S.C. § 450 et seq.;						
20	(38) "Licensed behavioral health clinician" means a person who						
21	(A) (i) is a medical doctor who has completed a postgraduate residency or						
22	is Board certified in psychiatry;						
23	(ii) is a registered nurse who has completed a master's degree with a						
24	psychiatric mental health specialty; or						
25	(iii) has completed either a doctorate or master's degree in psychology,						
26	social work, counseling, marriage and family therapy, substance abuse or addiction, or a related						
27	field;						
28	(B) under which the person is authorized to diagnose disorders contained						
29	within the Diagnostic and Statistical Manual of Mental Disorders; and						
30	(C) is fully or provisionally licensed in the State of Alaska or is in the						
31	employ of the federal government and is fully or provisionally licensed in one of the states or						
32	territories of the United States; and						
33	(D) satisfies the requirements of section $2.40.010(a)(2)$ [supervision of						
34	BHA/Ps; clinical oversight; qualifications];						
35	(39) "PDHA" means primary dental health aide;						
36	(40) "RAC" means Review and Approval Committee;						
37	(41) "Satisfactory performance" means the community health aide, community						
38	health practitioner, or dental health aide, behavioral health aide, or behavioral health practitioner						
39	can do the skill using the CHAM or other materials for reference without other assistance.						
40	"Satisfactory performance" is measured by having the community health aide or practitioner, or						
41	dental health aide, or behavioral health aide or practitioner demonstrate the skill with sufficient						
42	expertise to meet the standard of care in a daily work situation; and						
43	(42) "Session" means a basic training course offered by a CHA/P Training Center						
44	providing a curriculum approved by the Board.						
45							
46	<b>History:</b> October 13, 2022, Section 1.20.010 was amended. June 3, 2020, Section						
47	1.20.010(16) and (26) were amended. January 17, 2014, Section 1.20.010(4)(A) and (6) were						

1 2 3 4 5 6 7 8	amended. October 29, 2013, Section 1.20.010 was amended by adding (27). June 18, 2008, Section 1.20.010 was amended by adding new subsections (3)-(6), (12)-(14), and (28), renumbering all others and amending renumbered subsections (1), (15), (16), (17), and (30). October 3, 2006, Section 1.20.010(5) was amended, (22) was repealed, and (23) was added. October 8, 2003, Section 1.20.010(10) was amended. November 26, 2002, Section 1.20.010 was amended by adding new subsections (1)-(3), (8)-(16) and 19; amending subsections (5), (7), (20) and (22); and renumbering all subsections.
9	Article 30. Designation and Citation
10	
11	Sec. 1.30.010. Designation and Citation. The Standards and Procedures of the Board
12	may be cited as "CB" followed by the number of the chapter, article, and section, separated by
13	periods. For example, this chapter may be cited as "CB 1" or "chapter 1"; this article may be
14	cited as "CB 1.30" or "article 30 of this chapter"; this section may be cited as "CB 1.30.010" or
15	"section 1.30.010". Except as otherwise indicated by the context, citations in accordance with
16 17	this section include amendments and reenactments of the provisions cited.
17	Article 40. Findings
19	A title to. I mulligs
20	History: November 26, 2002, Article 40 was added.
21	
22	Sec. 1.40.010. Findings. The Community Health Aide Program Certification Board
23	makes the following findings.
24 25	(1) The community health aids are arow was established to analyze for training of
25 26	(1) The community health aide program was established to provide for training of health aides and practitioners and to maintain a system in which the health aides can relate to
20 27	other health professionals while providing health care, health promotion and disease prevention
28	services in rural Alaska.
29	(2) The community health aide program was authorized by Congress to promote
30	the achievement of the health status objectives in the Indian Health Care Improvement Act in
31	rural Alaska. These objectives are broad in scope and address virtually every aspect of health
32	care, access, delivery, and status. Specialized training (medical, dental and behavioral health) and
33	certification furthers those objectives by creating opportunities for community health aides to
34	focus their training and practice on particular health issues and delivery strategies. Regardless of
35	the specific title everyone certified under the community health aide program has the same basic
36	responsibility: to improve health status among Alaska Natives living in rural Alaska.
37	(3) The need for the community health aide has not diminished – most villages in
38 39	Alaska still have no health provider in the community other than a community health aide or community health practitioner. Although the infant mortality rate has diminished over the past 20
40	years, diabetes mellitus has increased by 110%, compared to 23% for the United States all races;
41	the unintentional injury death rate of Alaska Natives is 4.5 times the rate for the United States;
42	health status of rural Alaska Natives is closely related to low socio-economic status and 24% of
43	Alaska Natives live below the poverty level compared to 13.1% for United States all races.
44	(4) The community health aide program has become a model for efficient and high
45	quality health care delivery in rural Alaska providing approximately 300,000 patient encounters
46	per year and responding to emergencies twenty-four hours a day, seven days a week.
47	(5) The existing community health aide program is over-taxed with persistently
48	high rates of turnover among community health aides and practitioners.

(6) The curriculum for training community health aides and practitioners and the 1 2 CHAM have always included dental care; however other demands on community health aides 3 and practitioners have resulted largely in only emergency dental services to relieve immediate 4 pain being available. Only 29% of Alaska Native children and even fewer adults have had access to 5 (7)6 dental care resulting in epidemic caries among children and loss of teeth among adults and 7 elders. 8 The Alaska Area Native Health Service, the Department of Health and Human (8) 9 Services, and tribal health organizations recognize the strong connection between dental health 10 and physical health, including that caries is an infectious and contagious disease, which can result in pain, infection and diminishment of nutritional and digestive health. 11 12 (9) Shortages in the number of dentists nationally and in Alaska have resulted in high turnover among rural dentists (about 30%) and nearly a quarter of the dental positions in 13 rural Alaska being unfilled resulting in available dental care in rural Alaska to being limited 14 principally to only emergency services. 15 16 (10) This Board and the Alaska Area Native Health Service, together with Alaska 17 tribal health organizations, have agreed that improvements in dental health among Alaska Natives requires health providers dedicated to dental preventive and acute care and that 18 specialized training under the community health aide program of community health aides, who 19 20 will be called dental health aides and who will limit their practice to dental care, is required to improve dental health status in rural Alaska. 21 22 (11) Approximately 58 percent of the Alaska Native population lives in small 23 communities that have limited or no direct access to behavioral health services (Alaska Native 24 Tribal Health Consortium, 2004 Rural Behavioral Health Needs Assessment Final Report, p. 4). (12) Staff turnover is a barrier to maintaining access to behavioral health services in 25 26 villages (id., at p. 5). 27 (13) Despite improvements in the rate of deaths among Alaska Natives from many 28 other causes, in the period 1980 to 1998, the rate of alcohol-related deaths increased (Alaska 29 Area Native Health Service and Alaska Native Tribal Health Consortium, Alaska Native Mortality 1980-1998, June 2001, p. 4). 30 (14) In the period 1996-1998, three of the five leading causes of Alaska Native 31 32 deaths were related to behavioral health conditions; unintentional injuries for which the ageadjusted death rate of Alaska Natives was 101.5 compared to 30.1 U.S. all races, alcohol-related 33 34 for which the age-adjusted death rate was 54.2 compared to 6.1, and suicide for which the same 35 rate was 44.5 compared to 10.4 (id., at p. 7). 36 (15) The Fetal Alcohol Syndrome "prevalence rate among Alaska Natives (4.8) is 37 three and a half times that for All Alaskans (1.4) and at least seven times the high end of the 38 national rate of .1 to .7" (Alaska Native Tribal Health Consortium, Alaska Natives: Key Facts, 39 August 2002, p. 6). 40 (16) "The suicide attempt rate for Alaska Native males, ages 15-19, is 5.6 times (1565) that of Alaska males, ages 15-19 (275)...and for Alaska Native females, ages 15-19, is 41 four times (3627) that of Alaska females, ages 15-19 (886)" (id., p. 5). 42 (17) "Alaska Native children represent 49 percent of the custody children sent to 43 out-of-state placements...." (Alaska Department of Health and Social Services, Division of 44 45 Behavioral Health, Bring the Kids Home Annual Report, December 2005). This constitutes a rate more than two times higher than their representation in the general population; 46

1 2	(18) The Healthy People 2020 objectives, broadly and deeply address behavioral health issues including injury and violence prevention, mental health, quality of life and well-
3	being, social determinants of health, substance abuse and tobacco, along with behavioral health
4	considerations for each stage of life.
5	(19) This Board and the Alaska Area Native Health Service, together with Alaska
6	tribal health organizations, have agreed that improvements in behavioral health among Alaska
7	Natives requires village-based health providers dedicated to behavioral health prevention and
8	treatment and that specialized training under the community health aide program of community
9	health aides, who will be called behavioral health aides and practitioners and who will limit their
10	practice to behavioral health, is required to improve behavioral health status in rural Alaska.
11	
12	History: October 17, 2014, Section 1.40.010 was amended for renumbering of paragraphs
13	(16)-(20) to (15)-(19). October 12, 2011, Section 1.40.010 paragraphs (2) and (19) were
14	amended. January 13, 2011, Section 1.40.010 paragraph (2) was amended. June 18, 2008, in
15	Section 1.40.010 the introduction and paragraphs (2) and (5) were amended and paragraphs
16	(11)-(20) were added.
17	

1	Chapter 2.
2	Certification of Community Health Aides, Community Health Practitioners,
3	Dental Health Aides,
4	<b>Behavioral Health Aides and Behavioral Health Practitioners</b>
5 6	History: June 18, 2008, the Title of Chapter 2 was amended. November 26, 2002, the Title of
7	Chapter 2 was amended.
8	1
9	Article 10. Initial Qualifications
10	
11	Sec. 2.10.010. Initial Qualifications.
12	
13	(a) General Requirements. The Board shall issue a community health aide, community
14	health practitioner, dental health aide, behavioral health aide, or behavioral health practitioner
15	certificate to a person who
16	(1) applies on forms provided by the Board;
17	(2) pays the application fees required;
18	(3) furnishes evidence satisfactory to the Board that the person has not engaged in
19	conduct that is a ground for imposing disciplinary sanctions under Chapter 4; and
20	(4) [Repealed October 23, 1998]
21	(5) furnishes evidence satisfactory to the Board that the person has completed the
22	training and education requirements for the highest level of certification being sought, as
23	follows:
24 25	(A) for a community health aide or practitioner the requirements are those under section 2.20,100 [CHA II training & education requiremental 2.20,200 [CHA II training &
25 26	under section 2.20.100 [CHA I training & education requirements], 2.20.200 [CHA II training & education requirements], 2.20.300 [CHA III training & education requirements], 2.20.400 [CHA
20 27	IV training & education requirements] or 2.20.500 [CHP training & education requirements];
28	(B) for a dental health aide the requirements are those under section 2.30.100
20 29	[PDHA I training & education requirements], 2.30.200 [PDHA II training & education
30	requirements], 2.30.220(c) [training, education & preceptorship], 2.30.230(c) [dental prophylaxis
31	requirements; training & education] and (d) [preceptorship], 2.30.240(c) [dental radiology
32	requirements; training, education & preceptorship], 2.30.250(c) [dental assistant function
33	requirements; training, education & preceptorship], 2.30.260(c) [ART requirements; training &
34	education] and (d) [preceptorship], 2.30.300 [DHAH training & education requirements],
35	2.30.400 [EFDHA I supervision, training and education requirements], 2.30.500 [EFDHA II
36	training & education requirements], 2.30.550(c) [stainless steel crown placement requirements;
37	training & education] and (d) [preceptorship], 2.30.600 [DHAT training & education
38	requirements], and 2.30.700 [DHATP training & education requirements];
39	(C) for a behavioral health aide or practitioner the requirements are those
40	under sections 2.40.100 [BHA I training, practicum, and experience requirements], 2.40.200
41	[BHA II training, practicum, and experience requirements], 2.40.300 [BHA III training,
42	practicum, and experience requirements] or 2.40.400 [BHP training, practicum, and experience
43	requirements];
44	(6) furnishes evidence satisfactory to the Board that at the time of consideration of
45	the application the person is employed by the Indian Health Service or a tribe or tribal health

46 program operating a community health aide program in Alaska under the ISDEAA;

1	(7) furnishes evidence satisfactory to the Board that the person will practice as a					
2	community health aide, community health practitioner, dental health aide, or behavioral health					
3	aide or practitioner only when employed by the Indian Health Service or a tribe or tribal health					
4	program operating a community health aide program in Alaska under the ISDEAA;					
5	(8) furnishes evidence satisfactory to the Board that the person will practice as a					
6	community health aide, community health practitioner, dental health aide, behavioral health aide,					
7	or behavioral health practitioner only within the scope of practice, certifications granted to the					
8	person as specified in subparagraphs (A), (B) and (C) of this paragraph, except as required to					
9	satisfy the conditions for achieving the next level of certification or when practice would be					
10	permitted under section 4.10.010(i)(2) [grounds for discipline; (unprofessional conduct; duties &					
11	responsibilities)];					
12	(A) for a community health aide or community health practitioner the scopes					
13	of practice are defined in sections 2.20.110 [CHA I competencies], 2.20.210 [CHA II					
14	competencies], 2.20.310 [CHA III competencies], 2.20.410 [CHA IV competencies] and					
15	2.20.510 [CHP competencies],					
16	(B) for a dental health aide the scopes of practice are defined in sections					
17	2.30.110(b) [PDHA I competencies], 2.30.210(b) [PDHA II supervision & competencies;					
18	competencies], 2.30.220(d) [sealant requirements; competencies], 2.30.230(e) [dental					
19	prophylaxis requirements; competencies], 2.30.240(d) [dental radiology requirements;					
20	competencies], 2.30.250(d) [dental assistant function requirements; competencies], 2.30.260(e)					
21	[ART requirements; competencies], 2.30.310(b) [DHAH supervision & competencies;					
22	competencies], 2.30.410(b) [EFDHA I supervision & competencies; competencies], 2.30.510(b)					
23	[EFDHA II supervision & competencies; competencies], 2.30.550(e) [stainless steel crown					
24	placement requirements; competencies], 2.30.610(b) [DHAT supervision & competencies;					
25	competencies]; and2.30.710(b) [DHATP supervision & competencies; competencies];					
26	(C) for a behavioral health aide or behavioral health practitioner the scopes of practice are defined in sections 2.40.500(b) [PHA/P knowledge skills, & scope of practice:					
27	practice are defined in sections 2.40.500(b) [BHA/P knowledge, skills, & scope of practice;					
28	scope of practice];					
29	(9) furnishes evidence satisfactory to the Board that					
30	(A) the person will practice only under supervision and day-to-day direction					
31	of individuals who are:					
32 33	(i) familiar with the community health aide program, these <i>Standards</i> , and the CHAM; and					
33 34						
34 35	(ii) employed by the federal government or employed by or under contract with a tribal health program operating a community health aide program in Alaska under					
35 36	the ISDEAA; and					
30 37	(B) provided; that					
38	(i) a community health aide, or community health practitioner may					
39	practice only under the medical supervision of a licensed physician; and					
40	(ii) as a dental health aide may practice only under the direct, indirect					
41	or general supervision required under article 30 [standards for DHAs] of this Chapter					
42	[certification of CHAs, CHPs, DHAs, BHAs, & BHPs]; and					
43	(iii) a behavioral health aide or behavioral health practitioner may					
44	practice only under the direct, indirect, or general supervision required under section 2.40.010					
45	[supervision of BHA/Ps]; and					

1	(C) notwithstanding the requirements under paragraphs (9)(B), other					
2	physicians, dentists, mid-level providers, licensed behavioral health clinicians, and behavioral					
3	health professionals or other independently-licensed qualified healthcare professionals					
4	designated by the referral doctor may direct the day-to-day activities of a community health aide,					
5	community health practitioner; dental health aide, behavioral health aide, or behavioral health					
6	practitioner, as appropriate; and					
7	(10) furnishes evidence satisfactory to the Board that the person meets continuing					
8	education requirements as defined in Chapter 3, as applicable.					
9	education requirements as defined in Chapter 5, as appreadle.					
10	(b) Special Conditions.					
10	(1) <b>Pre-Certification Board CHA/Ps.</b> An applicant who was a community health					
12	aide or community health practitioner prior to the formation of the CHAP Certification Board					
12						
	and who seeks initial certification by the Certification Board after January 1, 2003, must provide					
14	evidence satisfactory to the Board that he or she					
15	(A) meets all the requirements for initial certification by this Board and;					
16	(B) in the two-year period preceding the application for initial certification by					
17	this Board has met the requirements for continuing education set forth in section 3.10.010					
18	[CHA/P continuing education requirements].					
19						
20	(2) Behavioral Health Aide's or Practitioner's Prior Practice. A person who					
21	applies for certification as a behavioral health aide or behavioral health practitioner within 24					
22	months after June 18, 2009, may be certified as a behavioral health aide or behavioral health					
23	practitioner without having met all of the applicable requirements of section 2.40.100 [BHA I					
24	training, practicum, and experience requirements], 2.40.200 [BHA II training, practicum, and					
25	experience requirements], 2.40.300 [BHA III training, practicum, and experience requirements],					
26	or 2.40.400 [BHP training, practicum, and experience requirements], provided the applicant					
27	provides evidence satisfactory to the Board that he or she					
28	(A) meets the general requirements under section $2.10.010(a)(1), (2), (3), (6),$					
29	(7), (8) and (9) [initial qualifications; general requirements];					
30	(B) within 24 months prior to applying for certification under this section, has					
31	completed no fewer than 48 contact hours of training, education or continuing education, which					
32	may include training intended for qualification at the next behavioral health aide or practitioner					
33	level, but must include:					
34	(i) a general orientation equivalent to that described in section 8.20.050					
35	[general orientation] and an orientation to village-based behavioral health services that					
36	equivalent to that described in section 8.20.100 [orientation to village-based behavioral health					
37	services]; and					
38	(ii) no fewer than 4 contact hours each in ethics and consent and in					
39	confidentiality and privacy;					
40	(C) demonstrates the knowledge and performance required of an individual					
41	seeking certification at the level for which certification is sought as described in section 2.40.500					
42	[BHA/P knowledge, skills, and scope of practice];					
43	(D) has related work experience					
44	(i) equivalent to no less than 20 hours a week for a period no less than					
45	(I) 18 months within the 5 years prior to application if applying for					
46	certification as a behavioral health aide I;					

46 certification as a behavioral health aide I;

1	(II) 24 months within the 5 years prior to application if applying for					
2	certification as a behavioral health aide II;					
3	(III) 36 months within the 6 years prior to application if applying for					
4	certification as a behavioral health aide III;					
5	(IV) 48 months within the 7 years prior to application if applying for					
6	certification as a behavioral health practitioner;					
7	(V) provided the minimum hours of work, period of work					
8	experience and the period in which it must have occurred prior to application set forth in					
9	subparagraphs (I), (II), (III), or (IV) of this paragraph (D) may be waived upon review and					
10	recommendation of the Behavioral Health Academic Review Committee based on a finding of					
11	exceptional circumstances; and					
12	(ii) that includes village-based behavioral health services and a range of					
13	the activities a person certified at the level of certification being sought by the applicant is					
14	expected to perform;					
15	(E) provides a statement from a licensed behavioral health clinician or					
16	behavioral health professional attesting that the applicant has the knowledge and skills required					
17	under section 2.40.500 [BHA/P knowledge, skills, and scope of practice];					
18	(F) provides two letters of positive reference from supervisors or others with					
19	whom the applicant has worked within the two-year period prior to application;					
20	(G) has demonstrated the ability to provide culturally competent services in a					
21	village setting; and					
22	(H) has completed the examination as provided for in section 2.40.030					
23	[BHA/P trial examination].					
24						
25	(3) Delayed Application. An applicant for certification as a community health aide,					
26	community health practitioner, dental health aide, behavioral health aide or behavioral health					
27	practitioner who obtained the required training more than two years prior to submitting an					
28	application for certification, must provide evidence satisfactory to the Board that he or she					
29	(A) meets all the requirements for initial certification by this Board; and					
30	(B) in the two-year period preceding the application for initial certification by					
31	this Board has met the applicable requirements for continuing education set forth in chapter 3					
32	section.					
33						
34	History: January 13, 2021, Section 2.10.010(9)(C) was amended. June 3, 2020, Section					
35	2.10.010(a)(5)(B) and (a)(8)(B) were amended. October 30, 2014, Section 2.10.010(a)(5)(B)					
36	and (a)(8)(B) were amended. January 17, 2014, Section 2.10.010(b)(2) was amended. June 8, 2010. Section 2.10.010(b)(2) was amended. June 8, $(2010 - 5)(6)$					
37 38	2010, Section 2.10.010(b)(2) was amended. June 18, 2008, Section 2.10.010(a), (a)(5)(C), (a)(7), (a)(8), (a)(9), (a)(10), (b)(3), and (b)(3)(B) were amended and (a)(8)(C) and (b)(2) were					
39	added. October 3, 2006, Section 2.10.010(a)(6), (7), and (9)(B) was amended. October 8,					
40	2003, Sections 2.10.010(a)(5)(B) and (a)(8)(B) were amended. November 26, 2002, Section					
41	2.10.010(a), (a)(5), (a)(7), (a)(8), (a)(9) and (a)(10) were amended and subparagraphs					
42	(a)(5)(A) and (B) and (a)(8)(A) and (B), and subsection (b) were added. June 12, 2002, Section 2.10.010 has adding accessible (10). October 22, 1008. Section 2.10.010(4) mag					
43 44	Section 2.10.010 by adding paragraph (10). October 23, 1998, Section 2.10.010(4) was amended.					
45	amended.					
46	Sec. 2.10.015. Certifications as CHA/P, DHA, and BHA/P. A person who meets all of					
47	the applicable requirements of these <i>Standards</i> may be certified as a community health aide or					

47 the applicable requirements of these *Standards* may be certified as a community health aide or

1 2 3	community health practitioner, as a dental health aide, and as a behavioral health aide or behavioral health practitioner. <i>Also see</i> section 2.30.030 [multiple certifications].					
5 4 5 6	<b>History:</b> June 18, 2008, Section 2.10.015 was amended. November 26, 2002, Section 2.10.015 was added.					
6 7 8 9 10 11 12 13	<b>Sec. 2.10.020. Surrender of a Certificate</b> . A person certified under articles 20 [standards for CHA/Ps], 30 [standards for DHAs], or 40 [standards for BHA/Ps] of this chapter shall surrender the certificate to his or her employer or send the certificate to the Board if, at any time during the period in which it would otherwise be in effect, the person no longer meets any requirement of initial certification under section 2.10.010 [initial qualifications] except subsection 2.10.010(a)(6) [initial requirements; general requirements; (employment)].					
13 14 15	History: November 26, 2002, Section 2.10.020 was amended.					
16	Article 20.					
17	Standards for Community Health Aides and Community Health Practitioners					
18 19	History: November 26, 2002, the title of Article 20 of Chapter 2 was amended.					
20	<b>History:</b> November 20, 2002, the title of Afficie 20 of Chapter 2 was amended.					
20 21	Sec. 2.20.100. Community Health Aide I Training and Education Requirements. A					
	i i i					
22	person meets the training and education requirements to be a certified community health aide I					
23	upon successful completion of					
24	(a) a Presession, or its equivalent, unless waived under section 5.10.040 [trainees					
25	selection process] by the CHA/P Training Center prior to admission to the Session I training					
26	course required under section 2.20.100(c) [CHA I training & education requirements; (session I					
27	training course)];					
28	(b) an EMT or ETT training course approved by the State of Alaska, or its equivalent as					
29	determined by the Board;					
30	(c) Session I training course provided by a CHA/P Training Center; and					
31	(d) Field Training Requirements including:					
32	(1) approved field work after completion of training center component of Session I;					
33	(2) a minimum of 20 patient encounters;					
34	(3) Practice skills on Post Session Practice Checklist; and					
35	(4) Post Session Learning Needs (PSLN), if indicated.					
36						
37	History: October 13, 2022, Section 2.20.100(d) was amended. June 19, 2008, Section 2.20.100(b)					
38	was amended. June 18, 2008, Section 2.20.100(b)(1), (b)(2) and (b)(4) were amended.					
39						
40	Sec. 2.20.110. Community Health Aide I Competencies. A certified community health					
41	aide I must successfully demonstrate and maintain					
42	(a) an understanding of the topics addressed in the CHA/P Curriculum for Session I,					
43	which generally include problem-specific complaints (acute care) for adults and children of the					
44	following body systems:					
45	(1) eye,					
46	(2)  ear,					
47	(3) respiratory,					
48	(4) digestive,					

(b)         competency in the following subjects to the level of performance requirements:           meeting the requirements of section 2.20.100 [CHA I training & education requirements]:         (1) role of the community health aides and practitioners, dental health aides, and           behavioral health aides and practitioners in the village;         (2)         community health aide's and practitioner's general scope of work;           (3)         medical ethics, including patient confidentiality and patient rights;           (4)         community health aide's and practitioner's medical-legal coverage;           (5)         State of Alaska reporting requirements;           (6)         consent for treatment issues;           (11)         (1)         introductory interviewing skills;           (2)         (9)         infection and communicable diseases;           (10)         introductory medical vocabulary/abbreviations;           (12)         importance of thorough documentation of patient encounter;           (13)         introductory mental health issues, including suicide and other emergencies and           self-help;         (15)         [RESERVED]           (16)         [RESERVED]         (17)           (17)         mergency care (to reinforce ETT or EMT training), including primary and           secondary survey, bleeding control, airway management, BLS, shock, abdominal injury, altered	1	(5) skin;							
3       meeting the requirements of section 2.20.100 [CHA I training & education requirements]:         4       (1) role of the community health aides and practitioners, dental health aides, and behavioral health aides and practitioners in the village;         6       (2) community health aide's and practitioner's general scope of work;         7       (3) medical ethics, including patient confidentiality and patient rights;         8       (4) community health aide's and practitioner's medical-legal coverage;         9       (5) State of Alaska reporting requirements;         10       (6) consent for treatment issues;         11       (7) introductory interviewing skills;         12       (8) general health/wellness and disease processes;         13       (9) infection and communicable diseases;         14       (10) introductory anatomy and function of the human body;         15       (11) introductory medical vocabulary/abbreviations;         16       (12) importance of thorough documentation of patient encounter;         17       (13) introductory mental health issues, including suicide and other emergencies and         self-help;       (16) [RESERVED]         21       (16) RESERVED]         22       (15) [RESERVED]         23       secondary survey, bleeding control, airway management, BLS, shock, abdominal injury, altered         24       level of	2	(b) competency in the following subjects to the level of performance required after							
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28(1) use of the CHAM;29(2) problem-specific history taking;30(3) physical examinations of:31(A) vital signs of infant:32(i) apical pulse,33(ii) brachial pulse,34(iii) respiration,35(iv) pulse oximetry (Sp02),36(v) rectal temperature,37(vi) axillary temperature,38(vii) length,39(viii) weight,40(ix) head circumference;41(B) vital signs of child and adult:42(i) radial pulse,	26								
29(2)problem-specific history taking;30(3)physical examinations of:31(A)vital signs of infant:32(i)apical pulse,33(ii)brachial pulse,34(iii)respiration,35(iv)pulse oximetry (Sp02),36(v)rectal temperature,37(vi)axillary temperature,38(vii)length,39(viii)weight,40(ix)head circumference;41(B)vital signs of child and adult:42(i)radial pulse,	27	(c) satisfactory performance of the following skills:							
30(3) physical examinations of:31(A) vital signs of infant:32(i) apical pulse,33(ii) brachial pulse,34(iii) respiration,35(iv) pulse oximetry (Sp02),36(v) rectal temperature,37(vi) axillary temperature,38(vii) length,39(viii) weight,40(ix) head circumference;41(B) vital signs of child and adult:42(i) radial pulse,	28	(1) use of the CHAM;							
31(A)vital signs of infant:32(i)apical pulse,33(ii)brachial pulse,34(iii)respiration,35(iv)pulse oximetry (Sp02),36(v)rectal temperature,37(vi)axillary temperature,38(vii)length,39(viii)weight,40(ix)head circumference;41(B)vital signs of child and adult:42(i)radial pulse,	29	(2) problem-specific history taking;							
32(i) apical pulse,33(ii) brachial pulse,34(iii) respiration,35(iv) pulse oximetry (Sp02),36(v) rectal temperature,37(vi) axillary temperature,38(vii) length,39(viii) weight,40(ix) head circumference;41(B) vital signs of child and adult:42(i) radial pulse,	30	(3) physical examinations of:							
<ul> <li>33</li> <li>(ii) brachial pulse,</li> <li>34</li> <li>(iii) respiration,</li> <li>35</li> <li>(iv) pulse oximetry (Sp02),</li> <li>36</li> <li>(v) rectal temperature,</li> <li>37</li> <li>(vi) axillary temperature,</li> <li>38</li> <li>(vii) length,</li> <li>39</li> <li>(viii) weight,</li> <li>40</li> <li>(ix) head circumference;</li> <li>41</li> <li>(B) vital signs of child and adult:</li> <li>42</li> <li>(i) radial pulse,</li> </ul>	31	(A) vital signs of infant:							
34(iii) respiration,35(iv) pulse oximetry (Sp02),36(v) rectal temperature,37(vi) axillary temperature,38(vii) length,39(viii) weight,40(ix) head circumference;41(B) vital signs of child and adult:42(i) radial pulse,	32	(i) apical pulse,							
35(iv) pulse oximetry (Sp02),36(v) rectal temperature,37(vi) axillary temperature,38(vii) length,39(viii) weight,40(ix) head circumference;41(B) vital signs of child and adult:42(i) radial pulse,	33	(ii) brachial pulse,							
36(v) rectal temperature,37(vi) axillary temperature,38(vii) length,39(viii) weight,40(ix) head circumference;41(B) vital signs of child and adult:42(i) radial pulse,	34	(iii) respiration,							
37(vi) axillary temperature,38(vii) length,39(viii) weight,40(ix) head circumference;41(B) vital signs of child and adult:42(i) radial pulse,	35	(iv) pulse oximetry (Sp02),							
38(vii) length,39(viii) weight,40(ix) head circumference;41(B) vital signs of child and adult:42(i) radial pulse,	36								
39(viii) weight,40(ix) head circumference;41(B) vital signs of child and adult:42(i) radial pulse,	37	(vi) axillary temperature,							
40(ix) head circumference;41(B) vital signs of child and adult:42(i) radial pulse,	38	(vii) length,							
41(B) vital signs of child and adult:42(i) radial pulse,									
42 (i) radial pulse,									
43 (ii) apical pulse,									
44 (iii) respirations,									
	46	(v) oral temperature,							
45 (iv) pulse ovimetry (Sp02)									

1				(vi) blood pressure, manual auscultation,
2				(vii) height,
3				(viii) weight,
4				(ix) orthostatic vital signs;
5			(C)	systems:
6				(i) general appearance,
7				(ii) ear,
8				(iii) eye, including Snellen,
9				(iv) nose,
10				(v) throat,
11				(vi) neck, including nodes,
12				(vii) lungs,
13				(viii) heart,
14				(ix) abdomen,
15				(x) skin;
16			(D)	sick child,
17			(E)	screening physical exam on adult,
18		(4)	perfo	rmance and interpretation of the following lab tests and procedures:
19			(A)	:general lab technique and documentation (CLIA, etc.),
20			(B)	blood glucose,
21			(C)	hemoglobin,
22			(D)	rapid strep,
23			(E)	urine dipstick;
24		(5)	perfo	rmance only of the following lab tests and procedures:
25			(A)	finger stick,
26			(B)	capillary tube,
27			(C)	venipuncture
28			(D)	centrifuge/separate blood,
29			(E)	adult clean catch urine specimen,
30			(F)	throat culture,
31			(G)	specimen collection for infection (for example: nose, nasopharynx, ear,
32	wound);			
33		(6)	asses	sment, including:
34			(A)	use of the CHAM,
35			(B)	use of assessment lists,
36			(C)	use of assessment charts,
37			(D)	listing multiple assessments,
38			(E)	plan for each assessment;
39		(7)	medie	
40			(A)	dose calculations,
41			(B)	reconstitution: oral,
42			(C)	reconstitution for IM or SQ injection,
43			(D)	label reading and making,
44			(E)	oral (swallowed, muscosal and sublingual),
45			(F)	drops for eye,
46			(G)	drops for ear;

1		$(\mathbf{II})$	iniactional
1		(H)	injections:
2			(i) intramuscular hip,
3			(ii) intramuscular upper arm (deltoid),
4			(iii) intramuscular infant thigh,
5			(iv) subcutaneous (upper arm, thigh, abdomen);
6		(I)	inhaler/spacer,
7		(J)	nebulizer,
8		(K)	rectal (including suppositories),
9		(L)	transdermal,
10		(M)	topical (including sterile application);
11	(8)	patier	nt education, including:
12		(A)	explaining assessment,
13		(B)	use of patient education sections,
14		(C)	use of patient education handouts,
15		(D)	CHAM Medicine Handbook for medicine instructions;
16	(9)	the fo	llowing treatments and procedures:
17		(A)	ear:
18			(i) irrigation,
19			(ii) suction,
20			(iii) remove foreign body,
21			(iv) remove drainage,
22			(v) curette outer canal,
23		(B)	eye:
24			(i) irrigation (including use of topical anesthetic, if available),
25			(ii) fluorescein stain,
26			(iii) eyelid eversion,
27			(iv) small foreign body removal,
28			(v) eye patches,
29		(C)	nose:
30		(0)	(i) compression and nasal packing for bleeding;
31		(D)	respiratory:
32		(2)	(i) peak flow
33		(E)	wound care:
34		(L)	(i) evaluation,
35			(ii) irrigation/cleaning,
36			(iii) skin closure strips,
37			(iv) suture,
38			(v) suture removal,
39			(v) state removal, (vi) staple removal,
40			(vi) debriding blisters,
41		(F)	intravenous fluid therapy;
42		$(\mathbf{G})$	orthopedics:
43		(9)	(i) elastic bandage,
43 44			(ii) hot/cold packs,
44 45			(iii) splinting,
чJ			(m) spinning,

1	(iv) reducing dislocated joints (including shoulder, "nursemaid's					
2	elbow", elbow, patella, ankle, finger,					
3	(H) other:					
4	(i) oxygen,					
5	(ii) oral suction,					
6	(iii) stabilization of impaled object,					
7	(I) prevention:					
8	(i) hand washing,					
9	(ii) clean/sterile technique,					
10	(iii) standard precautions,					
11	(iv) mailing hazardous substances,					
12	(J) reporting; and					
13	(K) recording.					
14						
15	History: October 13, 2022, Section 2.20.110 was amended. October 3, 2006, Section					
16	2.20.110(c)(8)(D) was amended. June 24, 2004, Section 2.20.110(b)(15) was deleted.					
17	October 8, 2003, the numbering of Section $2.20.110(c)(9)(D)(ii)$ was corrected. November					
18	26, 2002, Section 2.10.110(a), (c)(1), and (c)(6)(A) were amended.					
19 20	See 2 20 120 Seens of Dreatics Drive to Contification as Community Health Aids I					
20	Sec. 2.20.120. Scope of Practice Prior to Certification as Community Health Aide I.					
21	(a) Minimum Dequinements A nerver who estiction the requirements of subsection					
22	(a) Minimum Requirements. A person who satisfies the requirements of subsection					
23	2.20.120(b) [scope of practice prior to certification as CHA I] may perform services of a certified					
24	community health aide I prior to being certified under section 2.10.010 [initial qualifications]					
25 26	and 2.20.100 [CHA I training & education requirements], provided the person is actively					
26	engaged in the process of meeting the requirements under section 2.20.100 [CHA I training &					
27	education requirements] through 2.20.110 [CHA I competencies] to become certified as a community health aide I; and					
28	community health aide I; and A person who satisfies the requirements of subsection 2.20,120(b) [seens of practice					
29	A person who satisfies the requirements of subsection 2.20.120(b) [scope of practice					
30	prior to certification as CHA I] who has submitted an application for certification as a					
31	community health aide I may begin training to become certified as a community health aide II					
32	and perform services necessary to satisfy the requirements of subsection 2.20.200(4) [CHA II					
33	training & education requirements; (field work)] pending action on the community health aide I					
34	application.					
35						
36	(b) Employment. To be eligible to perform services under subsection 2.20.120(a)					
37	[scope of practice prior to certification as CHA I], the person must					
38	(1) be employed by the Indian Health Service or a tribe or tribal health program					
39	operating a community health aide program in Alaska under the ISDEAA;					
40	(2) provide only those services for which the person has been trained and has					
41	demonstrated successful performance; and					
42	(3) practice as a community health aide only in compliance with the requirements in $2 + 0 + 0 + 0 = 10$					
43	section 2.10.010(a)(9) [initial requirements; general requirements (supervision & day-to-day					
44	direction)].					
45 46	History October 20, 2014, Section 2, 20, 120 1, 1, Lee, 19, 2009, Section					
46 47	<b>History:</b> October 30, 2014, Section 2.20.120 was amended. June 18, 2008, Section 2.20.120(b)(3) was amended. October 3, 2006, Section 2.20.120(b)(1) was amended.					
48	November 26, 2002, Section 2.20.120(b)(3) was amended.					
-						

1	
2	Sec. 2.20.200. Community Health Aide II Training and Education Requirements. A
3	person meets the training and education requirements to be a certified community health aide II
4	upon successful completion of
5	(1) all requirements under sections 2.20.100 [CHA I training & education
6	requirements] through 2.20.110 [CHA I competencies];
7	(2) current ETT or EMT certification or its equivalent, as determined by the Board;
8	(3) Session II training course provided by a CHA/P Training Center; and
9	(4) Field Training Requirements:
10	(A) 200 hours of approved field work after completion of training center
11	component of Session II, including:
12	(B) a minimum of 60 patient encounters;
13	(C) Practice skills on Post Session Practice Checklist; and
14	(D) Post Session Learning Needs (PSLN), if indicated.
15	
16	History: October 13, 2022, Section 2.20.200 (4) was amended. June 19, 2008, Section 2.20.200(2)
17 18	was amended.
18 19	Sec. 2.20.210. Community Health Aide II Competencies. In addition to meeting the
20	requirements of section 2.20.110 [CHA I competencies], a certified community health aide II
20	must successfully demonstrate and maintain:
22	(a) understanding of the topics addressed in the CHA/P Curriculum for Session II, which
23	generally includes problem-specific complaints (acute care) for adults and children of the
24	following body systems:
25	(1) mouth and teeth,
26	(2) eye,
27	(3)  ear,
28	(4) respiratory,
29	(5) circulatory,
30	(6) digestive,
31	(7) urinary,
32	(8) male reproductive,
33	(9) female reproductive,
34	(10) musculoskeletal,
35	(11) nervous,
36	(12) endocrine,
37	(13) skin,
38	(14) sick child care,
39	(15) introduction to prenatal care;
40	(b) competency in the following subjects to the level of performance required after
41	meeting the requirements of section 2.20.200 [CHA II training & education requirements]:
42	(1) dental health and prevention;
43	(2) mental health issues, including self-help, mental illness and mental health
44 45	emergencies, mental health promotion for patients and families, substance abuse and
45 46	dependency, and grief, loss, dying and death; (3) management of medicines in the village;
46 47	<ul><li>(3) management of medicines in the village;</li><li>(4) introduction to tuberculosis disease;</li></ul>
+/	

1		(5)	introduction to sexually transmitted infections and sexually transmitted infection
2	issues;		
3		(6)	HIV disease and issues;
4		(7)	emergency care review, including medical evacuation, primary and secondary
5	survey, ble	eding	g control, airway management, BLS, shock, spinal protection, splinting, cold
6			ac, serial monitoring and documentation;
7			sfactory performance of the following skills:
8			physical examinations of
9			(A) the following systems:
10			(i) mouth and teeth
11			(ii) circulatory:
12			(I) heart,
13			(II) pulses (including carotid, radial, femoral, posterior tibialis,
14	dorsalis	s pedi	
15		1	(iii) back/costal vertebral angle (CVA),
16			(iv) genitals:
17			(I) male,
18			(II) female: external/cervical motion;
19			(v) external anus,
20			(vi) return prenatal exam,
21			(vii) extremities,
22			(viii) musculoskeletal,
23			(ix) nervous system,
24			(x) mental status;
25			(B) screening physical exam of adults;
26		(2)	performance and interpretation of the following lab tests:
27			(A) purified protein derivative (PPD),
28			(B) fecal occult blood,
29			(C) urine pregnancy test;
30		(3)	perform the following lab tests and procedures:
31			(A) venipuncture,
32			(B) heelstick,
33			(C) newborn bloodspot screening test,
34			(D) clean catch urine specimen,
35			(E) non-clean catch urine specimen,
36			(F) infant (bag),
37			(G) urine culture,
38			(H) stool for ova and parasites,
39			(I) sputum for TB testing,
40		(4)	medicines;
41			(A) topical,
42			(B) vaginal suppository/creams,
43			(C) intradermal injection,
44			(D) giving IM and SQ immunizations;
45		(5)	the following treatments and procedures:

1	(E) wound (review wound care [Sec. 2.20.110(c)(9)(E) CHA I
2	competencies]:
3	(i) splinter removal,
4	(ii) ring removal,
5	(iii) fishhook removal;
6	(F) orthopedics:
7	(i) crutch fit/walk,
8	(ii) plaster splinting;
9	(G) intravenous fluid therapy;
10	(H) dental prevention:
11	(i) tooth brushing,
12	(ii) flossing,
13	(iii) disclosing tablets,
14	(iv) fluoride application;
15	(v) [Reserved]
16	(I) performing 12 lead ECG; and.
17	(6) health and patient education.
18	History October 12, 2022, Section 2, 20, 210 miles and de October (, 2021, Section
19 20	<b>History:</b> October 13, 2022, Section 2.20.210 was amended. October 6, 2021, Section 2.20.210(c)(5) was amended. June 11, 2015, Section 2.20.210(c)(5)(D)(iv) and (v) were
21	amended. June 18, 2008, Section 2.20.210(b)(4) was amended to correct a capitalization error.
22	November 26, 2002, Section 2.20.210(a) and (c)(2) were amended.
23	
24	Sec. 2.20.300. Community Health Aide III Training and Education Requirements. A
25	person meets the training and education requirements to be a certified community health aide III
26	upon successful completion of
27	(1) all requirements under sections 2.20.100 [CHA I training & education
28	requirements] through 2.20.210 [CHA II competencies];
29	(2) current ETT or EMT certification or its equivalent, as determined by the Board;
30	<ul> <li>(3) Session III training course provided by a CHA/P Training Center; and</li> <li>(4) Field Training Provident including.</li> </ul>
31	(4) Field Training Requirements, including:
32	(A) 200 hours of approved field work after completion of training center component of Session III;
33 34	(B) a minimum of 60 patient encounters;
35	(C) Practice skills on Post Session Practice Checklist;
36	(D) Post Session Learning Needs (PSLN), if indicated.
37	(D) Tost Session Learning Reeds (TSER), it indicated.
38	Sec. 2.20.310. Community Health Aide III Competencies. In addition to meeting the
39	requirements of sections 2.20.110 [CHA I competencies] and 2.20.210 [CHA II competencies], a
40	certified community health aide III must successfully demonstrate and maintain
41	(a) an understanding of the topics addressed in the CHA/P Curriculum for Session III,
42	which generally include:
43	(1) male reproductive health;
44	(2) female reproductive health;
45	(3) adolescent health;
46	(4) well child care;
47	(5) sick child care;

1		(6) newborn care;
2		(7) urinary; and
3		<ul><li>(8) problem-specific complaints (acute care) of the following body systems:</li></ul>
4		(A) male reproductive;
5		(B) female reproductive;
6		(C) breast;
0 7		
	• • •	competency in the following subjects to the level of performance required after
8		requirements of section 2.20.300 [CHA III training & education requirements]:
9		<ol> <li>women's reproductive health issues;</li> <li>mon's reproductive health issues;</li> </ol>
10		(2) men's reproductive health issues;
11		<ul> <li>(3) sexually transmitted infections and sexually transmitted infection issues;</li> <li>(4) family planning issues;</li> </ul>
12		(4) family planning issues;
13		(5) prenatal care;
14		(6) mental health issues, including substance abuse during pregnancy, family
15	<b>-</b> ·	omestic violence, sexual abuse and rape;
16		(7) fetal alcohol syndrome;
17		(8) labor and delivery, including the importance of avoiding village deliveries;
18		(9) post-partum issues;
19		(10) newborn care issues;
20		(11) well child care issues;
21		(12) adolescent health care issues;
22		(13) immunization issues;
23		(14) [RESERVED]
24		(15) nutrition; and
25		(16) [RESERVED]
26		(17) emergency care review, emphasizing infants, children, and special
27		ns for pregnant patients; and serial monitoring and documentation;
28		satisfactory performance of the following skills:
29		(1) history taking:
30		(A) [RESERVED]
31		(B) return prenatal visit;
32		(C) well child;
33		(2) physical examination of:
34		(A) breast system;
35		(B) prenatal revisit;
36		(C) well child;
37		(3) performance and interpretation of urine pregnancy lab test;
38		(4) performance only of the following lab tests:
39		(A) newborn bloodspot screening test;
40		(B) [RESERVE];
41		(5) medicines:
42		(A) vaginal suppository/creams;
43		(B) immunizations;
44		(6) the following treatments and procedures:
45		(A) venipuncture, fingerstick, heelstick, capillary tube; and
46		(B) wounds:

1	and (i) abscess care.	(i)	review wound care [Sec. 2.20.110(c)(9)(E) CHA I competencies]
2 3	and (1) abscess care.	(ii)	abscess care.
4			
5 6			per 13, 2022, Sec. 2.20.310 was amended. June 24, 2004, Section and (b)(15) were deleted. November 26, 2002, Section 2.20.310(a) was
7	amende		
8			
9	Sec. 2.20.400.	Com	munity Health Aide IV Training and Education Requirements. A
10	person meets the train	ing an	d education requirements to be a certified community health aide IV
11	upon successful comp	letion	of
12	(1) all re	quirer	nents under sections 2.20.100 [CHA I training & education
13	requirements] through	n .310;	
14	(2) curre	nt ET	T or EMT certification or its equivalent, as determined by the Board.
15	(3) Sessi	on IV	training course provided by a CHA/P Training Center; and
16	(4) Field	l Train	ing Requirements, including:
17	(A)	200	hours of approved field work after completion of training center
18	component of Session	ı IV, iı	ncluding
19	(B)	a mi	nimum of 60 patient encounters;
20	(C)	Prac	tice skills on Post Session Practice Checklists; and
21	(D)	Post	Session Learning Needs, if indicated.
22			
23	History	: Octob	per 13, 2022, Sec. 2.20.400 was amended
24			
25			munity Health Aide IV Competencies. In addition to meeting the
26			20.110 [CHA I competencies], 2.20.210 [CHA II competencies], and
27			ncies]; a certified community health aide IV must successfully
28	demonstrate and main		
29			g of the topics addressed in the CHA/P Curriculum for Session IV,
30		de lon	g-term care complaints (chronic care) of the following body systems:
31	(1) eye,		
32	(2)  ear,  (2)  ear,  (2)  ear,  (2)  ear,  (2)		
33	(3) respi	-	
34		latory	,
35	(5) diges		1.1
36		ulosk	eletal,
37	(7) nerve		
38		crine,	
39	(9) skin;		
40	() I		the following subjects to the level of performance required after
41	<b>U I</b>		f section 2.20.400 [CHA IV training & education requirements]:
42		0	nt of tuberculosis in the village;
43			y environmental health issues, including food/water borne disease,
44 45	rabies, and injury prev		
45 46	(3) chron		•
			y cancer issues;
47	(5) phari	nacolo	Jey,

1	(6) clinic management;
2	(7) emergency care review;
3	(8) adult health surveillance;
4	(9) approach to elder health care;
5	(10) substance abuse and dependency concepts;
6	(11) introduction to smoking cessation training;
7	
8	
	<ul> <li>(1) complete history taking;</li> <li>(2) complete generating physical event on a dult;</li> </ul>
9	<ul> <li>(2) complete screening physical exam on adult;</li> <li>(2) health and national elementions.</li> </ul>
10	<ul> <li>(3) health and patient education;</li> <li>(4) the full miner transformation down a larger transformation.</li> </ul>
11	(4) the following treatments and procedures:
12	(A) [RESERVED]
13	(B) postural drainage.
14	(C) peak flow;
15	(D) diabetic foot exam;
16	(E) wound care: review wound care [Sec. 2.20.210(c)(5)(A) CHA II
17	competencies].
18	
19 20	<b>History:</b> October 13, 2022, Sec. 2.20.410 was amended. June 18, 2008, Section 2.20.410(b)(2) was amended to correct a capitalization error. June 24, 2004, Section
20 21	2.20.410(b)(2) was amended to correct a capitalization error. June 24, 2004, Section 2.20.410(b)(8) and (b)(9) were added and (c)(2)(A) was deleted. November 26, 2002, Section
22	2.20.410(a) was amended.
23	
24	Sec. 2.20.500. Community Health Practitioner Training and Education
25	Requirements. A person meets the training and education requirements to be a certified
26	community health practitioner upon successful completion of
27	(1) all requirements under sections 2.20.100 [CHA I training & education
28	requirements] through 2.20.410 [CHA IV competencies];
29	(2) an approved preceptorship, including:
30	(A) at least 30 hours of supervised direct patient care experience;
31	(B) a minimum of 15 patient encounters as primary provider;
32	(C) the Preceptorship Critical Skills List;
33	(3) both sections of the statewide written Alaska Community Health
34	Aide/Practitioner Program Credentialing Exam with a score of 80 percent or higher on each
35	section;
36	(4) the statewide Medical Math Exam with a score of 100 percent; and
37	(5) an evaluation of the applicants clinical performance and judgment by the
38	applicant's direct supervisor or other approved evaluator.
39	
40	History: January 22, 2015, Section 2.20.500 was amended. June 18, 2008, Section
41	2.20.500(3) was amended to correct the title of the examination. November 26, 2002, Section
42	2.20.500(3) was amended.
43	
44	Sec. 2.20.510. Community Health Practitioner Competencies. A community health
45	practitioner must successfully demonstrate and maintain the ability to meet all of the
46	requirements of sections 2.20.110 [CHA I competencies], 2.20.210 [CHA II competencies],
47	2.20.310 [CHA III competencies], and 2.20.410 [CHA IV competencies].
48	

1	Sec. 2.20.600. Certification by Credentials. The Board may waive one or more of the
2	requirements of sections 2.20.100 [CHA I training & education requirements] through 2.20.510
3	[CHP competencies] for a person who provides evidence satisfactory to the Board that the person
4	has health care training, education and experience at least equivalent in scope, quality, and
5	difficulty to those imposed under these sections, provided the applicant demonstrates to the
6	satisfaction of the Board that the applicant is adequately familiar with the CHA/P program and
7	will limit his or her practice to the scope of practice of a community health aide or community
8	health practitioner operating under the community health aide program.
9 10	History: November 26, 2002, Section 2.20.600 was amended. February 26, 1999, Section
11	2.20.600 was amended.
12	
13	Article 30. Standards for Dental Health Aides
14	
15	History: November 26, 2002, Article 30 was added.
16	
17	Sec. 2.30.010. Supervision of Dental Health Aides. <sup>1</sup>
18	(a) Cononally. The supervision of a dental health aids may be general indirect direct
19 20	(a) Generally. The supervision of a dental health aide may be general, indirect, direct via telehealth or direct, as defined in section 2.30.010(b) [supervision of DHAs; definitions of
20 21	levels of supervision], provided that
21	(1) the person providing the supervision must satisfy the criteria provided under
22	section 2.10.010(a)(9) [initial qualifications; general requirements (supervision & day-to-day
23 24	direction];
25	(2) the dental health aide must be supervised at whatever level of supervision is
26	required for the specific care being provided;
27	(3) a dentist, dental health aide therapist, or dental health aide therapist practitioner
28	providing supervision may impose a higher level of supervision on the dental health aide than
29	that provided in this article, and
30	(4) when a dental health aide therapist or dental health aide therapist practitioner
31	requires supervision the supervision must be provided by a dentist.
32	
33	(b) Definitions of Levels of Supervision. For the purposes of this article:
34	(1) "Direct supervision" means the dentist, dental health aide therapist, or dental
35	health aide therapist practitioner in the dental office, personally diagnoses the condition to be
36	treated, personally authorizes the procedure, and before dismissal of the patient evaluates the
37	performance of the dental health aide;
38	(2) "General supervision" means the dentist, dental health aide therapist, or dental
39	health aide therapist practitioner has authorized the procedures and they are being carried out in
40	accordance with standing orders issued to a specific dental health aide; and
41	(3) "Indirect supervision" means a dentist, dental health aide therapist, or dental
42	health aide therapist practitioner is in the facility, authorizes the procedures, and remains in the
43	dental facility while the procedures are being performed by the dental health aide; and.
44	
45	<sup>1</sup> The supervision (at what ever level is required) of a dental health aide who provides
46	services for which a Medicaid claim will be made must be provided by a dentist.

46 services for which a Medicaid claim will be made must be provided by a dentist.

1 2 3 4 5	(4) "Direct via telehealth" means the dentist, dental health aide therapist, or dental health aide therapist practitioner via telehealth including a video component, personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient evaluates the performance of the dental health aide and this form of supervision is only allowed for Primary Dental Health Aide I preceptorships.
6	
7 8	(c) Village-Based Practice. Any dental health aide practicing under general supervision, except a primary dental health aide I, must have successfully completed a Board
9	approved village-based dental practice course that satisfies the requirements of section 7.20.050
10	[village-based dental practice].
11	
12	History: June 3, 202 <sup>1</sup> , Section 2.30.010(a) and (b) were amended. June 3, 2020, Section
13	2.30.010(a) and (b)(1)(2) and (3) were amended. June 18, 2008, Section 2.30.010(a)(2) was
14	amended to correct a citation. October 3, 2006, Section 2.30.010 was amended by adding a
15	footnote to the section title and Section 2.30.010(a) was amended. October 8, 2003, Section
16	2.30.010(a) was amended.
17	
18	Sec. 2.30.020. Scope of Practice Prior to Certification as a Dental Health Aide.
19	•
20	(a) Minimum Requirements. A person who satisfies the requirements of subsection
21	2.30.020(b) [scope of practice prior to certification as a DHA; employment] may perform
22	services of a certified dental health aide prior to being certified under this article to the extent the
23	services of a certained dental nearly and prior to being certained under this article to the extent the services are performed
23 24	
25	(2) as part of a required preceptorship under sections 2.30.100(b) [PDHA I training
26	& education requirements; preceptorship], 2.30.220(c)(1)(B) [sealant requirements; training,
27	education & preceptorship; (sealants during training)] or (c)(2) [sealant requirements; training,
28	education & preceptorship; (preceptorship)], 2.30.230(d) [dental prophylaxis requirements;
29	preceptorship]; 2.30.240(c)(1)(D) [dental radiology requirements; training, education &
30	preceptorship; (radiographs during training)] or (c)(2) [dental radiology requirements; training,
31	education & preceptorship; (minimum number radiographs)], 2.30.250(c) [dental assistant
32	function requirements; training, education & preceptorship], 2.30.260(d) [ART requirements;
33	preceptorship], 2.30.400(b) [EFDHA I supervision, training and education requirements;
34	preceptorship], 2.30.500(b) [EFDHA II training & education requirements; preceptorship],
35	2.30.550(d) [stainless steel crown placement requirements; preceptorship], 2.30.600(3) [DHAT
36	training & education requirements; (preceptorship)]; or
37	(3) while an application for certification is pending before the Board after
38	successful completion of all required training and preceptorship.
39	
40	(b) Employment. To be eligible to perform services under subsection 2.30.020(a)
41	[scope of practice prior to certification as a DHA; minimum requirements], the person must be
42	employed or sponsored by the Indian Health Service or a tribe or tribal program operating a
42 43	
	community health aide program in Alaska under the ISDEAA.
44 45	<b>History October 20 2014</b> Section 2 20 020( $\lambda/2$ ) 1 1 J 21 2000 Section
45 46	<b>History:</b> October 30, 2014, Section 2.30.020(a)(2) was amended. January 31, 2008, Section 2.30, 020(b) was amended. October 3, 2006. Section 2.30, 020(c) and (b) were amended.
	2.30.020(b) was amended. October 3, 2006, Section 2.30.020(a) and (b) were amended.
47	

1	Sec. 2.30.030. Multiple Certification. Under this article a person may be certified under
2	more than one section.
3	
4	Sec. 2.30.050. Certification by Credentials. The Board may waive one or more of the
5	requirements of sections or 2.30.100 [PDHA I training & education requirements] through
6	2.30.610 [DHAT supervision & competencies] for a person who provides evidence satisfactory
7	to the Board that the person has health care training, education and experience at least equivalent
8	in scope, quality, and difficulty to those imposed under these sections, provided the applicant
9	demonstrates to the satisfaction of the Board that the applicant is adequately familiar with the
10	CHA/P program and will limit his or her practice to the scope of practice of dental health aide
11	under these Standards.
12	
13	Sec. 2.30.100. Primary Dental Health Aide I Training and Education Requirements.
14	A person meets the training and education requirements to be a certified primary dental health
15	aide I upon successful completion of the requirements set forth in subsections (a) [training] and
16	(b) [preceptorship] of this section.
17	(a) Training.
18	(1) (A) A Presession or Session I training course provided by a CHA/P Training
19	Center, provided that a Presession training course must address at a minimum all of the topics
20	identified in section 7.20.010 [DHA core curriculum]; or
21	(B) a Board approved DHA core curriculum course that satisfies the
22	requirements of section 7.20.010 [DHA core curriculum];
23	(2) a Board approved primary oral health promotion and disease prevention course
24	that satisfies the requirements of section 7.20.020 [primary oral health promotion & disease
25	prevention];
26	(3) a Board approved basic dental procedure course that satisfies the requirements
27	of section 7.20.030 [basic dental procedures]; and
28	(4) Basic Life Support certification.
29	
30	(b) Preceptorship. A dental health aide must after completion of the requirements in
31	subsection (a) of this section, under the direct supervision or direct via telehealth supervision of a
32	dentist, dental health aide therapist or dental hygienist, satisfactorily complete a preceptorship,
33	which must include satisfactory performance in the
34	(1) delivery of a minimum of 20 topical fluoride treatments;
35	(2) delivery of a minimum of 40 oral hygiene sessions of which
36	(A) a minimum of 10 must be with children under 6 years of age;
37	(B) a minimum of 10 must be with patients between ages 6 and 14; and
38	(C) a minimum of 10 must be with patients over age 14;
39	(3) delivery of a minimum of 20 diet education sessions, including a minimum of:
40	(A) 10 provided to the primary caregiver of children under age 6; and
41	(B) 5 provided to an adult regarding the adult's own diet; and
42	(4) an additional 40 hours of relevant work experience.
43	
44	(c) Waiver. A person who has equivalent education, training or experience may be
45	deemed by the Board to meet the requirements in subsections (a)(2) [PDHA I training &
46	education requirements; (oral health promotion disease prevention course] and (3) [PDHA I

1 2	-	equirements; (basic dental procedure course)] and (b) [PDHA I training & s; preceptorship] of this section.
3 4 5	History:	June 3, 2021, Section 2.30.100(b) and (b)(1) were amended.
5 6 7	Sec. 2.30.110.	Primary Dental Health Aide I Supervision and Competencies.
8	(a) Dental Su	pervision. A certified primary dental health aide I may provide services
9		rvision of a dentist, dental health aide therapist, or dental health aide
10	therapist practitioner.	
11	1 1	
12	(b) Competer	icies. A certified primary dental health aide I must successfully
13	demonstrate and maint	ain
14	(1) an une	derstanding of:
15	(A)	basic dental anatomy;
16	(B)	caries disease process;
17	(C)	periodontal disease process;
18	(D)	infection control;
19	(E)	health care system access, including access to Medicaid and other third-
20	party resources;	
21	(F)	scheduling;
22	(G)	theory of prevention;
23	(H)	fluoride as a drug and related issues;
24		etency in the following subjects:
25	(A)	topical fluoride treatments;
26	(B)	diet education;
27	(C)	oral hygiene instruction;
28	(D)	identification of potential dental problems and appropriate referrals;
29	(E)	those provided for under sections $2.20.110(b)(1)$ , (3) through (12), (14)
30		etencies; (competencies)];
31	(F)	dental health aide's general scope of work;
32	(G)	basic life support;
33		actory performance of the following skills:
34 35	(A) (B)	use of CHAM; general medical history taking;
35 36		patient education including:
30 37	(C)	(i) oral hygiene instruction;
38		(i) diet education;
38 39		(ii) explanation of prevention strategies, including fluoride and
40	sealants;	(iii) explanation of prevention strategies, meruding hubride and
40	(D)	tooth brush prophylaxis;
42	(E) (E)	providing topical fluoride treatments;
43	(E) (F)	clean/sterile techniques;
44	(G)	universal precautions; and
45	(U) (H)	hand washing.
46		

1 2 2	<b>History:</b> June 3, 2020, Section 2.30.110(a) was amended. September 12, 2019, Section $2.30.110(b)(2)(A)$ and $(b)(3)(E)$ were amended.
3 4	Sec. 2.30.150. [RESERVED]
5 6 7	History: October 8, 2003, Section 2.30.150 was deleted and the section number reserved.
7 8	Sec. 2.30.160. [RESERVED]
9 10 11	History: October 8, 2003, Section 2.30.160 was deleted and the section number reserved.
11	Sec. 2.30.200. Primary Dental Health Aide II Training and Education
13	<b>Requirements.</b> A person meets the training and education requirements to be a certified primary
14	dental health aide II upon successful completion of
15	(a) (1) (A) all requirements under sections 2.30.100 [PDHA I training & education
16	requirements] through 2.30.110 [PDHA I supervision & competencies];
17	(B) a Board approved DHA Advanced Dental Procedures training session that
18	satisfies the requirements of section 7.20.040 [DHA advanced dental procedures]; and
19	(C) one or more certifications under 2.30.220 [sealant requirements],
20	2.30.230 [dental prophylaxis requirements], 2.30.240 [dental radiology requirements], 2.30.250
21	[dental assistant function requirements] or 2.30.260 [ART requirements]; or
22	(2) the requirements of section 2.30.300(b)(1) and (2) [DHAH training & education
23	requirements; (education options)]; and
24	(b) a Board approved DHA village-based dental practice course that satisfies the
25	requirements of section 7.20.050 [village-based dental practice].
26	
27	History: October 30, 2014, Section 2.30.200(a)(1)(C) was amended. October 8, 2003, Section
28	2.30.200 (a)(3) was amended.
29	
30	Sec. 2.30.210. Primary Dental Health Aide II Supervision and Competencies.
31	
32	(a) Dental Supervision. A certified primary dental health aide II may provide the
33	services under paragraph (b)(2) [competencies; (satisfactory performance)] under the general
34	supervision of a dentist, dental health aide therapist, or dental health aide therapist practitioner.
35	
36	(b) Competencies. In addition to meeting the requirements of section 2.30.110 [PDHA I
37	supervision & competencies], a certified dental health aide II must successfully demonstrate and
38	maintain
39	(1) (A) an understanding and knowledge of dental anatomy;
40	(B) an understanding and knowledge of caries and the periodontal disease
41	process;
42	(C) identification and knowledge of dental instruments and equipment;
43	(D) an understanding of telemedicine technology;
44	(E) dental charting;
45	(F) problem-specific medical and dental history taking;
46	(G) basic knowledge of relationship between medical conditions and oral
47	health;

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1	(H) basic management of dental emergencies;		
2	(I) proper handling and sterilization of instruments;		
3	(J) disinfection of the operatory; and		
4	(2) satisfactory performance of the following skills:		
5	(A) problem-specific medical and dental history taking;		
6	<ul><li>(B) recognition of medical and dental conditions that may require direct</li></ul>		
7	dental supervision or services;		
8	(C) recognition of relationship between medical conditions and oral health;		
9	(D) dental charting and patient record documentation;		
10	<ul> <li>(E) instrument handling and sterilization procedures;</li> <li>(E) intro, and attra and photographs, if againment is quailable;</li> </ul>		
11	(F) intra- and extra-oral photographs, if equipment is available;		
12	(3) meeting the requirements of one or more of the following sections:		
13	(A) 2.30.220 [sealant requirements];		
14	(B) 2.30.230 [dental prophylaxis requirements];		
15	(C) 2.30.240 [dental radiology requirements];		
16	(D) 2.30.250 [dental assistant function requirements]; or		
17	(E) 2.30.260 [ART requirements].		
18			
19	History: June 3, 2020, Section 2.30.210(a) was amended. October 29, 2015, Section		
20	2.30.210(b)(1)(D) was amended. October 30, 2014, Section 2.30.210(b)(3) was amended. June		
21 22	8, 2010, Section 2.30.210(b)(1)(2) was amended. October 8, 2003, the title to Section $2.20, 210$ and subsections (a) and (b) wave around d		
	2.30.210 and subsections (a) and (b) were amended.		
23			
24	Sec. 2.30.220. Sealant Requirements.		
25			
26	(a) <b>Prerequisites.</b> A dental health aide may be certified under this section to perform		
27	sealants under the conditions set forth in subsections (b) through (d) of this section provided the		
28	dental health aide satisfies the requirements of sections:		
29	(1) 2.30.200 [PDHA II training & education] and 2.30.210 [PDHA II supervision &		
30	competencies];		
31	(2) 2.30.400 [EFDHA I supervision, training & education requirements] and		
32	2.30.410 [EFDHA I supervision & competencies]; or		
33	(3) 2.30.500 [EFDHA II training & education] and 2.30.510 [EFDHA II supervision		
34	& competencies].		
35			
36	(b) Dental Supervision.		
37	(1) The sealant procedure must have been ordered by a dentist, dental health aide		
38	therapist, or dental health aide therapist practitioner prior to the sealant procedure.		
39	(2) Sealants may be performed under this section by a dental health aide under the		
40	general supervision of a dentist, dental health aide therapist, or dental health aide therapist		
41	practitioner provided the dental health aide has met the requirements of this section, including		
42	successful completion of the requirements of section 2.30.200(b) [PDHA II training & education		
43	requirements; (village-based dental practice course)].		
44	(3) An expanded function dental health aide I or II who has not completed the		
45	requirements of section 2.30.200(b) [PDHA II training & education requirements; (village-based		
46	dental practice course)] may perform sealants under this section only under the direct or indirect		
40 47	supervision of a dentist, dental health aide therapist, or dental health aide therapist practitioner.		
<b>-†</b> /	supervision of a dentist, dental nearth and therapist, of dental hearth and therapist practitioner.		

(c) Training, Education and Preceptorship. The dental health aide must have		
satisfactorily completed		
(1) (A) a course in sealants		
(i) approved by the Board that satisfies the requirements of section		
7.20.100 [sealants];		
(ii) offered by an accredited school of higher education; or		
(iii) offered by IHS; and		
(B) under the direct supervision of a dentist, dental health aide therapist,		
dental health aide therapist practitioner or licensed dental hygienist, satisfactory performance of a		
minimum of 25 sealant procedures including:		
(i) a minimum of 10 on molars;		
(ii) a minimum of 5 on children under 7 years of age; and		
(iii) a minimum of 10 on second molars; or		
(2) under the direct supervision of a dentist, dental health aide therapist, or licensed		
dental hygienist, satisfactory performance of a minimum of 50 sealant procedures including:		
(A) a minimum of 20 on molars;		
(B) a minimum of 10 on children under 7 years of age; and		
(C) a minimum of 10 on second molars.		
(d) Competencies. In addition to meeting all other requirements of this section, the		
dental health aide must understand and successfully demonstrate and maintain the following		
competencies and skills:		
(1) understanding and following dental orders;		
(2) reviewing medical history and identifying contraindications for sealant		
treatment;		
(3) explaining sealant procedure and responding to questions from patient regarding		
sealants;		
(4) proper patient and provider safety procedures;		
(A) proper use and safety procedures related to curing light;		
(B) proper use of etchant material;		
(5) isolating and drying teeth to be sealed;		
(6) identifying and correcting occlusal discrepancies caused by excess sealant; and		
(7) ensuring retention of the sealant.		
<b>History:</b> June 3, 2020, Section 2.30.220(b)(1)(2) and (3) and (c)(1)(B) were amended. October 29,		
2015, Section 2.30.220(c)(1)(B) and (c)(2) were amended. October 8, 2003, Section 2.30.220(a)		
was amended.		
Sec. 2.30.230. Dental Prophylaxis Requirements.		
(a) <b>Prerequisites.</b> A dental health aide may be certified under this section to perform		
dental prophylaxis under the conditions set forth in subsections (b) through (d) of this section		
provided the dental health aide satisfies the requirements of sections:		
(1) 2.30.200 [PDHA II training & education requirements] and 2.30.210 [PDHA II		
supervision & competencies];		

1 2 3	<ul> <li>(2) 2.30.400 [EFDHA I supervision, training &amp; education requirements] and</li> <li>2.30.410 [EFDHA I supervision &amp; competencies]; or</li> <li>(3) 2.30.500 [EFDHA II training &amp; education requirements] and 2.30.510 [EFDHA</li> </ul>			
4	II supervision and competencies].			
5	If supervision and competencies.			
6	(b) Dental Supervision.			
7	(1) The dental prophylaxis procedure must have been ordered by a dentist, dental			
8	health aide therapist, or dental health aide therapist practitioner prior to the performance of the			
9	procedure.			
10	(2) Dental prophylaxis performed under this section must be carried out under the			
11	direct or indirect supervision of a dentist, dental health aide therapist, or dental health aide			
12	therapist practitioner unless the dental health aide has successfully completed the requirements of			
13	section 2.30.200(b) [PDHA II training & education requirements; (village-based dental practice			
14	course)].			
15				
16	(c) Training and Education. The dental health aide must have satisfactorily completed			
17	one of the following:			
18	(1) a Board approved course in dental prophylaxis that satisfies the requirements of			
19	section 7.20.110 [dental prophylaxis];			
20	(2) a course in dental prophylaxis offered by an accredited school of higher			
21	education; or			
22	(3) a course in dental prophylaxis offered or approved by IHS, including "Clinical			
23	Periodontics for the Dental Assistant."			
24				
25	(d) <b>Preceptorship.</b> A dental health aide must, after completion of the requirements in			
26 27	subsection (c) of this section, under the direct supervision of a dentist, dental health aide			
27 28	therapist, dental health aide therapist practitioner or licensed dental hygienist, satisfactorily			
28 29	complete a preceptorship during which the dental health aide satisfactorily performs a minimum of 40 dental prophylaxis of which			
29 30	(1) a minimum of 10 must be performed on children under 8 years of age; and			
31	<ul><li>(1) a minimum of 10 must be performed on adults with supra-gingival calculus.</li></ul>			
32	(2) a minimum of 10 must be performed on addits with supra gingival calculats.			
33	(e) Competencies. In addition to meeting all other requirements of this section, the			
34	dental health aide must understand and successfully demonstrate and maintain the following			
35	competencies and skills:			
36	(1) understanding and following dental orders;			
37	(2) reviewing medical history and identifying contraindications for performing			
38	prophylaxis;			
39	(3) understanding when the patient should be referred to a dentist prior to carrying			
40	out prophylaxis;			
41	(4) explaining prophylaxis procedure and respond to questions from patient			
42	regarding prophylaxis;			
43	(5) proper patient and provider safety procedures;			
44	(A) proper use of dental instruments for safety of patient and provider;			
45	(B) proper use of ultrasonic scalers;			

1 2 3 4	<ul> <li>(6) scaling and polishing to remove plaque, calculus, and stains from the coronal or exposed surface of the tooth; and</li> <li>(7) [Reserved]</li> </ul>
5 6 7 8 9	<b>History:</b> June 3, 2020, Section 2.30.230(b) and (d)(1)(2) were amended. January 26, 2017, Section 2.30.230(e)(5)(B) and (7) were amended. October 29, 2015, Section 2.30.230(d) was amended. October 30, 2014, Section 2.30.230(e)(6) was amended. January 11, 2012, Section 2.30.230(d) was amended. June 8, 2010, Section 2.30.230(e) was amended. October 8, 2003, Section 2.30.230(a) was amended.
10 11	Sec. 2.30.240. Dental Radiology Requirements.
12 13 14 15 16 17 18 19 20 21 22	<ul> <li>(a) Prerequisites. A dental health aide may be certified under this section to perform dental radiology under the conditions set forth in subsections (b) through (d) of this section provided the dental health aide satisfies the requirements of sections: <ul> <li>(1) 2.30.200 [PDHA II training &amp; education requirements] and 2.30.210 [PDHA II supervision &amp; competencies];</li> <li>(2) 2.30.400 [EFDHA I supervision, training &amp; education requirements] and 2.30.410 [EFDHA I supervision &amp; competencies]; or</li> <li>(3) 2.30.500 [EFDHA II training &amp; education requirements] and 2.30.510 [EFDHA II training &amp; education requirements] and 2.30.510 [EFDHA II training &amp; education requirements]</li> </ul> </li> </ul>
23 24 25 26	(b) Dental Supervision. Dental radiology may be performed under this section by a dental health aide under the general supervision of a dentist or dental health aide therapist provided the dental health aide has met the requirements of all of the requirements of this section.
27 28 29 30 31 32 33 34 35 36 37	<ul> <li>(c) Training, Education and Preceptorship. The dental health aide must have satisfactorily completed one of the following: <ul> <li>(1) (A) a Board approved course in dental radiology that satisfies the requirements of section 7.20.120 [dental radiology];</li> <li>(B) a course in dental radiology offered by an accredited school of higher education;</li> <li>(C) a course in dental radiology offered or approved by IHS, including "Basic Radiology for Dental Staff"; or</li> <li>(D) satisfactory performance in exposing and developing a minimum of 75 dental radiographs under the direct supervision of a dentist, dental health aide therapist, or licensed dental hygienist including:</li> </ul> </li> </ul>
38 39 40 41 42 43 44 45 46	<ul> <li>(i) a minimum of 10 sets of bitewing radiographs, provided that a minimum of 5 sets of the bitewings must be on children under 7 years of age, and</li> <li>(ii) a minimum of 20 periapicals and 3 occlusals.</li> <li>(2) If in the course under (1)(A) through (C) the dental health aide did not satisfactorily expose radiographs on at least 10 patients, then after the completion of the course, the dental health aide must complete, under direct supervision of a dentist, dental health aide therapist, or licensed dental hygienist, enough additional radiographs to have satisfactorily completed exposures on no less than 10 patients.</li> </ul>

1	(d) Co	mpeter	<b>ncies.</b> In addition to meeting all other requirements of this section, a dental
2	health aide may only perform dental radiology, if the dental health aide successfully		
3	demonstrates a	nd main	ntains
4	(1)	an un	derstanding of:
5		(A)	components of an x-ray machine,
6		(B)	kilovoltage (kVp),
7		(C)	density and contrast,
8		(D)	milliamperage (mA),
9		(E)	exposure time,
10		(F)	[RESERVED]
11		(G)	RESERVED
12		(H)	[RESERVED]
13		(I)	[RESERVED]
14		(J)	variety of digital radiography systems, and
15		(K)	basic knowledge of film radiography;
16	(2)	· · ·	etency in the following:
17	(-)	(A)	radiological protection,
18		(B)	radiographic quality,
19		$(\mathbf{C})$	radiographic technique,
20		(D)	[RESERVED]
21		(E)	presentation of radiographs,
22		(E)	radiographic infection control,
23		$(\mathbf{G})$	special radiograph techniques,
24		(U) (H)	[RESERVED]
25		(II)	mounting and labeling of radiographs, and
26		(J)	knowledge of digital dental radiology;
27	(3)	· · ·	actory performance of the following skills:
28	(5)	(A)	radiological protection of operator and patient;
29		$(\mathbf{B})$	use and storage of the lead apron and thyroid collar;
30		$(\mathbf{C})$	review medical history and identify contraindications for performing x-
31	rays;	(0)	Terrer medical motory and radiatly constantateations for performing x
32	iuys,	(D)	[RESERVED]
33		(E)	recognition and correction of;
34		(L)	(i) distortion,
35			(ii) overlap,
36			(iii) cone-cutting, and
37		(B)[]	RESERVED]
38		$(\mathbf{E})$	use of sensor holding devices;
39		$(\mathbf{G})$	positioning and exposing intra-oral radiographs;
40		(U) (H)	troubleshooting technique errors,
41		(11)	(i) [RESERVED]
42			(ii) [RESERVED]
43		(I)	[RESERVED,
44		$(\mathbf{I})$ $(\mathbf{J})$	image labeling, and
44		(J) (K)	use of landmarks to display images,
45 46		$(\mathbf{L})$	[RESERVED]
<del>1</del> 0		(L)	

1	(M) [RESERVED]
2 3	(e) [RESERVED]
4	
5	<b>History:</b> October 6, 2021, Section 2.30.240(d) was amended. September 12, 2019, Section
6 7	2.30.240(c)(1)(D)(ii) was amended. January 22, 2016, Section 2.30.240(e) was deleted and reserved. October 29, 2015, Section 2.30.240(c)(1)(D) and (c)(2) were amended. May 15, 2014,
8	Section 2.30.240(c)(1)(D) and (2) were amended. June 8, 2010, Section 2.30.240(d)(3) was
9	amended. October 8, 2003, Section 2.30.240(a) was amended.
10	
11	Sec. 2.30.250. Dental Assistant Function Requirements.
12 13	(a) <b>Prerequisites.</b> A dental health aide may be certified under this section to perform the
13	functions of a dental assistant under the conditions set forth in subsections (b) through (c) of this
15	section provided the dental health aide satisfies the requirements of:
16	(1) 2.30.200 [PDHA II training & education requirements] and 2.30.210 [PDHA II
17	supervision & competencies].
18	
19	(b) Dental Supervision. A dental health aide certified under this article who satisfies the
20	requirements of this section may perform the functions of a dental assistant only under the direct
21	or indirect supervision of a
22	(1) dentist; (2) dential health aide the consist
23 24	<ul> <li>(2) dental health aide therapist;</li> <li>(3) licensed dental hydromist;</li> </ul>
24 25	<ul><li>(3) licensed dental hygienist;</li><li>(4) [RESERVED]</li></ul>
23 26	<ul><li>(4) [RESERVED]</li><li>(5) dental health aide therapist practitioner; or</li></ul>
20 27	(6) primary dental health aide II or expanded function dental health aide I or II who
28	is performing procedures under the general supervision of a dentist.
29	
30	(c) Training, Education and Preceptorship. In addition to performing functions as
31	provided for the level of certification achieved by the dental health aide, a dental health aide may
32	perform the functions of a dental assistant, if the dental health aide has successfully completed
33	one of the following:
34	<ul> <li>(1) an accredited dental assisting program;</li> <li>(2) a Decoder state of the second dental assisting program;</li> </ul>
35 36	(2) a Board approved dental assisting program that satisfies the requirements of section 7.20.130 [dental assisting]; or
30 37	(3) a program provided by a dental assistant, dental hygienist, dental health aide
38	hygienist, dental health aide therapist, dental health aide therapist practitioner, or dentist who
39	directly supervised the person carrying out a sufficient number of patient encounters for the
40	person to develop satisfactory skills, as determined by the supervising dentist, in each of the
41	functions identified in 2.30.250(d) [dental assistant function requirements; competencies].
42	
43	(d) Competencies. In addition to meeting all other requirements of this section, the
44	dental health aide must understand and successfully demonstrate and maintain the ability to
45	satisfactorily perform the following functions:
46 47	<ol> <li>applying topical anesthetic agents;</li> <li>aplacing and removing rubber dama;</li> </ol>
47	(2) placing and removing rubber dams;

## Community Health Aide Program Certification Board – Standards and Procedures Amended June 8, 2023

1	(3) basic knowledge of dental materials, instruments, and procedures;				
2	(4) four-handed instrument transfer;				
3	(5) dental charting and patient record documentation;				
4	(6) proper handling and sterilization of instruments; and				
5	(7) disinfection of operatory.				
6	(8) [RESERVED]				
7 8	History: June 3, 2021, Section 2.30.250(b) and (c) were amended. June 3, 2020, Section				
o 9	2.30.250(b)(5) was amended. January 26, 2017, Section 2.30.250(d) was amended. October 29,				
10	2.30.250(b)(5) was amended. January 26, 2017, Section 2.30.250(d) was amended. October 29, 2015, Section 2.30.250(b)(4) was deleted and reserved. October 30, 2014, Section 2.30.250 was				
11	amended and renumbered. June 8, 2010, Section 2.30.250(c) was amended, numbers 5, 6, 7 and 8				
12	were deleted and reserved. October 8, 2003, Section 2.30.250(a)(5) was amended.				
13	See 2.20.260 Advisor die Deutenstine Truster aut (ADT) Deutenster				
14	Sec. 2.30.260. Atraumatic Restorative Treatment (ART) Requirements.				
15 16	(a) <b>Prerequisites.</b> A dental health aide may be certified under this section to perform				
17	atraumatic restorative treatment (ART) under the conditions set forth in subsections (b) through				
17	(d) of this section provided the dental health aide satisfies the requirements of sections:				
19	(1) (A) 2.30.200 [PDHA II training & education requirements] and 2.30.210				
20	[PDHA II supervision & competencies];				
20	(B) 2.30.300 [DHAH training & education requirements] and 2.30.310				
22	[DHAH supervision & competencies];				
23	(C) 2.30.400 [EFDHA I supervision, training & education requirements] and				
24	2.30.410 [EFDHA I supervision & competencies]; or				
25	(D) 2.30.500 [EFDHA II training & education requirements] and 2.30.510 [EFDHA				
26	II supervision & competencies], and (2)2.30.220 [sealant requirements], 2.30.230 [dental				
27	prophylaxis requirements], and 2.30.240 [dental radiology requirements] and 2.30.240 [dental				
28	radiology requirements].				
29					
30	(b) Dental Supervision.				
31	(1) The dental health aide may perform ART only after consultation with a dentist,				
32	dental health aide therapist, or dental health aide therapist practitioner (exception is the dental				
33	health aide hygienist who must be supervised by a dentist) who has reviewed appropriate dental				
34	records regarding the patient, which may include radiographs and intra-oral photographs.				
35	(2) ART may be performed under this section by a dental health aide under the				
36	general supervision of a dentist, dental health aide therapist, or dental health therapist practitioner				
37	(exception is the dental health aide hygienist who must be supervised by a dentist) provided the				
38	dental health aide has met the requirements of all of the requirements of this section, including				
39	successful completion of the requirements of section 2.30.200(b) [PDHA II training & education				
40	requirements; (village-based dental practice course)].				
41	(3) An expanded function dental health aide I or II who has not completed the				
42	requirements of section 2.30.200(b) [PDHA II training & education requirements; (village-based				
43	dental practice course)] may perform ART under this section only under the direct or indirect				
44	supervision of a dentist, dental health aide therapist, or dental health aide therapist practitioner.				
45	(a) Training and Education The dontal health and must have actisfacted its second to the				
46 47	(c) Training and Education. The dental health aide must have satisfactorily completed one of the following:				
4/	one of the following.				

1 2	(1) a Board approved course in ART that satisfies the requirements of section $7.20140$ [ART].			
3	<ul><li>7.20.140 [ART];</li><li>(2) a course in ART offered by an accredited school of higher education; or</li></ul>			
4	<ul><li>(2) a course in ART offered or approved by IHS, including the course "Early</li></ul>			
5	Childhood Caries (ECC) and Midlevel Providers: an Expanded Role for Hygienists and			
6	Therapists."			
7	Therapists.			
8	(d) <b>Preceptorship.</b> A dental health aide must, after completion of the requirements in			
8 9	subsection (c) of this section, under the direct supervision of a dentist, satisfactorily complete a			
10	preceptorship during which the dental health aide satisfactorily performs ART on			
10	(1) a minimum of 10 patients of whom a minimum of 5 must be children under 4			
12	years of age; and			
12	(2) a minimum of 50 teeth.			
13				
15	(e) <b>Competencies.</b> In addition to meeting all other requirements of this section, a dental			
16	health aide may only perform ART, if the dental health aide successfully demonstrates and			
17	maintains:			
18	(1) an understanding and following dental orders;			
19	(2) reviewing medical history and identifying contraindications for performing			
20	ART;			
21	(3) identify cases appropriate for ART;			
22	(4) understanding when the patient should be referred to a dentist;			
23	(5) explaining ART procedure and responding to questions from patient regarding			
24	ART;			
25	(6) proper patient and provider safety procedures, including proper use dental			
26	instruments;			
27	(7) isolating the tooth/teeth;			
28	(8) removing gross caries with hand instruments;			
29	(9) mixing, placing and contouring appropriate restorative material; and			
30	(10) recognizing potential and actual procedural complications and consulting			
31	appropriately with the dentist.			
32 33	<b>History</b> , Imp. 2, 2020, Section 2,20,260(h)(1)(2) and (2) were smarted. October 20, 2012			
34	<b>History:</b> June 3, 2020, Section 2.30.260(b)(1)(2) and (3) were amended. October 30, 2013, Section 2.30.260(b)(1) and (2) were amended. June 8, 2010, Section 2.30.260(e)(3) was amended.			
35	October 8, 2003, Section 2.30.260(a) was amended.			
36				
37	Sec. 2.30.300. Dental Health Aide Hygienist Training, Education, and Licensure			
38	<b>Requirements</b> . A person meets the training and education requirements to be a certified dental			
39	health aide hygienist upon successful completion of			
40	(a) all requirements under sections 2.30.100(a)(1) [PDHA I training & education			
41	requirements; training (presession)] and (4) [PDHA I training & education requirements;			
42	training; (BLS)];			
43	(b) (1) an accredited school of dental hygiene; or			
44	(2) a dental hygiene training and education program approved by the Board; and			
45	(c) if not covered in the training under $(b)(1)$ or $(2)$ of this section or if the training has			
46	not been kept up-to-date through practice or continuing education, a course in local anesthetic			
47	that is			

1	(1) approved by the Board that satisfies the requirements of section 7.20.400 [local			
2	anesthetic administration];			
3	(2) offered by an accredited school of higher education; or			
4	(3) offered or approved by IHS; and			
5	(d) is licensed as a dental hygienist in Alaska under AS 08.32.10 or a dental hygienist in			
6	the employ of the federal government in the discharge of official duties who is a dental hygienist			
7	licensed in one of the states or territories of the United States.			
8				
9	History: May 15, 2014, Section 2.30.300 was amended.			
10				
11	Sec. 2.30.310. Dental Health Aide Hygienist Supervision and Competencies.			
12				
13	(a) Dental Supervision.			
14	(1) Dental hygiene services may be performed under this section by a dental health			
15	aide hygienist under the general supervision of a dentist provided the dental health aide hygienist			
16	has met the requirements of all of the requirements of this section.			
17	(2) a dental health aide hygienist may perform services identified in section			
18	2.30.260 [ART requirements] under general supervision of a dentist upon successful completion			
19	of all of the requirements of the applicable section and requirements of section 2.30.200 (b)			
20	[PDHA II training and education requirements].			
21				
22	(b) Competencies. In addition to demonstrating the competencies identified in section			
23	2.30.110(b) [PDHA I supervision & competencies; competencies], 2.30.210(b) [PDHA II			
24 25	supervision & competencies; competencies], 2.30.220(d) [sealant requirements; competencies], 2.30.220(d) [dontal prophylogic requirements; competencies], 2.30.240(d) [dontal prophylogic requirements; competencies], 2			
25 26	2.30.230(e) [dental prophylaxis requirements; competencies], 2.30.240(d) [dental radiology			
26 27	requirements; competencies], and after satisfying the requirements of 2.30.300 [DHAH training & education requirements], a certified dental health aide hygienist must successfully demonstrate			
27	and maintain satisfactory performance of the following skills:			
28 29	(1) removing calculus deposits, accretions and stains from the surfaces of teeth by			
30	scaling and polishing techniques;			
31	(2) non-surgical periodontal therapy;			
32	<ul><li>(2) non-surgreat periodonal therapy;</li><li>(3) placing sulcular medicinal or therapeutic materials;</li></ul>			
33	<ul><li>(4) peridontal probing; and</li></ul>			
34	(5) administration of local anesthetics and identification and responding to the side			
35	effects of local anesthetics.			
36				
37	History: October 29, 2013, Section 2.30.310(b) was amended. October 12, 2011, Section			
38	2.30.310(a) and (b) were amended. October 14, 2004, Section 2.30.310(a) was amended. October			
39	8, 2003, Section 2.30.310(b) was amended.			
40				
41	Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and			
42	Education Requirements.			
43	(a) Training and Education A norman mosts the training and advection requirements to			
44 45	(a) <b>Training and Education.</b> A person meets the training and education requirements to			
45	be a certified expanded function dental health aide I upon successful completion of			

1	(1) all requirements under sections 2.30.100(a) [PDHA I Training and Education		
2	Requirements; Training] and meet requirements of Sec. 2.30.250(c) and (d) [Dental Assistant		
3	Function Requirements; Training, Education and Preceptorship; and Competencies];		
4	(2) (A) (i) a Board approved course in basic restorative functions that satisfies		
5	the requirements of section 7.20.200 [basic restorative functions];		
6	(ii) a course in basic restorative functions offered by an accredited		
7	school of higher education; or		
8	(iii) a course in basic restorative functions offered or approved by IHS,		
9	including "Restorative Functions – Basic"; or		
10	(B) training that meets the requirements under section 2.30.230 [dental		
11	prophylaxis requirements]; and		
12	(3) a preceptorship that satisfies the requirements in subsection (b) [EFDHA I		
13	preceptorship] of this section.		
14			
15	(b) Preceptorship.		
16	An expanded function dental health aide I who has satisfied the requirements		
17	of		
18	(1) subsection (a)(2)(A) [EFDHA I training & education; (basic restorative		
19	functions course)] must, after completion of the other requirements in subsection (a) [EFDHA I		
20	training and education] of this section, satisfactorily complete a preceptorship, which must		
20	(A) be under the direct supervision of a dentist or DHATP;		
21	<ul><li>(A) be under the direct supervision of a dentist of DTIATT,</li><li>(B) continue after completion of the training under subsection (a)(2) for a</li></ul>		
22	minimum of six months or 800 hours, whichever is longer; and		
23 24			
	(C) include satisfactory performance in the dental health aide's clinical setting		
25	under direct supervision of a dentist or DHATP of a minimum of 50 restorations of which a		
26	minimum of 5 must be in each classification of class I, class II, class III and class V; or		
27	(2) subsection (a)(2)(B) [EFDHA I training and education (dental prophylaxis		
28	course)] must, after the completion of the other requirements in subsection (a) [EFDHA I training		
29	and education] of this section, satisfactorily complete a preceptorship as required under section		
30	2.30.230 [dental prophylaxis requirements].		
31			
32 33	<b>History:</b> June 8, 2023, Section 2.30.400(b)(1)(C) was amended. June 2, 2022, Section 2.30.400(b)(A) and (C) were amended. January 26, 2017, Section 2.30.400(a)(1) and (2)(A)(i)		
34	were amended. October 12, 2011, Section 2.30.400(a) and (b) were amended. October 8, 2003,		
35	Section 2.30.400(a)(2) and (b) were amended.		
36			
37	Sec. 2.30.410. Expanded Function Dental Health Aide I Supervision and		
38	Competencies.		
39	1		
40	(a) Dental Supervision.		
41	(1) An expanded function dental health aide I may perform the functions identified		
42	for a dental assistant under sections 2.30.250(c) [dental assistant function requirements;		
43	competencies] and 2.30.410(b) [EFDHA I supervision & competencies; competencies] only		
44	under the direct or indirect supervision of a dentist, dental health aide therapist, or dental health		
45	aide therapist practitioner.		
46	(2) An expanded function dental health aide I may perform the services identified in		
47	section 2.30.550 [stainless steel crown placement requirements] under the direct or indirect		
• /	section 2.5 0.55 o [Summess sector of own procement requirements] under the under of multicet		

1 2 3 4	<ul> <li>supervision of a dentist, dental health aide therapist, or dental health aide therapist practitioner upon successful completion of all the requirements of the applicable section.</li> <li>(3) An expanded function dental health aide I may perform the services identified in section 2.30.410 (b)(1) [EFDHA I supervision &amp; competencies] under general supervision of a</li> </ul>		
5		ide therapist, or dental health aide therapist practitioner upon completion	
6	-	section 2.30.200(b) [PDHA II training & education requirements; (village-	
7	based dental practice of		
8 9		xpanded function dental health aide I may perform services as provided for 20 [sealant requirements], 2.30.230 [dental prophylaxis requirements],	
9 10		logy requirements], and 2.30.260 [ART requirements] under the general	
10		st, dental health aide therapist, or dental health aide therapist practitioner	
12	1	letion of all of the requirements of the applicable section and the	
13	1 1	n 2.30.200(b) [PDHA II training & education requirements; (village-based	
14	dental practice course)		
15	1		
16	(b) Competer	ncies. In addition to satisfying the requirements of 2.30.400 [EFDHA I	
17	training & education r	equirements], a certified expanded function dental health aide must	
18	successfully demonstr	ate and maintain the following:	
19	(1) (A)	an understanding of:	
20		(i) basic dental anatomy;	
21		(ii) caries disease process;	
22		(iii) periodontal disease process;	
23		(iv) infection control;	
24	.1 • 1	(v) health care system access, including access to Medicaid and other	
25 26	third-party resources;		
26 27		(vi) scheduling; (vii) theory of provention:	
27 28		(vii) theory of prevention; (viii) fluoride as a drug and related issues:	
28 29		<ul><li>(viii) fluoride as a drug and related issues;</li><li>(ix) [RESERVED];</li></ul>	
29 30	(B)	competency in the following subjects:	
31	(D)	<ul><li>(i) topical fluoride treatment(s);</li></ul>	
32		(i) oral hygiene instruction;	
33		(iii) identification of potential dental problems and appropriate referrals;	
34		(iv) recognition of medical and dental conditions that may require direct	
35	dental supervision or s		
36	1	(v) those provided for under sections 2.20.110(b)(1), (3) through (12),	
37	and (14) [CHA I comp	petencies; (competencies)];	
38		(vi) dental health aide's general scope of work;	
39		(vii) basic life support and basic management of dental emergencies;	
40	(C)	satisfactory performance of the following skills:	
41		(i) use of CHAM;	
42		(ii) general medical history taking;	
43		(iii) patient education including the explanation of prevention strategies,	
44	including fluoride and		
45		(iv) toothbrush prophylaxis;	
46		(v) clean/sterile techniques;	

1	(I) [RESERVED];
2	(II) [RESERVED];
3	(vi) universal precautions; and
4	(vii) hand washing;
5	(viii) [RESERVED];
6	(ix) [RESERVED];
7	(x) [RESERVED];
8	(xi) [RESERVED];
9	(2) (A) for an expanded function dental health aide I who has satisfied the
10	requirements of section 2.30.400(a)(2)(A) [EFDHA I training & education requirements; training
11	& education; (basic restorative functions course)] and (b) [EFDHA I training & education
12	requirements; preceptorship]:
13	(i) (I) advanced understanding of tooth morphology, structure and
14	function; and
15	(II) an ability to discriminate between acceptable and unacceptable
16	restoration; and
17	(ii) competency in and satisfactory performance of the following skills:
18	(I) placement and finishing of Class I, II and V dental
19	amalgams (simple fillings) after preparation by the dentist or dental health aide therapist;
20	and
20	(II) RESERVE
22	(III) provide appropriate post-procedure instructions; and
22	(B) for an expanded function dental health aide I who has satisfied the
23 24	requirements of section 2.30.400(a)(2)(B) [EFDHA I training & education requirements; training
25	and education; (prophylaxis training)], the requirements of section 2.30.230(e) [dental
23 26	prophylaxis requirements; competencies].
20 27	prophylaxis requirements, competencies].
28	History: June 8, 2023, Section 2.30.410(b)(2)(A)(ii)(I) and (II) were amended. January 13, 2022,
29	Section 2.30.410(a)(1) was amended. June 3, 2020, Section 2.30.410(a)(1)(2)(3) and (4) were
30	amended. October 27, 2016, Section 2.30.410(b)(1)(A)(ix) and (C)(I), (II) and (C)(viii)(ix)(x) and
31	(xi) were amended. October 29, 2015, Section 2.30.410(b)(C)(ix) was amended. October 12, 2011,
32	Section 2.30.410 was amended. June 18, 2008, Section 2.30.410(b)(2)(ii)(III) was amended by
33 34	adding punctuation at the end. In the Standards amended January 31, 2005, Section 2.30.410(a)(1) a cross-citation was corrected. October 8, 2003, Section 2.30.410(b)(1)(B) and (C) were amended.
34	a cross-chanon was corrected. October 8, 2005, Section 2.50.410(0)(1)(B) and (C) were amended.
35 36	Sec. 2.30.500. Expanded Function Dental Health Aide II Training and Education
30 37	Requirements.
37	Requirements.
38 39	(a) Training and Education. A person meets the training and education requirements
	to be a certified expanded function dental health aide II upon successful completion of
40	1 1 1
41	(1) all requirements under sections 2.30.100(a)(1) and (a)(4) [PDHA I training & $(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)($
42	education requirements; training; (presession) & (BLS)], and 2.30.400(a)(2)(A), and (b)(1)
43	[EFDHA I training & education requirements] and 2.30.410 [EFDHA I supervision &
44	competencies];
45	(2) (A) a Board approved course in advanced restorative functions that satisfies
46	the requirements of section 7.20.210 [advanced restorative functions];
47	(B) a course in advanced restorative functions offered by an accredited school
48	of higher education; or

1	(C) a course in advanced restorative functions offered or approved by IHS,
2	including "Restorative Functions – Advanced"; and
3	(3) a preceptorship that satisfies the requirements in subsection (b) [EFDHA II
4	preceptorship] of this section.
5	
6	(b) <b>Preceptorship.</b> An expanded function dental health aide II must after completion of
7	the requirements in subsection (a) [EFDHA II training & education]of this section, satisfactorily
8	complete a preceptorship, which must
9	(1) be under the direct supervision of a dentist;
10	(2) continue after completion of the training under subsection (a)(2) [EFDHA II
11	training & education; (advanced restorative functions course] for a minimum of six months or
12	800 hours whichever is longer; and
13 14	(3) include satisfactory performance in the dental health aide's clinical setting under direct supervision of a dentist of a minimum of 50 complex restorations.
14	direct supervision of a dentist of a minimum of 50 complex restorations.
16	History: October 29, 2015, Section 2.30.500(a)(1) was amended. October 12, 2011, Section
17	2.30.500(a)(1) was amended. October 7, 2009, Section 2.30.500(a)(1) was amended. October 8,
18	2003, Section 2.30.500(a)(1) was amended.
19	
20	Sec. 2.30.510. Expanded Function Dental Health Aide II Supervision and
21 22	Competencies.
22	(a) Dental Supervision.
24	(1) An expanded function dental health aide II may perform the functions identified
25	for a dental assistant under sections 2.30.250(c) [dental assistant function requirements;
26	competencies] and 2.30.510(b) [EFDHA II supervision & competencies; competencies] only
27	under the direct or indirect supervision of a dentist, dental health aide therapist, or dental health
28	aide therapist practitioner.
29	(2) An expanded function dental health aide II may perform the services identified
30	in section 2.30.550 [stainless steel crown placement requirements] under the direct or indirect
31	supervision of a dentist, dental health aide therapist, or dental health aide therapist practitioner
32	upon successful completion of all of the requirements of the applicable section.
33	(3) An expanded function dental health aide II may perform the services identified
34	in section 2.30.410 (b)(1) [EFDHA I supervision & competencies; competencies under general
35 36	supervision of a dentist, dental health aide therapist, or dental health aide therapist practitioner
30 37	upon completion of the requirements of section 2.30.200(b) [PDHA II training & education requirements; (village-based dental practice course)].
38	(4) An expanded function dental health aide II may perform services as provided for
39	under sections 2.30.220 [sealant requirements], 2.30.230 [dental prophylaxis requirements],
40	2.30.240 [dental radiology requirements], and 2.30.260 [ART requirements] under the general
41	supervision of a dentist, dental health aide therapist, or dental health aide therapist practitioner
42	upon successful completion of all of the requirements of the applicable section and the
43	requirements of section 2.30.200(b) [PDHA II training & education requirements; village-based
44	dental practice].
45	
46	(b) Competencies. In addition to satisfying the requirements of 2.30.500 [EFDHA II
47	training & education requirements], a certified expanded function dental health aide II must

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1	demonstrate and maintain the following:
2	(1) the satisfactory performance of the competencies identified in sections
3	(A) 2.30.240(d) [dental radiology requirements; competencies];
4	(B) 2.30.250(c) [dental assistant function requirements; competencies];
5	(C) 2.30.410(b) [EFDHA I supervision & competencies; competencies]; and
6	(2) understanding of
7	(A) the basics of occlusion as they apply to restorative dentistry; and
8	(B) current state-of-the-art dentinal bonding agents;
9	(3) competency in and satisfactory performance of the following skills:
10	(A) placement and finishing of cusp protected amalgam and complex Class II
11	amalgams (complex fillings); and
12	(B) RESERVE
13	(C) provide appropriate post-procedure instructions.
14	
15	History: June 8, 2023, Section 2.30.510(b)(3)(A) and (B) were amended. January 13, 2022,
16	Section 2.30.510(b) was amended. June 3, 2020, Section 2.30.510(a)(1)(2)(3) and (4) were
17	amended. October 27, 2016, Section 2.30.510 was amended. October 12, 2011, Section 2.30.510
18	was amended. In the Standards amended January 31, 2005, Section 2.30.510(a)(1) a cross-citation
19 20	was corrected. October 8, 2003, Section 2.30.510(b)(1)(B) and (D) were amended.
20 21	Sec. 2.30.550. Stainless Steel Crown Placement Requirements.
21	sec. 2.30.330. Stanness Steel Crown I facement Requirements.
22	(a) <b>Prerequisites.</b> An expanded function dental health aide may be certified under this
23 24	section to place stainless steel crowns under the conditions set forth in subsections (b) through (e)
24 25	of this section provided the expanded function dental health aide satisfies the requirements of
23 26	(1) sections 2.30.400(a)(1),(a)(2)(A), (a)(3), and (b) [EFDHA I training & education
20 27	requirements; training & education & preceptorship] and 2.30.410 [EFDHA I supervision &
28	competencies]; or
29	(2) sections 2.30.500 [EFDHA II training & education requirements] and 2.30.510
30	[EFDHA II supervision & competencies].
31	
32	(b) <b>Dental Supervision.</b> An expanded function dental health aide I or II may perform
33	stainless steel crown placement only under the direct or indirect supervision of a dentist or dental
34	health aide therapist or dental health aide therapist practitioner.
35	neurin and thorupist of demai neurin and thorupist practitioner.
36	(c) Training and Education. A person meets the training and education requirements to
37	place stainless steel crowns upon successful completion of
38	(1) all requirements under sections $2.30.400(a)(1)$ , $(a)(2)(A)$ , $(a)(3)$ , and $(b)$
39	[EFDHA I training & education requirements; training & education & preceptorship] and
40	2.30.410 [EFDHA I supervision & competencies] or 2.30.500 [EFDHA II training & education
41	requirements] and 2.30.510 [EFDHA II supervision & competencies];
42	(2) (A) a Board approved course in stainless steel crown placement that satisfies
43	the requirements of section 7.20.220 [stainless steel crowns];
44	(B) a course in stainless steel crown placement offered by an accredited
45	school of higher education; or

1	(C) a course in stainless steel crown placement offered or approved by IHS,
2	which includes "Advanced Pediatric Restorative Techniques for Expanded Function Dental
3	Assistants"; and
4	(3) a preceptorship that satisfies the requirements of subsection (d) [preceptorship]
5	of this section.
6	
7	(d) <b>Preceptorship</b> . A dental health aide must after completion of the requirements in
8	subsection (a) of this section, satisfactorily complete a preceptorship, which must
9	(1) be under the direct supervision of a dentist or dental health aide therapist
10	practitioner; and
11	(2) include satisfactory performance under the direct supervision of a dentist or
12	dental health aide therapist practitioner in the expanded function dental health aide's clinical
13	setting of placing a minimum of 20 stainless steel crowns.
14	
15	(e) Competencies. In addition to meeting all other requirements of this section, the
16	expanded function dental health aide must understand and successfully demonstrate and maintain
17	the following competencies and skills:
18	(1) selecting the appropriate stainless steel crown;
19	(2) modifying the crown, as necessary;
20	(3) checking and correcting occlusion, contact and margins of stainless steel crown;
21	(4) cementing and removing excess cement;
22	(5) re-verifying the occlusion; and
23	(6) providing appropriate post-procedure instructions.
24	
25	History: June 2, 2022, Section 2.30.550(b) and (d) were amended. October 12, 2011, Section
26	2.30.550(a) and (c) were amended. October 8, 2003, Section 2.30.550(a)(1), (2) and (c)(1)
27 28	were amended.
28 29	Sec. 2.30.600. Dental Health Aide Therapist Training and Education Requirements.
29 30	A person meets the training and education requirements to be a certified dental health aide
30 31	therapist upon successful completion of
32	1 1 1
32 33	(1) the requirements of section 2.30.100(a)(1) and (a)(4) [PDHA I training & education requirements; training; (presession) & (BLS)], and
34	(2) (A) an accredited school of dental therapy or its equivalent; or (D) a Board approved acurac of dental therapy that activities the requirements
35	(B) a Board approved course of dental therapy that satisfies the requirements
36	of section 7.20.500 [DHAT training program]; and
37	(3) a clinical preceptorship under the direct supervision of a dentist for a minimum
38	of three months or 400 hours whichever is longer. The preceptorship should encompass all
39 40	competencies required of a dental health aide therapist outlined in section $2.30.610(b)(1)$ , (2) and (2) IDUAT array is a section of a dental health aide therapist outlined in section $2.30.610(b)(1)$ , (2) and
40	(3) [DHAT supervision and competencies; competencies], and students should demonstrate each
41	procedure or service independently to the satisfaction of the preceptor dentist.
42	History Ostalian 20, 2014, Sastian 2,20 (00(2)
43 44	<b>History:</b> October 30, 2014, Section 2.30.600(3) was amended. June 20, 2007, Section 2.30.600(3) was amended.
45	2.50.000(5) was amended.
46	Sec. 2.30.610. Dental Health Aide Therapist Supervision and Competencies.
40 47	see and other Dental Houses Finder and Photo Super vision and Competencies.
• /	

1 2		<b>Ipervision.</b> Dental health aide therapist services may be performed under l health aide therapist under the general supervision of a dentist provided
3	the dental health aide	therapist has met the requirements of this section. Pulpal therapy (not
4	including pulpotomies	s on deciduous teeth) or extraction of adult teeth can be performed by a
5	dental health aide ther	apist only after consultation with a licensed dentist who determines that the
6	procedure is a medical	l emergency that cannot be resolved with palliative treatment.
7		
8	(b) Competer	<b>ncies.</b> In addition to meeting the requirements of section 2.30.100(a)(1)
9	and (a)(4) [PDHA I tra	aining & education requirements; training; (presession) & (BLS)] and
10	2.30.600 [DHAT train	ing & education requirements], a certified dental health aide therapist must
11	successfully demonstr	ate and maintain
12	(1) an un	derstanding of
13	(A)	medical evaluation,
14	(B)	dental evaluation,
15	(C)	periodontic techniques,
16	(D)	clinic management and supervision,
17	(E)	restorative dentistry,
18	(F)	oral surgery and local anesthesia,
19	(G)	infection control,
20	(H)	equipment maintenance,
21	(I)	community and preventive dentistry, and
22	(J)	management of the medicines in the village;
23		betency in the above subjects to the level of performance required at the
24	× / 1	quirements of section 2.30.600(2)(A) [DHAT training & education
25	requirements; (educati	
26	1	betency in and satisfactory performance of the following skills:
27	(T) (A)	all of the skills identified in sections 2.30.110 [PDHA I supervision &
28		10 [PDHA II supervision & competencies], 2.30.220 [sealant
29		30 [dental prophylaxis requirements], 2.30.240 [dental radiology
30		50 [dental assistant function requirements], 2.30.260 [ART requirements],
31		upervision & competencies], 2.30.510 [EFDHA II supervision &
32	-	30.550 [stainless steel crown placement requirements];
33	(B)	diagnosis and treatment of caries;
34	(C)	performance of uncomplicated extractions of primary and permanent
35	teeth;	performance of uncomprisated extractions of primary and permanent
36	(D)	response to emergencies to alleviate pain and infection;
37	(E) (E)	administration of local anesthetic;
38	(E) (F)	recognition of and referring conditions needing space maintenance;
39	(G)	maintenance of dental equipment;
40	(U) (H)	development of and carrying out community health prevention and
41	education program; an	
42	(I)	performance of pulpotomies on primary teeth.
43	(1)	performance of purpotonnes on printing teeth.
44	History	: June 8, 2023, Section 2.30.610(b)(3), (b)(1)(H) and (b)(3)(G) were amended.
45		(0,0) (0,
46	2.30.610	(b)(3)(A) was amended. June 13, 2012, Section 2.30.610(a) was amended. January
47	11, 2012	, Section 2.30.610(b)(3) was amended. June 8, 2010, Section 2.30.610(b)(3) was

1	amended. June 18, 2008, Section 2.30.610(a) and (b) were amended. October 14, 2004,
	Section 2.30.610(b)(3)(B) was amended. October 8, 2003, Section 2.30.610(b)(3) was
2 3	amended.
4	
5	Sec. 2.30.700. Dental Health Aide Therapist Practitioner Training and Education
6	Requirements.
7	
8	A person meets the training and education requirements to be a certified dental health
9	aide therapist practitioner upon successful completion of
10	(1) all the requirements of section 2.30.600 [DHAT Training & Education
11	Requirements]; and
12	(2) two consecutive recertification as a dental health aide therapist outlined in
13 14	section 2.50.200 [Requirements for Renewal] and section 3.10.050 [DHAT Continuing Education Requirements]; and
14	(3) requirements of section 3.10.050 [DHA Continuing Education Requirements;
16	Unlapsed Certificate]; and
10	(4) Letter of Recommendation by the applicants supervising dentist verifying the
18	DHAT meets clinical competency.
19	Differ incers entited competency.
20	History: January 13, 2022, Section 2.30.700(4), was amended. June 3, 2020, Section 2.30.700
21	was added.
22	
23	Sec. 2.30.710. Dental Health Aide Therapist Practitioner Supervision and
24	Competencies.
25	
26	(a) <b>Dental Supervision.</b> Dental health aide therapist practitioner services may be
27	performed under the requirements set forth in 2.30.610(a) [DHAT dental supervision].
28	(b) Competencies In addition to meeting the newsignments of costion 2.20.700 [DUATE
29 20	(b) Competencies. In addition to meeting the requirements of section 2.30.700 [DHATP
30 31	training & education requirements], a certified dental health aide therapist practitioner just
31 32	successfully demonstrate and maintain requirements set forth in 2.30.610(b) [DHAT competencies].
32 33	competencies].
34	History: June 3, 2020, Section 2.30.710 was added.
35	
36	Article 40.
37	Standards for Behavioral Health Aides and Practitioners
38	
39	History: June 18, 2008, Article 40 was added.
40	
41	Sec. 2.40.010. Supervision of Behavioral Health Aides and Behavioral Health
42	Practitioners.
43	(a) Clinical Overeight
44 45	<ul> <li>(a) Clinical Oversight.</li> <li>(1) Program Responsibility. A behavioral health aide or practitioner may only</li> </ul>
43 46	practice in a program in which clinical oversight of the behavioral health program is provided
40 47	and responsibility is taken by a licensed behavioral health clinician who must be
47 48	(A) familiar with the BHA/P program, the <i>Standards</i> and the BHAM; and
UT	(1) fammar with the Direct program, the Standards and the DITAW, and

1 2	(B) employed by the federal government or employed by or under contract with a tribal health program operating a community health aide program in Alaska under the
3	ISDEAA.
4	(2) Qualifications. A licensed behavioral health clinician or behavioral health
5	professional providing clinical oversight or clinical supervision
6	(A) must have demonstrated the ability to provide culturally competent
7	services; and
8 9	<ul> <li>(B) if providing direct supervision of behavioral health aides or practitioners:</li> <li>(i) must have demonstrated the ability to provide such services in a</li> </ul>
10	village setting; and
11	(ii) through education and experience, be able to supervise village-based
12	behavioral health aides and practitioners.
13	
14	(b) Levels of Supervision. The clinical supervision of a behavioral health aide or
15	practitioner may be direct, indirect, or general as defined in section 2.40.010(c) [supervision of
16	BHA/Ps; definitions of level of supervision] provided that
17	(1) the person providing clinical supervision must either be a licensed behavioral
18	health clinician or behavioral health professional, provided that a behavioral health practitioner
19	acting within the scope of his or her certification may provide day-to-day support and mentoring
20	of behavioral health aides;
21	(2) the behavioral health aide or practitioner must be supervised at what ever level
22	of supervision is required for the specific service or care being provided;
23	(3) the supervisor may impose a higher level of supervision on the behavioral health
24	aide or practitioner than that provided in this article; and
25 26	(4) the supervisor may develop an individualized protocol under which the
20 27	behavioral health aide or practitioner is permitted to engage in a wider range of activities than that allowed under this article, provided
27	(A) the individualized protocol is in writing signed by the behavioral health
28 29	aide or practitioner and a licensed behavioral health clinician who is both familiar with the work
2) 30	of the behavioral health aide or practitioner and the setting in which the authorized services will
31	be provided;
32	(B) the level of supervision and level of performance required for each
33	service to be provided under the individualized protocol is specified; and
34	(C) the individualized protocol must be reviewed and updated upon re-
35	certification of the behavioral health aide or practitioner.
36	
37	(c) Definitions of Level of Supervision. For the purposes of this article:
38	(1) "Direct supervision" means that a licensed behavioral health clinician or a
39	behavioral health professional
40	(A) consults in advance with the behavioral health aide or practitioner prior to
41	the behavioral health aide or practitioner performing service;
42	(B) is available in person or through the use of telehealth, which for the
43	purposes of supervision and consultation with behavioral health aides and practitioners includes
44	instant messaging and telephone communications, while the behavioral health aide or practitioner
45	performs the service; and

1	
1	(C) reviews the outcome of specific services performed with the behavioral
2	health aide or practitioner on a relatively contemporaneous basis after their completion.
3	(2) "Indirect supervision" means that a licensed behavioral health clinician or a
4	behavioral health professional
5	(A) consults in advance with the behavioral health aide or practitioner with
6	regard to the plan for performing services; and
7	(B) routinely reviews with the behavioral health aide or practitioner services
8	provided.
9	(3) "General supervision" means, with regard to
10	(A) direct client services, that a licensed behavioral health clinician or
11	behavioral health professional has authorized and or planned with the behavioral health aide or
12	practitioner and client a treatment, case management, or services plan that is intended to be
13	carried out by a specific behavioral health aide or practitioner subject to regular case review by
14	the supervisor; or
15	(B) outreach (including initial contacts with individuals who may seek or be
16	referred for services, community-based education and prevention activities, and community
17	organization work), that a licensed behavioral health clinician or a behavioral health professional
18	has consulted with and authorized the behavioral health aide or practitioner to perform such
19	activities independently so long as the behavioral health aide or practitioner is within the scope
20	of practice for which the behavioral health aide or practitioner is certified and will be reported to
21	and periodically reviewed by the supervisor.
22	una periodicarity retreated by the supervisor.
23	History: May 15, 2014, Section 2.40.010(a)(1) was amended. June 18, 2008, Section 2.40.010
24	was added.
25	
26	Sec. 2.40.020. Scope of Practice Prior to Certification as a Behavioral Health Aide or
27	Practitioner.
28	
28 29	(a) Minimum Requirements. A person who satisfies the requirements of subsection
	(a) Minimum Requirements. A person who satisfies the requirements of subsection 2.40.020(b) [scope of practice prior to certification as a BHA/P; employment] may perform
29	
29 30	2.40.020(b) [scope of practice prior to certification as a BHA/P; employment] may perform
29 30 31	2.40.020(b) [scope of practice prior to certification as a BHA/P; employment] may perform services of a certified behavioral health aide or practitioner prior to being certified to the extent
29 30 31 32	2.40.020(b) [scope of practice prior to certification as a BHA/P; employment] may perform services of a certified behavioral health aide or practitioner prior to being certified to the extent the services are performed
29 30 31 32 33	<ul> <li>2.40.020(b) [scope of practice prior to certification as a BHA/P; employment] may perform services of a certified behavioral health aide or practitioner prior to being certified to the extent the services are performed <ul> <li>(1) as part of the required training for certification;</li> </ul> </li> </ul>
29 30 31 32 33 34	<ul> <li>2.40.020(b) [scope of practice prior to certification as a BHA/P; employment] may perform services of a certified behavioral health aide or practitioner prior to being certified to the extent the services are performed <ul> <li>(1) as part of the required training for certification;</li> <li>(2) as part of a clinical practicum;</li> </ul> </li> </ul>
29 30 31 32 33 34 35	<ul> <li>2.40.020(b) [scope of practice prior to certification as a BHA/P; employment] may perform services of a certified behavioral health aide or practitioner prior to being certified to the extent the services are performed <ul> <li>(1) as part of the required training for certification;</li> <li>(2) as part of a clinical practicum;</li> <li>(3) to satisfy work experience requirements required for certification; or</li> </ul></li></ul>
29 30 31 32 33 34 35 36	<ul> <li>2.40.020(b) [scope of practice prior to certification as a BHA/P; employment] may perform services of a certified behavioral health aide or practitioner prior to being certified to the extent the services are performed <ul> <li>(1) as part of the required training for certification;</li> <li>(2) as part of a clinical practicum;</li> <li>(3) to satisfy work experience requirements required for certification; or</li> <li>(4) after the application for certification has been submitted to the Board, while</li> </ul> </li> </ul>
29 30 31 32 33 34 35 36 37	<ul> <li>2.40.020(b) [scope of practice prior to certification as a BHA/P; employment] may perform services of a certified behavioral health aide or practitioner prior to being certified to the extent the services are performed <ul> <li>(1) as part of the required training for certification;</li> <li>(2) as part of a clinical practicum;</li> <li>(3) to satisfy work experience requirements required for certification; or</li> <li>(4) after the application for certification has been submitted to the Board, while certification is pending after successful completion of all training, clinical practicum and work</li> </ul> </li> </ul>
29 30 31 32 33 34 35 36 37 38	<ul> <li>2.40.020(b) [scope of practice prior to certification as a BHA/P; employment] may perform services of a certified behavioral health aide or practitioner prior to being certified to the extent the services are performed <ul> <li>(1) as part of the required training for certification;</li> <li>(2) as part of a clinical practicum;</li> <li>(3) to satisfy work experience requirements required for certification; or</li> <li>(4) after the application for certification has been submitted to the Board, while certification is pending after successful completion of all training, clinical practicum and work</li> </ul> </li> </ul>
29 30 31 32 33 34 35 36 37 38 39	<ul> <li>2.40.020(b) [scope of practice prior to certification as a BHA/P; employment] may perform services of a certified behavioral health aide or practitioner prior to being certified to the extent the services are performed <ul> <li>(1) as part of the required training for certification;</li> <li>(2) as part of a clinical practicum;</li> <li>(3) to satisfy work experience requirements required for certification; or</li> <li>(4) after the application for certification has been submitted to the Board, while certification is pending after successful completion of all training, clinical practicum and work experience requirements.</li> </ul> </li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40	<ul> <li>2.40.020(b) [scope of practice prior to certification as a BHA/P; employment] may perform services of a certified behavioral health aide or practitioner prior to being certified to the extent the services are performed <ul> <li>(1) as part of the required training for certification;</li> <li>(2) as part of a clinical practicum;</li> <li>(3) to satisfy work experience requirements required for certification; or</li> <li>(4) after the application for certification has been submitted to the Board, while certification is pending after successful completion of all training, clinical practicum and work experience requirements.</li> </ul> </li> <li>(b) Employment. To be eligible to perform services under subsection 2.40.020(a)</li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41	<ul> <li>2.40.020(b) [scope of practice prior to certification as a BHA/P; employment] may perform services of a certified behavioral health aide or practitioner prior to being certified to the extent the services are performed <ul> <li>(1) as part of the required training for certification;</li> <li>(2) as part of a clinical practicum;</li> <li>(3) to satisfy work experience requirements required for certification; or</li> <li>(4) after the application for certification has been submitted to the Board, while certification is pending after successful completion of all training, clinical practicum and work experience requirements.</li> </ul> </li> <li>(b) Employment. To be eligible to perform services under subsection 2.40.020(a) [scope of practice prior to certification as a BHA/P; minimum requirements], the person must</li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42	<ul> <li>2.40.020(b) [scope of practice prior to certification as a BHA/P; employment] may perform services of a certified behavioral health aide or practitioner prior to being certified to the extent the services are performed <ul> <li>(1) as part of the required training for certification;</li> <li>(2) as part of a clinical practicum;</li> <li>(3) to satisfy work experience requirements required for certification; or</li> <li>(4) after the application for certification has been submitted to the Board, while certification is pending after successful completion of all training, clinical practicum and work experience requirements.</li> </ul> </li> <li>(b) Employment. To be eligible to perform services under subsection 2.40.020(a)</li> <li>[scope of practice prior to certification as a BHA/P; minimum requirements], the person must</li> <li>(1) be employed by the Indian Health Service or a tribe or tribal health program</li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	<ul> <li>2.40.020(b) [scope of practice prior to certification as a BHA/P; employment] may perform services of a certified behavioral health aide or practitioner prior to being certified to the extent the services are performed <ul> <li>(1) as part of the required training for certification;</li> <li>(2) as part of a clinical practicum;</li> <li>(3) to satisfy work experience requirements required for certification; or</li> <li>(4) after the application for certification has been submitted to the Board, while certification is pending after successful completion of all training, clinical practicum and work experience requirements.</li> </ul> </li> <li>(b) Employment. To be eligible to perform services under subsection 2.40.020(a) [scope of practice prior to certification as a BHA/P; minimum requirements], the person must <ul> <li>(1) be employed by the Indian Health Service or a tribe or tribal health program operating a community health aide program in Alaska under the ISDEAA;</li> </ul> </li> </ul>

1 2 3	(3) provide services only under the direct, indirect, or general supervision as required under section 2.40.010 [supervision of BHA/Ps] and other relevant sections of this article 40 [standards for BHAs] of this Chapter.
4 5 6	History: June 18, 2008, Section 2.40.020 was added.
7 8	Sec. 2.40.030. Behavioral Health Aide/Practitioner Trial Examination [Deleted].
9 10	<b>History:</b> June 13, 2012, Section 2.40.030 was deleted in its entirety. June 18, 2008, Section 2.40.030 was added.
11	
12	Sec. 2.40.100. Behavioral Health Aide I Training, Practicum, and Experience
13	Requirements. A person meets the training and education, practicum, and experience
14	requirements to be a certified behavioral health aide I upon successful completion of the
15	requirements set forth in subsections (a) [BHA I specialized training program] or (b) [BHA I
16	alternative training] and the requirements of (c) [BHA I practicum] and (d) [BHA I work
17	experience] of this section.
18	(a) Dehaviousl Health Aids I Specialized Tusining Dusquam. The specialized
19 20	(a) Behavioral Health Aide I Specialized Training Program. The specialized behavioral health aide I training program is comprised of Board approved courses, or their
20 21	equivalent, that satisfy the requirements of sections:
21	(1) 8.20.050 [general orientation];
23	<ul><li>(1) 0.20.000 [general orientation];</li><li>(2) 8.20.100 [orientation to behavioral health services];</li></ul>
24	<ul><li>(2) 0.201100 [othermation to benavioral neutrin services];</li><li>(3) 8.20.110 [ethics, consent, confidentiality and privacy];</li></ul>
25	(4) 8.20.115 [RESERVE]
26	(5) 8.20.116 [human development];
27	(6) 8.20.125 [introduction to behavioral health concerns];
28	(7) 8.20.135 [introduction to counseling];
29	(8) 8.20.140 [introduction to documentation];
30	(9) 8.20.145 [introduction to case management];
31	(10) 8.20.150 [working with diverse populations];
32	(11) 8.20.155 [introduction to group counseling];
33	(12) 8.20.160 [crisis intervention];
34	(13) 8.20.165 [HIV/AIDS and infectious diseases];
35	(14) 8.20.170 [community approach to prevention];
36	(15) 8.20.175 [family systems I]; and
37	(16) 8.20.180 [maintaining health, wellness and balance].
38	
39 40	(b) Behavioral Health Aide I Alternative Training.
40	(1) <b>Required Content.</b> In lieu of completing one or more of the specialized training
41 42	courses described in subsection (a) [BHA I specialized training program], a person may satisfy the course requirements for certification as a behavioral health aide I by successfully completing
43	courses of study determined by the Board under Sec. 8.20.010 [equivalent courses] to be
44	equivalent to those required under subsection (a) [BHA I specialized training].
45	equivalent to more required under subsection (a) [DINY i specialized nummig].
46	(c) Behavioral Health Aide I Practicum. After completion of the training listed in
47	subsection (a) [BHA I specialized training program] or (b) [BHA I alternative training] of this

1	section, the applicant must additionally complete a 100 hour clinical practicum under the direct
2	supervision of a licensed behavioral health clinician or behavioral health professional. The
3	applicant must satisfactorily perform each of the following:
4	(1) no fewer than 25 hours of providing client orientation to services including
5	screening and initial intake, with appropriate case documentation;
6	(2) no fewer than 25 hours of providing case management and referral with
7	appropriate case documentation;
8	(3) no fewer than 35 hours of providing village-based community education,
9	prevention, and early intervention services with appropriate case documentation; and
10	(4) the balance of the hours must be related to practicum components listed in
11	subsections $(c)(1)$ through $(c)(3)$ of this section.
12	
13	(d) Behavioral Health Aide I Work Experience.
14	(1) Minimum Experience. Prior to being certified as a behavioral health aide I, a
15	person, who seeks certification based on training or education described in subsections (a) [BHA
16	I specialized training] or (b) [BHA I alternative training], must have provided village-based
17	behavioral health services for no fewer than 1,000 hours under the direct supervision of a
18	licensed behavioral health clinician or behavioral health professional.
19	
20	(2) Exceptions and Substitutions. An applicant who demonstrates that he or she
21	satisfies the applicable requirements of section 2.40.500 [BHA/P knowledge, skills, and scope of
22	practice] and has the capacity to provide culturally appropriate services in a village setting may
23	substitute experience, or be exempted from the experience requirement, as provided in
24	subparagraphs (A) and (B) of this paragraph.
25	(A) An applicant with experience providing behavioral health services other
23 26	
	than that described in subsection $(d)(1)$ [minimum experience] or who has education and training
27	beyond that required for this level of certification may substitute such training and education.
28	(B) Relevant practice experience acquired while obtaining the education or
29	training required under subsection (a) [BHA I specialized training] or subsection (b) [BHA I
30	alternative training] may be relied upon to satisfy the requirement under subsection (d)(1)
31	[minimum experience] on an hour for hour basis.
32	
33	History: October 13, 2022, Sec. 2.40.100(a) was amended. June 12, 2014, Section 2.40.100(b)(c)
34	and (d) were amended. June 18, 2008, Section 2.40.100 was added.
35	
36	Sec. 2.40.110. Clinical Supervision Requirement for Behavioral Health Aide I.
37	Except as provided in section 2.40.010(b) [supervision of BHA/Ps; levels of supervision], a
38	behavioral health aide I requires the direct supervision by a licensed behavioral health clinician
39	or a behavioral health professional when carrying out any of the activities referred to in
40	subsection (b) [knowledge and skills] of sections:
41	(1) 2.40.510 [foundational skills in client and community engagement];
41	
	<ul> <li>(2) 2.40.515 [foundational knowledge to be applied in all activities];</li> <li>(2) 2.40.520 [foundational profossional readiness];</li> </ul>
43	<ul> <li>(3) 2.40.520 [foundational professional readiness];</li> <li>(4) 2.40.525 [</li> </ul>
44	(4) 2.40.525 [prevention, community education, and community organizing];
45	(5) 2.40.530 [routine contact, screening, assessment, and evaluation];
46	(6) 2.40.535 [treatment planning];
47	(7) 2.40.540 [community resources and referral];

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1 2 3 4 5 6	<ul> <li>(8) 2.40.545 [case management, coordination, and monitoring treatment plans];</li> <li>(9) 2.40.550 [medication management];</li> <li>(10) 2.40.555 [counseling];</li> <li>(11) 2.40.560 [crisis management]; and</li> <li>(12) 2.40.565 [supervision, training, and professional development].</li> </ul>
7 8	History: June 18, 2008, Section 2.40.110 was added.
9	Sec. 2.40.200. Behavioral Health Aide II Training, Practicum, and Experience
10	<b>Requirements.</b> A person meets the training and education, practicum, and experience
11	requirements to be a certified behavioral health aide II upon successful completion of the
12	requirements set forth in subsection (a) [prerequisites], and subsections (b) [BHA II specialized
13	training program] or (c) [BHA II alternative training], and subsections (d) [BHA II practicum]
14	and (e) [BHA II work experience] of this section.
15	
16	(a) <b>Prerequisites.</b> A behavioral health aide II must satisfy all requirements applicable to
17	a BHA I under sections 2.40.100 [BHA I training, practicum, & experience requirements] and
18	2.40.500 [BHA/P knowledge, skills, and scope of practice].
19	
20	(b) Behavioral Health Aide II Specialized Training Program. The behavioral health
21	aide II specialized training program is comprised of Board approved courses, or their equivalent,
22	that satisfy the requirements of sections:
23	(1) 8.20.220 [psycho-physiology and behavioral health];
24	(2) 8.20.225 [introduction to co-occurring disorders];
25	(3) 8.20.228 [tobacco use and treatment];
26	(4) 8.20.230 [DSM practice application];
27	(5) 8.20.235 [advanced interviewing skills];
28	(6) 8.20.240 [ASAM patient placement criteria practice application];
29	(7) 8.20.245 [case studies and applied case management];
30	(8) 8.20.250 [traditional health based practices];
31	(9) 8.20.255 [intermediate therapeutic group counseling];
32	(10) 8.20.260 [applied crisis management];
33	(11) 8.20.270 [RESERVE]
34	(12) 8.20.271 [community needs and action];
35	(13) 8.20.275 [family systems II]; and (14) 8.20.280 [heltering the effect of the sum entertion]
36	(14) 8.20.280 [behavioral health documentation].
37	(a) Department Health Aide II Alternative Training
38 39	<ul> <li>(c) Behavioral Health Aide II Alternative Training.</li> <li>(1) Required Content. In lieu of completing one or more of the specialized training</li> </ul>
39 40	courses described in subsection (b) [BHA II specialized training program], a person may satisfy
41	the course requirements for certification as a behavioral health aide II by successfully completing
42	courses of study determined by the Board under Sec. 8.20.010 [equivalent courses] to be
43	equivalent to those required under subsection (b) [BHA II specialized training].
44	(A) Such course of study must have included the content equivalent to that
45	described in subsection (b) [BHA II specialized training program]; or
46	(B) to the extent it did not, the person successfully completed the courses
47	listed in subsection (b) as necessary to fill any gaps.

1	
2	(d) Behavioral Health Aide II Practicum. After meeting the requirements of
3	subsection (a) [prerequisites] and completion of the training listed in subsection (b) [BHA II
4	specialized training] or (c) [BHA II alternative training] of this section, the applicant must
5	additionally complete a 100 hour clinical practicum under the direct supervision of a licensed
6	behavioral health clinician or behavioral health professional. The applicant satisfactorily perform
7	each of the following:
8	(1) no fewer than 35 hours of providing client substance use assessment and
9	treatment planning using the Diagnostic and Statistical Manual and American Society of
10	Addiction Medicine patient placement criteria with appropriate case documentation;
11	(2) no fewer than 30 hours of providing rehabilitative services (e.g., comprehensive
12	community support services or therapeutic behavioral health service) with appropriate case
13	documentation;
14	(3) no fewer than 25 hours of providing community readiness evaluation and
15	prevention plan development with appropriate case documentation; and
16	(4) the balance of the hours must be related to practicum components listed in
17	subsections $(d)(1)$ through $(d)(3)$ of this section.
18	
19 20	(e) Behavioral Health Aide II Work Experience.
20 21	(1) <b>Minimum Experience.</b> Except as provided in paragraph (2) [exceptions and substitutions] of this subsection, prior to being certified as a behavioral health aide II, a person,
21	who seeks certification based on training or education described in subsections (b) [BHA II
22	specialized training] or (c) [alternative training], must have provided village-based behavioral
23	health services for no fewer than 2,000 hours under the direct or indirect (as applicable)
25	supervision of a licensed behavioral health clinician or behavioral health professional.
26	1 1
27	(2) Exceptions and Substitutions. An applicant who demonstrates that he or she
28	satisfies the applicable requirements of section 2.40.500 [BHA/P knowledge, skills, & scope of
29	practice] and has the capacity to provide culturally appropriate services in a village setting may
30	substitute experience, or be exempted from the experience requirement, as provided in
31	subparagraphs (A) and (B) of this paragraph.
32	(A) An applicant with experience providing behavioral health services other
33	than that described in subsection (e)(1) [minimum experience] or who has education and training
34	beyond that required for this level of certification may substitute such training and education.
35	(B) Relevant practice experience acquired while obtaining the education or
36	training required under subsections (b) [BHA II specialized training] or (c) [BHA II alternative
37	training] and in meeting the experience requirements for certification as a behavioral health aide
38 39	I may be relied upon to satisfy the experience requirement under subsection (e)(1) [minimum experience] on an hour for hour basis.
39 40	experience] on an nour for nour basis.
41	History: October 13, 2022, Sec. 2.20.200(b) was amended. June 12, 2014, Section 2.40.200 (c)(d)
42	and (e) were amended. June 18, 2008, Section 2.40.200 was added.
43	
44	Sec. 2.40.210. Clinical Supervision Requirement for Behavioral Health Aide II.
45	Except as provided in section 2.40.010(b)[supervision of BHA/Ps; levels of supervision], a
46	behavioral health aide II requires supervision by a licensed behavioral health clinician or a
47	behavioral health professional, as provided below:

1	(a) direct supervision when carrying out any of the activities referred to in subsection (b)
2	[knowledge and skills] of sections:
3	(1) 2.40.535 [treatment planning];
4	(2) 2.40.550 [medication management];
5	(3) 2.40.555 [counseling];
6	(4) 2.40.560 [crisis management]; and
7	(5) 2.40.565 [supervision, training, and professional development]; and
8	(b) indirect supervision when carrying out any of the activities referred to in subsection
9	(b) [knowledge and skills] of sections:
10	(1) 2.40.510 [foundational skills in client and community engagement];
11	(2) 2.40.515 [foundational knowledge to be applied in all activities];
12	(3) 2.40.520 [foundational professional readiness];
13	(4) 2.40.525 [prevention, community education, and community organizing];
14	(5) 2.40.530 [routine contact, screening, assessment, and evaluation];
15	(6) 2.40.540 [community resources and referral]; and
16	(7) 2.40.545 [case management, coordination, and monitoring treatment plans].
17	
18	History: June 18, 2008, Section 2.40.210 was added.
19	
20	Sec. 2.40.300. Behavioral Health Aide III Training, Practicum, and Experience
21	Requirements. A person meets the training and education, practicum, and experience
22	requirements to be a certified behavioral health aide III upon successful completion of the
23	requirements set forth in subsection (a) [prerequisites], and subsections (b) [BHA III specialized
24	training program] or (c) [BHA III alternative training], and subsections (d) [BHA III practicum]
25	and (e) [BHA III work experience] of this section.
26	(a) <b>Prerequisites.</b> A behavioral health aide III must satisfy all requirements applicable
27	to a behavioral health aide I and II under sections 2.40.100 [BHA I training, practicum, and
28	experience requirements], 2.40.200 [BHA II training, practicum, and experience requirements]
29	and 2.40.500 [BHA/P knowledge, skills, and scope of practice].
30	
31	(b) Behavioral Health Aide III Specialized Training Program. The behavioral health
32	aide III specialized training program is comprised of Board approved courses, or their
33	equivalent, that satisfy the requirements of sections:
34	(1) 8.20.325 [treatment of co-occurring disorders];
35	(2) 8.20.335 [advanced behavioral health clinical care];
36	(3) 8.20.340 [documentation and quality assurance];
37	(4) 8.20.345 [RESERVE];
38	(5) 8.20.350 [applied case studies in Alaska Native culture based issues];
39	(6) 8.20.370 [behavioral health clinical team building];
40	(7) 8.20.385 [introduction to supervision]; and
41	(8) 8.20.390 [child development].
42	(a) Debasional Haaldh Aida III Aldanna dina Tarini
43	(c) Behavioral Health Aide III Alternative Training.
44 45	(1) <b>Required Content.</b> In lieu of completing the specialized training courses
45	described in subsection (b) [BHA III specialized training program], a person may satisfy the
46	course requirements for certification as a behavioral health aide III by successfully completing

1 courses of study determined by the Board under Sec. 8.20.010 [equivalent courses] to be 2 equivalent to those required under subsection (b) [BHA III specialized training]. Such course of study must have included the content equivalent to that 3 (A) 4 described in subsection (b) [BHA III specialized training program]; or to the extent it did not, the person successfully completed the courses 5 **(B)** 6 listed in subsection (b) as necessary to fill any gaps. 7 8 (d) Behavioral Health Aide III Practicum. After meeting the requirements of 9 subsection (a) [prerequisites] and completion of the training listed in subsection (b) [BHA III 10 specialized training] or (c) [BHA III alternative training] of this section, the applicant must additionally complete a 100 hour clinical practicum under the direct supervision of a licensed 11 12 behavioral health clinician or behavioral health professional. The applicant must satisfactorily perform each of the following components: 13 14 (1) no fewer than 45 hours of providing behavioral health clinical assessment, treatment planning, and rehabilitative services for clients with issues related to co-occurring 15 16 disorders; 17 (2) no fewer than 20 hours of providing quality assurance case review with 18 documentation of review activity; (3) no fewer than 20 hours of providing clinical team leadership by leading clinical 19 20 team case reviews; and (4) the balance of the hours must be related to practicum components listed in 21 22 subsections (d)(1) through (d)(3) of this section. 23 24 (e) Behavioral Health Aide III Work Experience. (1) Minimum Experience. Except as provided in paragraph (2) [exceptions and 25 substitutions] of this subsection, prior to being certified as a behavioral health aide III, a person, 26 27 who seeks certification based on training or education described in subsections (b) [BHA III specialized training] (c) [alternative training], must have provided village-based behavioral 28 29 health services for no fewer than 4,000 hours under the direct or indirect supervision (as applicable) of a licensed behavioral health clinician or behavioral health professional. 30 31 32 (2) Exceptions and Substitutions. An applicant who demonstrates that he or she satisfies the applicable requirements of section 2.40.500 [BHA/P knowledge, skills, and scope of 33 practice] and has the capacity to provide culturally appropriate services in a village setting may 34 35 substitute experience, or be exempted from the experience requirement, as provided in subparagraphs (A) through (B) of this paragraph. 36 37 An applicant with experience providing behavioral health services other (A) 38 than that described in subsection (e)(1) [minimum experience] or who has education and training beyond that required for this level of certification may substitute such training and education. 39 40 Relevant practice experience acquired while obtaining the education or **(B)** training required under subsection (b) [BHA III specialized training] or (c) [alternative training] 41 and in meeting the experience requirements for certification as a behavioral health aide I and II 42 may be relied upon to satisfy the experience requirement under subsection (e)(1) [minimum 43 experience] on an hour for hour basis. 44 45

1	History: October 13, 2022, Sec. 2.40.300(b) was amended. June 12, 2014, Section 2.40.300(c),
2	(d) and (e) were amended. May 15, 2014, Section 2.40.300(b) was amended. June 18, 2008,
3	Section 2.40.300 was added.
4	Section 2. 10.500 was added.
5	Sec. 2.40.310. Clinical Supervision Requirement for Behavioral Health Aide III.
6	Except as provided in section 2.40.010(b) [supervision of BHA/Ps; levels of supervision], a
7	certified behavioral health aide III requires supervision by a licensed behavioral health clinician
8	or a behavioral health professional, as provided below:
9	(a) direct supervision when carrying out any of the activities referred to in subsection (b)
10	[knowledge and skills] of section 2.40.560 [crisis management];
11	(b) indirect supervision when carrying out any of the activities referred to in subsection
12	(b) [knowledge and skills] of sections:
13	(1) 2.40.535 [treatment planning];
14	(2) 2.40.545 [case management, coordination, and monitoring treatment plans];
15	(3) 2.40.550 [medication management];
16	(4) 2.40.555 [counseling]; and
17	(5) 2.40.565 [supervision, training, and professional development]; and
18	(c) general supervision when carrying out any of the activities referred to in subsection
19	(b) [knowledge and skills] of sections:
20	(1) 2.40.510 [foundational skills in client and community engagement];
21	(2) 2.40.515 [foundational knowledge to be applied in all activities];
22	<ul><li>(3) 2.40.520 [foundational professional readiness];</li></ul>
23	(4) 2.40.525 [prevention, community education, and community organizing];
24	(5) 2.40.530 [routine contact, screening, assessment, and evaluation]; and
25	(6) 2.40.540 [community resources and referral].
26	
-21	<b>History:</b> June 18, 2008, Section 2,40,310 was added
27 28	History: June 18, 2008, Section 2.40.310 was added.
28	
28 29	Sec. 2.40.400. Behavioral Health Practitioner Training, Practicum, and
28	
28 29	Sec. 2.40.400. Behavioral Health Practitioner Training, Practicum, and Experience Requirements. A person meets the training and education, practicum and
28 29 30 31	Sec. 2.40.400. Behavioral Health Practitioner Training, Practicum, and Experience Requirements. A person meets the training and education, practicum and experience requirements to be a certified behavioral health practitioner upon successful
28 29 30 31 32	Sec. 2.40.400. Behavioral Health Practitioner Training, Practicum, and Experience Requirements. A person meets the training and education, practicum and experience requirements to be a certified behavioral health practitioner upon successful completion of the requirements set forth in subsection (a) [prerequisites], and subsections (b)
28 29 30 31 32 33	Sec. 2.40.400. Behavioral Health Practitioner Training, Practicum, and Experience Requirements. A person meets the training and education, practicum and experience requirements to be a certified behavioral health practitioner upon successful completion of the requirements set forth in subsection (a) [prerequisites], and subsections (b) [BHP specialized training program] or (c) [BHP alternative training], and subsections (d)
28 29 30 31 32 33 34	Sec. 2.40.400. Behavioral Health Practitioner Training, Practicum, and Experience Requirements. A person meets the training and education, practicum and experience requirements to be a certified behavioral health practitioner upon successful completion of the requirements set forth in subsection (a) [prerequisites], and subsections (b)
28 29 30 31 32 33 34 35	Sec. 2.40.400. Behavioral Health Practitioner Training, Practicum, and Experience Requirements. A person meets the training and education, practicum and experience requirements to be a certified behavioral health practitioner upon successful completion of the requirements set forth in subsection (a) [prerequisites], and subsections (b) [BHP specialized training program] or (c) [BHP alternative training], and subsections (d) [BHP practicum] and (e) [BHP work experience] of this section.
28 29 30 31 32 33 34	Sec. 2.40.400. Behavioral Health Practitioner Training, Practicum, and Experience Requirements. A person meets the training and education, practicum and experience requirements to be a certified behavioral health practitioner upon successful completion of the requirements set forth in subsection (a) [prerequisites], and subsections (b) [BHP specialized training program] or (c) [BHP alternative training], and subsections (d) [BHP practicum] and (e) [BHP work experience] of this section.
28 29 30 31 32 33 34 35 36	<ul> <li>Sec. 2.40.400. Behavioral Health Practitioner Training, Practicum, and Experience Requirements. A person meets the training and education, practicum and experience requirements to be a certified behavioral health practitioner upon successful completion of the requirements set forth in subsection (a) [prerequisites], and subsections (b) [BHP specialized training program] or (c) [BHP alternative training], and subsections (d) [BHP practicum] and (e) [BHP work experience] of this section.</li> <li>(a) Prerequisites. A behavioral health practitioner must satisfy all requirements</li> </ul>
28 29 30 31 32 33 34 35 36 37	<ul> <li>Sec. 2.40.400. Behavioral Health Practitioner Training, Practicum, and Experience Requirements. A person meets the training and education, practicum and experience requirements to be a certified behavioral health practitioner upon successful completion of the requirements set forth in subsection (a) [prerequisites], and subsections (b) [BHP specialized training program] or (c) [BHP alternative training], and subsections (d) [BHP practicum] and (e) [BHP work experience] of this section.</li> <li>(a) Prerequisites. A behavioral health practitioner must satisfy all requirements applicable to a behavioral health aide I, II and III under sections 2.40.100 [BHA I training,</li> </ul>
28 29 30 31 32 33 34 35 36 37 38	<ul> <li>Sec. 2.40.400. Behavioral Health Practitioner Training, Practicum, and Experience Requirements. A person meets the training and education, practicum and experience requirements to be a certified behavioral health practitioner upon successful completion of the requirements set forth in subsection (a) [prerequisites], and subsections (b) [BHP specialized training program] or (c) [BHP alternative training], and subsections (d) [BHP practicum] and (e) [BHP work experience] of this section.</li> <li>(a) Prerequisites. A behavioral health practitioner must satisfy all requirements applicable to a behavioral health aide I, II and III under sections 2.40.100 [BHA I training, practicum, and experience requirements], 2.40.200 [BHA II training, practicum, and experience</li> </ul>
28 29 30 31 32 33 34 35 36 37 38 39	<ul> <li>Sec. 2.40.400. Behavioral Health Practitioner Training, Practicum, and Experience Requirements. A person meets the training and education, practicum and experience requirements to be a certified behavioral health practitioner upon successful completion of the requirements set forth in subsection (a) [prerequisites], and subsections (b) [BHP specialized training program] or (c) [BHP alternative training], and subsections (d) [BHP practicum] and (e) [BHP work experience] of this section.</li> <li>(a) Prerequisites. A behavioral health practitioner must satisfy all requirements applicable to a behavioral health aide I, II and III under sections 2.40.100 [BHA I training, practicum, and experience requirements], 2.40.200 [BHA II training, practicum, and experience requirements], 2.40.300 [BHA III training, practicum, &amp; experience requirements] and 2.40.500</li> </ul>
28 29 30 31 32 33 34 35 36 37 38	<ul> <li>Sec. 2.40.400. Behavioral Health Practitioner Training, Practicum, and Experience Requirements. A person meets the training and education, practicum and experience requirements to be a certified behavioral health practitioner upon successful completion of the requirements set forth in subsection (a) [prerequisites], and subsections (b) [BHP specialized training program] or (c) [BHP alternative training], and subsections (d) [BHP practicum] and (e) [BHP work experience] of this section.</li> <li>(a) Prerequisites. A behavioral health practitioner must satisfy all requirements applicable to a behavioral health aide I, II and III under sections 2.40.100 [BHA I training, practicum, and experience requirements], 2.40.200 [BHA II training, practicum, and experience</li> </ul>
28 29 30 31 32 33 34 35 36 37 38 39	<ul> <li>Sec. 2.40.400. Behavioral Health Practitioner Training, Practicum, and Experience Requirements. A person meets the training and education, practicum and experience requirements to be a certified behavioral health practitioner upon successful completion of the requirements set forth in subsection (a) [prerequisites], and subsections (b) [BHP specialized training program] or (c) [BHP alternative training], and subsections (d) [BHP practicum] and (e) [BHP work experience] of this section.</li> <li>(a) Prerequisites. A behavioral health practitioner must satisfy all requirements applicable to a behavioral health aide I, II and III under sections 2.40.100 [BHA I training, practicum, and experience requirements], 2.40.200 [BHA II training, practicum, and experience requirements], 2.40.300 [BHA III training, practicum, &amp; experience requirements] and 2.40.500</li> </ul>
28 29 30 31 32 33 34 35 36 37 38 39 40 41	<ul> <li>Sec. 2.40.400. Behavioral Health Practitioner Training, Practicum, and Experience Requirements. A person meets the training and education, practicum and experience requirements to be a certified behavioral health practitioner upon successful completion of the requirements set forth in subsection (a) [prerequisites], and subsections (b) [BHP specialized training program] or (c) [BHP alternative training], and subsections (d) [BHP practicum] and (e) [BHP work experience] of this section.</li> <li>(a) Prerequisites. A behavioral health practitioner must satisfy all requirements applicable to a behavioral health aide I, II and III under sections 2.40.100 [BHA I training, practicum, and experience requirements], 2.40.300 [BHA III training, practicum, &amp; experience requirements] and 2.40.500 [BHA/P knowledge, skills, and scope of practice].</li> </ul>
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42	<ul> <li>Sec. 2.40.400. Behavioral Health Practitioner Training, Practicum, and Experience Requirements. A person meets the training and education, practicum and experience requirements to be a certified behavioral health practitioner upon successful completion of the requirements set forth in subsection (a) [prerequisites], and subsections (b) [BHP specialized training program] or (c) [BHP alternative training], and subsections (d) [BHP practicum] and (e) [BHP work experience] of this section.</li> <li>(a) Prerequisites. A behavioral health practitioner must satisfy all requirements applicable to a behavioral health aide I, II and III under sections 2.40.100 [BHA I training, practicum, and experience requirements], 2.40.200 [BHA II training, practicum, and experience requirements], 2.40.300 [BHA III training, practicum, &amp; experience requirements] and 2.40.500 [BHA/P knowledge, skills, and scope of practice].</li> <li>(b) Behavioral Health Practitioner Specialized Training Program. The behavioral</li> </ul>
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	<ul> <li>Sec. 2.40.400. Behavioral Health Practitioner Training, Practicum, and Experience Requirements. A person meets the training and education, practicum and experience requirements to be a certified behavioral health practitioner upon successful completion of the requirements set forth in subsection (a) [prerequisites], and subsections (b) [BHP specialized training program] or (c) [BHP alternative training], and subsections (d) [BHP practicum] and (e) [BHP work experience] of this section.</li> <li>(a) Prerequisites. A behavioral health practitioner must satisfy all requirements applicable to a behavioral health aide I, II and III under sections 2.40.100 [BHA I training, practicum, and experience requirements], 2.40.300 [BHA III training, practicum, &amp; experience requirements] and 2.40.500 [BHA/P knowledge, skills, and scope of practice].</li> <li>(b) Behavioral Health Practitioner Specialized Training Program. The behavioral health practitioner specialized training program is comprised of Board approved courses, or their</li> </ul>
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44	<ul> <li>Sec. 2.40.400. Behavioral Health Practitioner Training, Practicum, and Experience Requirements. A person meets the training and education, practicum and experience requirements to be a certified behavioral health practitioner upon successful completion of the requirements set forth in subsection (a) [prerequisites], and subsections (b) [BHP specialized training program] or (c) [BHP alternative training], and subsections (d) [BHP practicum] and (e) [BHP work experience] of this section.</li> <li>(a) Prerequisites. A behavioral health practitioner must satisfy all requirements applicable to a behavioral health aide I, II and III under sections 2.40.100 [BHA I training, practicum, and experience requirements], 2.40.200 [BHA II training, practicum, and experience requirements], 2.40.300 [BHA III training, practicum, &amp; experience requirements] and 2.40.500 [BHA/P knowledge, skills, and scope of practice].</li> <li>(b) Behavioral Health Practitioner Specialized Training Program. The behavioral health practitioner specialized training program is comprised of Board approved courses, or their equivalent, that satisfy the requirements of sections:</li> </ul>
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45	<ul> <li>Sec. 2.40.400. Behavioral Health Practitioner Training, Practicum, and Experience Requirements. A person meets the training and education, practicum and experience requirements to be a certified behavioral health practitioner upon successful completion of the requirements set forth in subsection (a) [prerequisites], and subsections (b) [BHP specialized training program] or (c) [BHP alternative training], and subsections (d) [BHP practicum] and (e) [BHP work experience] of this section.</li> <li>(a) Prerequisites. A behavioral health practitioner must satisfy all requirements applicable to a behavioral health aide I, II and III under sections 2.40.100 [BHA I training, practicum, and experience requirements], 2.40.200 [BHA II training, practicum, and experience requirements], 2.40.200 [BHA II training, practicum, and experience requirements], 2.40.300 [BHA III training, practicum, &amp; experience requirements] and 2.40.500 [BHA/P knowledge, skills, and scope of practice].</li> <li>(b) Behavioral Health Practitioner Specialized Training Program. The behavioral health practitioner specialized training program is comprised of Board approved courses, or their equivalent, that satisfy the requirements of sections:     <ul> <li>(1) 8.20.400 [issues in village-based behavioral health services];</li> </ul> </li> </ul>
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44	<ul> <li>Sec. 2.40.400. Behavioral Health Practitioner Training, Practicum, and Experience Requirements. A person meets the training and education, practicum and experience requirements to be a certified behavioral health practitioner upon successful completion of the requirements set forth in subsection (a) [prerequisites], and subsections (b) [BHP specialized training program] or (c) [BHP alternative training], and subsections (d) [BHP practicum] and (e) [BHP work experience] of this section.</li> <li>(a) Prerequisites. A behavioral health practitioner must satisfy all requirements applicable to a behavioral health aide I, II and III under sections 2.40.100 [BHA I training, practicum, and experience requirements], 2.40.200 [BHA II training, practicum, and experience requirements], 2.40.300 [BHA III training, practicum, &amp; experience requirements] and 2.40.500 [BHA/P knowledge, skills, and scope of practice].</li> <li>(b) Behavioral Health Practitioner Specialized Training Program. The behavioral health practitioner specialized training program is comprised of Board approved courses, or their equivalent, that satisfy the requirements of sections:</li> </ul>
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45	<ul> <li>Sec. 2.40.400. Behavioral Health Practitioner Training, Practicum, and Experience Requirements. A person meets the training and education, practicum and experience requirements to be a certified behavioral health practitioner upon successful completion of the requirements set forth in subsection (a) [prerequisites], and subsections (b) [BHP specialized training program] or (c) [BHP alternative training], and subsections (d) [BHP practicum] and (e) [BHP work experience] of this section.</li> <li>(a) Prerequisites. A behavioral health practitioner must satisfy all requirements applicable to a behavioral health aide I, II and III under sections 2.40.100 [BHA I training, practicum, and experience requirements], 2.40.200 [BHA II training, practicum, and experience requirements], 2.40.200 [BHA II training, practicum, and experience requirements], 2.40.300 [BHA III training, practicum, &amp; experience requirements] and 2.40.500 [BHA/P knowledge, skills, and scope of practice].</li> <li>(b) Behavioral Health Practitioner Specialized Training Program. The behavioral health practitioner specialized training program is comprised of Board approved courses, or their equivalent, that satisfy the requirements of sections:     <ul> <li>(1) 8.20.400 [issues in village-based behavioral health services];</li> </ul> </li> </ul>

1	(4) 8.20.490 [principles and practice of clinical supervision]; and
2	<ul><li>(1) 0.20.170 [principles and practice of enhanced supervision], and</li><li>(5) 8.20.495 [child-centered interventions].</li></ul>
3	(c) 0.2013 c [chine control mort chinema].
4	(c) Behavioral Health Practitioner Alternative Training.
5	(1) <b>Required Content.</b> In lieu of completing one or more of the specialized training
6	courses described in subsection (b) [BHP specialized training program], a person may satisfy the
7	course requirements for certification as a behavioral health practitioner by successfully
8	completing courses of study determined by the Board under Sec. 8.20.010 [equivalent courses] to
9	be equivalent to those required under subsection (b) [BHP specialized training].
10	(A) Such course of study must have included the content equivalent to that
11	described in subsection (b) [BHP specialized training program]; or
12	(B) to the extent it did not, the person successfully completed the courses
13	listed in subsection (b) as necessary to fill any gaps.
14	(d) Debenden 1 Harlet Der etterner Der etterner Afterner tim tim etterner in
15 16	(d) Behavioral Health Practitioner Practicum. After meeting the requirements of subsection (a) Interreputation of the training listed in subsection (b) IPHP
10	subsection (a) [prerequisites] and completion of the training listed in subsection (b) [BHP specialized training] or (c) [BHP alternative training] of this section, the applicant must
18	additionally complete a 100 hour clinical practicum under the direct supervision of a licensed
19	behavioral health clinician or behavioral health professional. The individual must satisfactorily
20	perform each of the following:
21	(1) no fewer than 20 hours engaging, mentoring, and supporting, as well as
22	participating in supervision and evaluation of a behavioral health aide I, II, or III based on the
23	understanding of the supervisee's level of knowledge and skills, professional goals, and
24	behavior;
25	(2) no fewer than 25 hours of providing clinical team leadership by leading clinical
26	team case reviews;'
27	(3) no fewer than 30 hours building cultural competence by learning about the
28	Alaska Native cultural context and developing a wellness framework for this cultural context
29	within which positive therapeutic relationships can be developed; and
30	(4) the balance of the hours may be related to practicum components listed in subsections $(d)(1)$ , $(d)(2)$ , and $(d)(2)$ of the section on previous of integrated clinical services on
31 32	subsections $(d)(1)$ , $(d)(2)$ , and $(d)(3)$ of the section or provision of integrated clinical services or child/adolescent services.
32 33	child/addrescent services.
33 34	(e) Behavioral Health Practitioner Work Experience.
35	(1) Minimum Experience. Except as provided in paragraph (2) [exceptions and
36	substitutions] of this subsection, prior to being certified as a behavioral health aide practitioner, a
37	person, who seeks certification based on training or education described in subsections (b) [BHP
38	specialized training] or (c) [BHP alternative training], must have provided village-based
39	behavioral health services for no fewer than 6,000 hours under the direct or indirect (as
40	applicable) supervision of a licensed behavioral health clinician or behavioral health
41	professional.
42	
43	(2) Exceptions and Substitutions. An applicant who demonstrates that he or she
44	satisfies the applicable requirements of section 2.40.500 [BHA/P knowledge, skills, and scope of
45	practice] and has the capacity to provide culturally appropriate services in a village setting may

1	substitute experience, or be exempted from the experience requirement, as provided in
2	subparagraphs (A) and (B) of this paragraph. (A) An applicant with experience may iding behavioral health convices other
3 4	(A) An applicant with experience providing behavioral health services other than that described in subsection (e)(1) [minimum experience] or who has education and training
5	beyond that required for this level of certification may substitute such training and education.
6	(B) Relevant practice experience acquired while obtaining the education or
7	training required under subsection (b) [BHP specialized training] or (c) [BHP alternative
8	training] and in meeting the experience requirements for certification as a behavioral health aide
9	I, II and III may be relied upon to satisfy the experience requirement under subsection (e)(1)
10	[minimum experience] on an hour for hour basis.
11	
12 13	<b>History:</b> October 13, 2022, Section 2.40.400(b) was amended. January 13, 2021, Section 2.40.400(c) was amended. June 12, 2014. Section 2.40.400(c), (d) and (e) was amended.
13 14	2.40.400(d) was amended. June 12, 2014, Section 2.40.400(b), (c), (d) and (e) were amended. June 18, 2008, Section 2.40.400 was added.
15	
16	Sec. 2.40.410. Clinical Supervision Requirement for Behavioral Health Practitioner.
17	Except as provided in section 2.40.010(b) [supervision of BHA/Ps; levels of supervision], a
18	certified behavioral health practitioner requires supervision by a licensed behavioral health
19	clinician or a behavioral health professional, as provided below:
20	(a) direct supervision when carrying out any of the activities referred to in subsection
21	(b) [knowledge and skills] of section 2.40.560 [crisis management];
22	(b) indirect supervision when carrying out any of the activities referred to in subsection
23 24	<ul> <li>(b) [knowledge and skills] of sections:</li> <li>(1) 2.40.550 [medication management]; and</li> </ul>
24 25	(1) $2.40.555$ [medication management], and (2) $2.40.555$ [counseling]; and
25 26	<ul><li>(c) general supervision when carrying out any of the activities referred to in subsection</li></ul>
27	(b) [knowledge and skills] of sections:
28	(1) 2.40.510 [foundational skills in client and community engagement];
29	(2) 2.40.515 [foundational knowledge to be applied in all activities];
30	(3) 2.40.520 [foundational professional readiness];
31	(4) 2.40.525 [prevention, community education, and community organizing];
32	(5) 2.40.530 [routine contact, screening, assessment, and evaluation];
33	(6) 2.40.535 [treatment planning];
34	(7) 2.40.540 [community resources and referral];
35	(8) 2.40.545 [case management, coordination, and monitoring treatment plans]; and
36	(9) 2.40.565 [supervision, training, and professional development].
37 38	History: June 18, 2008, Section 2.40.410 was added.
39	
40	Sec. 2.40.500. Behavioral Health Aide and Practitioner Knowledge, Skills, and
41	Scope of Practice.
42	
43	(a) Minimum Knowledge and Skills. In addition to meeting all other requirements of
44	sections 2.40.100 [BHA I training, practicum, and experience requirements], 2.40.200 [BHA II
45	training, practicum, and work experience], 2.40.300 [BHA III training, practicum, and work
46	experience], and 2.40.400 [BHP training, practicum, and work experience], as applicable to the
47	level of certification for which the individual is applying, the behavioral health aide or

practitioner must understand and successfully demonstrate and maintain the knowledge and 1 2 skills listed in subsection (b) [knowledge and skills] of sections 2.40.510 [foundational skills in 3 client and community engagement], through 2.40.565 [supervision, training, and professional 4 development] at the applicable level of performance described in subsection (a) [level of performance] of each of these sections. 5 6 7 (b) Scope of Practice. Except as provided in section 2.40.010(b)(4) [supervision of 8 BHA/Ps; levels of supervision; (individualized protocols)], a certified behavioral health aide or 9 practitioner must limit their scope of practice to performing only those activities described in 10 subsection (b) [knowledge and skills] of the sections listed in subsection (a) [minimum knowledge and skills] of this section at the applicable level of performance described in 11 12 subsection (a) level of performance] of each of these sections. 13 14 History: June 18, 2008, Section 2.40.500 was added. 15 Sec. 2.40.510. Foundational Skills in Client and Community Engagement. 16 17 18 (a) Level of Performance. A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) [knowledge 19 20 & skills] as provided in paragraphs (1) through (4) of this subsection, as applicable: (1) a behavioral health aide I demonstrates the skill, applies it as directed, and 21 22 routinely seeks assistance; 23 (2) a behavioral health aide II utilizes the knowledge or skill consistently and 24 recognizes when to seek assistance; (3) a behavioral health aide III utilizes the knowledge or skills consistently as a 25 means toward meeting treatment goals; and 26 27 (4) a behavioral health practitioner applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, 28 29 II and III. 30 31 (b) Knowledge and Skills. Client and community engagement require a behavioral 32 health aide or practitioner to 33 (1) demonstrate client centered communication that focuses on the concerns and decisions of the client by 34 35 demonstrating active, reflective listening and communication skills; (A) demonstrating capacities of warmth (acceptance, respect, commitment 36 (B) and unconditional regard), empathy (ability to perceive and communicate, accurately and with 37 sensitivity, the feelings of an individual and the meaning of those feelings) and genuineness 38 (openness, spontaneity, and congruence) in communication; 39 40 (2) demonstrate cultural competence by valuing diversity; 41 (A) 42 (B) conducting self-assessment; managing the dynamics of difference (e.g. engaging in activities that help 43 (C) reduce any negative impacts of cultural differences): 44 acquiring and incorporating cultural knowledge in practice; and 45 (D) 46 (E) adapting to diversity and the cultural contexts of the villages; (3) promote mutual respect by being 47

## 1 (A) knowledgeable about cultural differences and their impact on attitudes 2 and behaviors; 3 sensitive, understanding, and non-judgmental in dealings with others; and **(B)** 4 (C) flexible in responding and adapting to different cultural contexts and circumstances, including recognizing that acculturation occurs differently and at different rates 5 even within the same family; 6 7 (4) demonstrate ability to apply critical judgment in interactions in evaluating 8 information from the client and assessing the need to follow-up; 9 (5) demonstrate ability to communicate appropriately with client's significant others 10 and family; and (6) act professionally in client interactions and in the community. 11 12 13 History: June 18, 2008, Section 2.40.510 was added. 14 15 Sec. 2.40.515. Foundational Knowledge to Be Applied in All Activities. 16 17 (a) Level of Performance. A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) as provided 18 in paragraphs (1) through (4) of this subsection, as applicable: 19 (1) a behavioral health aide I recognizes issues and provides general information to 20 clients and the community that incorporates that recognition; 21 (2) a behavioral health aide II recognizes symptoms, condition, or characteristics 22 23 and responds therapeutically with support from the supervisor; 24 (3) a behavioral health aide III applies knowledge in interaction with a client in the 25 assessment and treatment of that client; and (4) a behavioral health practitioner applies knowledge to mentor and support others 26 in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, 27 II and III. 28 29 30 (b) Knowledge and Skills. A behavioral health aide and practitioner must apply in all activities the fundamental knowledge and skills described below: 31 (1) community culture, language, history, and demographics and stages of 32 33 acculturation; 34 (2) inter-generational losses and trauma (e.g. flu epidemic, boarding schools, suicide), with emphasis on experience in Alaska, and their application to individuals and 35 communities and risk and experience of substance use and mental health disorders and other 36 disruptive or traumatic experiences (e.g. child abuse, domestic violence); 37 (3) role of gender, including its role in the culture being served; 38 39 (4) life span development (e.g. developmental milestones and expectations at various stages) with emphasis on differences that may occur among cultures; 40 (5) general characteristics and dynamics of families and significant others, 41 42 including 43 (A) familiarity with role of extended family and kinship within the culture 44 (e.g. cultural placement and adoption, clan systems); ability to develop with client genograms and sociograms (including multi-45 **(B)** 46 generational biological and formal and informal familial relationships and other significant relationships); 47

1	(C) effect of family disruption due to illness, separation and divorce, death,
2	abuse, legal interventions and other causes;
3	(6) strategies for improving health (e.g. how increased physical activity can reduce
4	symptoms of depression); (7) substance use and mental health disorders, as accuming disorders and other
5 6	(7) substance use and mental health disorders, co-occurring disorders and other behavioral issues, including characteristics of addictive behavior, addiction, abuse and violence,
0 7	and separation and loss;
8	(8) interaction between substance use disorders and mental health disorders;
9	<ul><li>(9) how to screen for medical and substance use and mental health disorders and</li></ul>
10	their symptoms;
11	(10) risk factors for substance use and mental health disorders, including impact of
12	risk behaviors (e.g. infectious diseases);
13	(11) behavioral, psychological, physical health and social effects, including
14	symptoms associated with use, of most prevalent psychoactive substances (licit and illicit),
15	provided;
16	(12) effects of substance use and mental health disorders on physical health (egs.
17	diabetes, cardiac disease, cancer, etc.);
18	(13) effects of substance use and mental health disorder on families and significant
19	others;
20	(14) Alaska Native traditional communication and support and their role in
21	prevention and treatment (e.g. storytelling, deferring to elders, talking circles); and
22	(15) the role of research and reported experience in developing best practices.
23	
24	History: June 18, 2008, Section 2.40.515 was added.
24 25	
24 25 26	History: June 18, 2008, Section 2.40.515 was added. Sec. 2.40.520. Foundational Professional Readiness.
24 25 26 27	Sec. 2.40.520. Foundational Professional Readiness.
24 25 26 27 28	<ul><li>Sec. 2.40.520. Foundational Professional Readiness.</li><li>(a) Level of Performance. A behavioral health aide or practitioner must demonstrate</li></ul>
24 25 26 27	<ul> <li>Sec. 2.40.520. Foundational Professional Readiness.</li> <li>(a) Level of Performance. A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in</li> </ul>
24 25 26 27 28 29	<ul><li>Sec. 2.40.520. Foundational Professional Readiness.</li><li>(a) Level of Performance. A behavioral health aide or practitioner must demonstrate</li></ul>
24 25 26 27 28 29 30	<ul> <li>Sec. 2.40.520. Foundational Professional Readiness.</li> <li>(a) Level of Performance. A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in <ul> <li>(1) subsections (b)(1) [Ethics], (b)(2) [Consent], and (b)(3) [Confidentiality and</li> </ul> </li> </ul>
24 25 26 27 28 29 30 31	<ul> <li>Sec. 2.40.520. Foundational Professional Readiness.</li> <li>(a) Level of Performance. A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in <ul> <li>(1) subsections (b)(1) [Ethics], (b)(2) [Consent], and (b)(3) [Confidentiality and Privacy] as provided in paragraphs (A) through (D) of this paragraph, as applicable:</li> </ul> </li> </ul>
24 25 26 27 28 29 30 31 32	<ul> <li>Sec. 2.40.520. Foundational Professional Readiness.</li> <li>(a) Level of Performance. A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in <ul> <li>(1) subsections (b)(1) [Ethics], (b)(2) [Consent], and (b)(3) [Confidentiality and Privacy] as provided in paragraphs (A) through (D) of this paragraph, as applicable: <ul> <li>(A) a behavioral health aide I demonstrates the skill, applies it as directed,</li> </ul> </li> </ul></li></ul>
24 25 26 27 28 29 30 31 32 33	<ul> <li>Sec. 2.40.520. Foundational Professional Readiness.</li> <li>(a) Level of Performance. A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in <ul> <li>(1) subsections (b)(1) [Ethics], (b)(2) [Consent], and (b)(3) [Confidentiality and Privacy] as provided in paragraphs (A) through (D) of this paragraph, as applicable: <ul> <li>(A) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;</li> <li>(B) a behavioral health aide II utilizes the skill consistently and recognizes when to seek assistance;</li> </ul> </li> </ul></li></ul>
24 25 26 27 28 29 30 31 32 33 34 35 36	<ul> <li>Sec. 2.40.520. Foundational Professional Readiness.</li> <li>(a) Level of Performance. A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in <ul> <li>(1) subsections (b)(1) [Ethics], (b)(2) [Consent], and (b)(3) [Confidentiality and Privacy] as provided in paragraphs (A) through (D) of this paragraph, as applicable: <ul> <li>(A) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;</li> <li>(B) a behavioral health aide II utilizes the skill consistently and recognizes when to seek assistance;</li> <li>(C) a behavioral health aide III consistently applies the principles to specific</li> </ul> </li> </ul></li></ul>
24 25 26 27 28 29 30 31 32 33 34 35 36 37	<ul> <li>Sec. 2.40.520. Foundational Professional Readiness.</li> <li>(a) Level of Performance. A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in <ul> <li>(1) subsections (b)(1) [Ethics], (b)(2) [Consent], and (b)(3) [Confidentiality and Privacy] as provided in paragraphs (A) through (D) of this paragraph, as applicable: <ul> <li>(A) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;</li> <li>(B) a behavioral health aide II utilizes the skill consistently and recognizes when to seek assistance;</li> <li>(C) a behavioral health aide III consistently applies the principles to specific client and community situations; and</li> </ul> </li> </ul></li></ul>
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38	<ul> <li>Sec. 2.40.520. Foundational Professional Readiness.</li> <li>(a) Level of Performance. A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in <ul> <li>(1) subsections (b)(1) [Ethics], (b)(2) [Consent], and (b)(3) [Confidentiality and</li> <li>Privacy] as provided in paragraphs (A) through (D) of this paragraph, as applicable: <ul> <li>(A) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;</li> <li>(B) a behavioral health aide II utilizes the skill consistently and recognizes when to seek assistance;</li> <li>(C) a behavioral health aide III consistently applies the principles to specific client and community situations; and</li> <li>(D) a behavioral health practitioner applies knowledge to mentor and support</li> </ul> </li> </ul></li></ul>
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39	<ul> <li>Sec. 2.40.520. Foundational Professional Readiness.</li> <li>(a) Level of Performance. A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in <ul> <li>(1) subsections (b)(1) [Ethics], (b)(2) [Consent], and (b)(3) [Confidentiality and Privacy] as provided in paragraphs (A) through (D) of this paragraph, as applicable: <ul> <li>(A) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;</li> <li>(B) a behavioral health aide II utilizes the skill consistently and recognizes when to seek assistance;</li> <li>(C) a behavioral health aide III consistently applies the principles to specific client and community situations; and</li> <li>(D) a behavioral health practitioner applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health</li> </ul> </li> </ul></li></ul>
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40	<ul> <li>Sec. 2.40.520. Foundational Professional Readiness.</li> <li>(a) Level of Performance. A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in <ul> <li>(1) subsections (b)(1) [Ethics], (b)(2) [Consent], and (b)(3) [Confidentiality and Privacy] as provided in paragraphs (A) through (D) of this paragraph, as applicable: <ul> <li>(A) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;</li> <li>(B) a behavioral health aide II utilizes the skill consistently and recognizes when to seek assistance;</li> <li>(C) a behavioral health aide III consistently applies the principles to specific client and community situations; and</li> <li>(D) a behavioral health practitioner applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II and III; and</li> </ul> </li> </ul></li></ul>
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41	<ul> <li>Sec. 2.40.520. Foundational Professional Readiness.</li> <li>(a) Level of Performance. A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in <ul> <li>(1) subsections (b)(1) [Ethics], (b)(2) [Consent], and (b)(3) [Confidentiality and Privacy] as provided in paragraphs (A) through (D) of this paragraph, as applicable: <ul> <li>(A) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;</li> <li>(B) a behavioral health aide II utilizes the skill consistently and recognizes when to seek assistance;</li> <li>(C) a behavioral health aide III consistently applies the principles to specific client and community situations; and</li> <li>(D) a behavioral health practitioner applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II and III; and</li> <li>(2) subsection (b)(4) [Documentation] as provided in subparagraphs (A) through</li> </ul> </li> </ul></li></ul>
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42	Sec. 2.40.520. Foundational Professional Readiness. (a) Level of Performance. A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in (1) subsections (b)(1) [Ethics], (b)(2) [Consent], and (b)(3) [Confidentiality and Privacy] as provided in paragraphs (A) through (D) of this paragraph, as applicable: (A) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance; (B) a behavioral health aide II utilizes the skill consistently and recognizes when to seek assistance; (C) a behavioral health aide III consistently applies the principles to specific client and community situations; and (D) a behavioral health practitioner applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II and III; and (2) subsection (b)(4) [Documentation] as provided in subparagraphs (A) through (D) of this paragraph, as applicable:
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	Sec. 2.40.520. Foundational Professional Readiness. <ul> <li>(a) Level of Performance. A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in <ul> <li>(1) subsections (b)(1) [Ethics], (b)(2) [Consent], and (b)(3) [Confidentiality and Privacy] as provided in paragraphs (A) through (D) of this paragraph, as applicable: <ul> <li>(A) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;</li> <li>(B) a behavioral health aide II utilizes the skill consistently and recognizes when to seek assistance;</li> <li>(C) a behavioral health aide III consistently applies the principles to specific client and community situations; and</li> <li>(D) a behavioral health practitioner applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II and III; and</li> <li>(2) subsection (b)(4) [Documentation] as provided in subparagraphs (A) through (D) of this paragraph, as applicable: <ul> <li>(A) a behavioral health aide I demonstrates the skill, applies it as directed,</li> </ul> </li> </ul></li></ul></li></ul>
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44	Sec. 2.40.520. Foundational Professional Readiness. <ul> <li>(a) Level of Performance. A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in <ul> <li>(1) subsections (b)(1) [Ethics], (b)(2) [Consent], and (b)(3) [Confidentiality and Privacy] as provided in paragraphs (A) through (D) of this paragraph, as applicable: <ul> <li>(A) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;</li> <li>(B) a behavioral health aide II utilizes the skill consistently and recognizes when to seek assistance;</li> <li>(C) a behavioral health aide III consistently applies the principles to specific client and community situations; and</li> <li>(D) a behavioral health practitioner applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II and III; and</li> <li>(2) subsection (b)(4) [Documentation] as provided in subparagraphs (A) through (D) of this paragraph, as applicable: <ul> <li>(A) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;</li> </ul> </li> </ul></li></ul></li></ul>
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	Sec. 2.40.520. Foundational Professional Readiness. <ul> <li>(a) Level of Performance. A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in <ul> <li>(1) subsections (b)(1) [Ethics], (b)(2) [Consent], and (b)(3) [Confidentiality and Privacy] as provided in paragraphs (A) through (D) of this paragraph, as applicable: <ul> <li>(A) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;</li> <li>(B) a behavioral health aide II utilizes the skill consistently and recognizes when to seek assistance;</li> <li>(C) a behavioral health aide III consistently applies the principles to specific client and community situations; and</li> <li>(D) a behavioral health practitioner applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II and III; and</li> <li>(2) subsection (b)(4) [Documentation] as provided in subparagraphs (A) through (D) of this paragraph, as applicable: <ul> <li>(A) a behavioral health aide I demonstrates the skill, applies it as directed,</li> </ul> </li> </ul></li></ul></li></ul>

1	(C) a behavioral health aide III consistently applies the principles to specific
2	client and community work; and
3	(D) a behavioral health practitioner applies knowledge to mentor and support
4	others in the use of the skill and to participate in supervision and evaluation of behavioral health
5	aides I, II and III.
6	
7	(b) Knowledge and Skills. Professional readiness requires a behavioral health aide or
8	practitioner to:
9	(1) Ethics.
10	(A) Demonstrate understanding of Behavioral Health Aide Code of Ethics
11	and ethical considerations of helping professions;
12	(B) demonstrate understanding of professional standards from the perspective
13	of laws to agency policies;
14	(C) demonstrate understanding of personal and professional boundaries and
15	application of them appropriately in a village setting, including identification of personal
16	relationships and potential conflicts that may make certain client interactions inappropriate;
17	(D) demonstrate understanding of and communicate with the client about the
18	client's rights and responsibilities;
19	(E) protect and advocate client's rights;
20	(F) incorporate advances in clinical practice to improve services and seeks
21	continuing education;
22	(G) seek out and accept supervision, as required or needed; and
23	(H) model appropriate personal and professional behavior within the
24	community;
25	
26	(2) Consent.
27	(A) Demonstrate understanding of client consent;
28	(B) apply special rules that are applicable to
29	(i) minors;
30	(ii) individuals subject to guardianships or other court orders that
31	authorize others to grant consent on their behalf, and
32	(iii) individuals who may have limited capacity to understand and
33	therefore to consent;
34	(C) provide information and obtains appropriate level of consent prior to
35	providing services; and
36	(D) be aware of and respond appropriately in situations in which exceptions
37	to the requirement for consent apply (e.g. involuntary commitments and reporting obligations);
38	
39	(3) Confidentiality and Privacy.
40	(A) Comply with applicable laws requiring confidentiality, including the
41	Health Insurance Portability and Accountability Act ("HIPAA"), Federal Privacy Act (including
42	42 C.F.R. Part 2 regulations applicable to alcohol and substance abuse programs), and laws and
43	regulations that may be applicable based on the way in which service is delivered or the payer for
1.3	the service if even

1	(B) demonstrate understanding of laws and doctrines limiting application of
2	confidentiality laws, including exceptions provided for in confidentiality laws, mandatory
3	reporting laws, and situations in which there is risk of harm to an individual or others;
4	(C) comply with formal requirements that must be satisfied prior to disclosure
5	of otherwise confidential information;
6	(D) accurately inform clients and others about the protections and limits of
7	confidentiality, including those that apply in family and group counseling, when applicable;
8	(E) assist clients to understand options regarding disclosure of information
9	held by the behavioral health aide or practitioner's agency;
10	(F) assist clients to appropriately authorize disclosure of confidential
11	information held by other agencies;
12	(G) obtain appropriate authority for disclosure of otherwise confidential
13	information prior to disclosure, including information obtained from other agencies;
14	(H) protect written and electronic information regarding clients from breaches
15	of confidentiality by maintaining appropriate security, including locking cabinets and using
16	electronic security measures;
17	(I) maintain confidences and privacy of clients and others, even when not
18	required to do so by confidentiality laws or policies;
19	(J) when sharing information does so in a respectful manner;
20	(K) communicate with clients and others in a way most designed to minimize
21	disclosures of confidential information;
22	(L) protect client anonymity in provision of information for statistical
23	reporting and research; and
24	(M) assist in assuring that all individuals with working in or using the offices
25	in which behavioral health services are provided are familiar with and abide by the requirements
26	of this paragraph.
27	
28	(4) Documentation.
29	(A) Demonstrate understanding of professional documentation practices and
30	appropriate use of different documentation formats, including those specific to screening, intake,
31	treatment plans, monitoring treatment (including family and group counseling) and discharge
32	(including dating and signing all documentation);
33	(B) maintain orderly records of all client and client-related contacts;
34	(C) maintain record of non-client related activities;
35	(D) complete documentation on a timely basis;
36	(E) respond appropriately to client requests to review records; and
37	(F) when reviewing records with client, do so with sensitivity and assists
38	client to understand the information.
39	
40	History: June 18, 2008, Section 2.40.520 was added.
41	
42	Sec. 2.40.525. Prevention, Community Education, and Community Organizing.
43	
44	(a) Level of Performance. A behavioral health aide or practitioner must demonstrate
45	the knowledge and perform the skills and competencies described in subsection (b) as provided
46	in paragraphs (1) through (4) of this subsection, as applicable:

1	(1) a behavioral health aide I demonstrates the skill, applies it as directed, and
2	routinely seeks assistance;
3	(2) a behavioral health aide II utilizes the skill consistently and recognizes when to
4	seek assistance;
5	(3) a behavioral health aide III consistently applies the skills to specific client and
6	community situations; and
7 8	(4) a behavioral health practitioner applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I,
8 9	II and III.
10	(b) Knowledge and Skills. Prevention, community education and community
11	organizing require a behavioral health aide or practitioner to:
12	(1) use foundational knowledge to educate clients, other individuals, and the
13	community as part of primary prevention or to fortify treatment strategies;
14	(2) in individual and community settings, de-stigmatize mental health and substance
15	use disorders and seeking help to address these disorders;
16	(3) use community gatherings to encourage support for healthy behaviors and
17	community stability;
18	(4) participate in community-based advocacy and in work-groups that are focused
19	on prevention and early intervention efforts related to behavioral health issues;
20	(5) work with community leadership and elders to develop supports for at-risk
21	individuals and families;
22 23	(6) understand and communicates the difference between prevention and treatment processes;
23 24	(7) recognize and engage with individuals at risk; and
25	(8) assess community readiness for prevention and early intervention activities (e.g.
26	community surveys, work with community leaders and subgroups), provided
27	(A) a behavioral health aide I may administer surveys;
28	(B) a behavioral health aide II contributes to developing survey tools and
29	other readiness assessment strategies;
30	(C) a behavioral health aide III interacts directly with village leaders with
31	regard to development of and carrying out the assessment; and
32	(D) a behavioral health practitioner is able to initiate programs and services in
33	response to community feedback.
34	
35 36	History: June 18, 2008, Section 2.40.525 was added.
37	Sec. 2.40.530. Routine Contact, Screening, Assessment, and Evaluation.
38	See 2. 101000. Routine Contact, Ser coming, Assessment, and Evaluation.
39	(a) Level of Performance. A behavioral health aide or practitioner must demonstrate
40	the knowledge and perform the skills and competencies described in subsection (b) as provided
41	in paragraphs (1) through (4) of this subsection, as applicable:
42	(1) a behavioral health aide I demonstrates the skill, applies it as directed, and
43	routinely seeks assistance;
44	(2) a behavioral health aide II utilizes the skill consistently and seeks additional
45	intervention or assistance as needed to achieve the purpose of the interaction; and
46	(3) a behavioral health aide III engages the client more effectively based on a
47	understanding of the client's information or behavior; and

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1 2	(4) a behavioral health practitioner performs the skill independently, subject to applicable restrictions, and applies knowledge to mentor and support others in the use of the skill
3	and to participate in supervision and evaluation of the skill in behavioral health aides I, II and III.
4	
5	(b) Knowledge and Skills. Routine contact, screening, assessment, and evaluation
6	require a behavioral health aide or practitioner, in non-emergency situations, to
7	(1) gather basic demographic information;
8	<ul><li>(1) gamer basic demographic information,</li><li>(2) demonstrate sensitivity to the client's personal level of assimilation or</li></ul>
9	acculturation;
10	(3) assess client's literacy in English (oral and written), as is relevant to the client's
11	situation or treatment, and arranges for appropriate assistance and/or services;
12	(4) assess the extent to which there are language barriers and arrange for
12	appropriate assistance and services;
13	(5) assist clients to complete appropriate screening tools intended to initially
15	identify substance use disorders, mental health conditions, or other behavioral health issues;
16	(6) score the screening tool;
17	<ul><li>(7) identify additional evaluation that may be needed;</li></ul>
18	(8) gather additional bio-psycho-social information through a standardized
19	interview process, including medical history;
20	(9) identify immediate risk of harming self or others and intervenes;
21	(10) evaluate information obtained during intake, including likelihood or presence of
22	co-occurring conditions, and determines whether additional evaluation is necessary;
23	(11) communicate with client regarding need for referral for additional evaluation;
24	(12) organize referral material, including written materials when required;
25	(13) communicate directly with the person or agency to whom the client is being
26	referred for additional evaluation;
27	(14) complete, when appropriate, American Society of Addiction Medicine
28	("ASAM") alcohol and drug screening criteria used for treatment planning and "best fit" of level
29	of rehabilitative care; and
30	(15) evaluate substance use and mental health conditions using criteria contained
31	within the current Diagnostic and Statistical Manual.
32	
33	History: June 18, 2008, Section 2.40.530 was added.
34	
35	Sec. 2.40.535. Treatment Planning.
36	
37	(a) Level of Performance. A behavioral health aide or practitioner must demonstrate
38	the knowledge and perform the skills and competencies described in subsection (b) as provided
39	in paragraphs (1) through (4) of this subsection, as applicable:
40	(1) a behavioral health aide I demonstrates the skill, applies it as directed, and
41	routinely seeks assistance;
42	(2) a behavioral health aide II utilizes the skill consistently and identifies when
43	additional intervention or assistance may be needed to achieve the purpose of the interaction; and
44	(3) a behavioral health aide III engages the client more effectively based on a
45	understanding of the client's information or behavior; and

1	(4) a behavioral health practitioner performs the skill independently, subject to
2	applicable restrictions, and applies knowledge to mentor and support others in the use of the skill
3	and to participate in supervision and evaluation of behavioral health aides I, II and III.
4	
5	(b) Knowledge and Skills. Treatment planning, which is to be carried out with the
6	active participation of the client to the maximum extent possible, requires the behavioral health
7	aide or practitioner to
8	(1) (A) be aware of a variety of treatment interventions and modalities;
9	(B) evaluate their appropriateness based on experience and research; and
10	(C) select those most appropriate to meet the client's needs;
11	<ul> <li>(2) encourage client willingness to participate in planning;</li> <li>(2) here a state of the state of th</li></ul>
12	<ul> <li>(3) develop a list of client strengths, needs, and other issues;</li> </ul>
13	(4) evaluate the identified client's
14	(A) substance use and mental health disorder;
15	(B) other behavioral health issues, if any;
16	(C) strengths and how to use them to improve the likelihood of positive
17	outcomes for the client;
18	(5) communicate the outcomes of the assessment;
19 20	(6) assist client to understand his or her condition and the effects on the client and
20	others;
21	<ul> <li>(7) assess readiness for treatment;</li> <li>(8) assist alignet to identify design devices and the abientime reasons to achieve</li> </ul>
22	(8) assist client to identify desired outcomes and the objectives necessary to achieve
23	those outcomes;
24 25	<ul> <li>(9) discuss treatment options;</li> <li>(10) solicit regramme to options;</li> </ul>
25 26	<ul><li>(10) solicit response to options;</li><li>(11) identify other resources for the client, including family, and services available in</li></ul>
20 27	the community and outside the community;
27	(12) identify the issues that will be addressed initially and longer term;
28 29	(12) identify the issues that will be addressed initially and longer term, (13) establish treatment goals with maximum client participation;
29 30	(14) assist client to communicate needs to family or other significant people and, as
31	appropriate, communicate directly with the client's family and other significant people;
32	(15) plan course of initial and continued interaction; and
33	(16) evaluate progress and modify the plan appropriately.
34	(10) evaluate progress and mourry the plan appropriately.
35	History: June 18, 2008, Section 2.40.535 was added.
36	
37	Sec. 2.40.540. Community Resources and Referral.
38	
39	(a) Level of Performance. A behavioral health aide or practitioner must demonstrate
40	the knowledge and perform the skills and competencies described in subsection (b) as provided
41	in paragraphs (1) through (4) of this subsection, as applicable:
42	(1) a behavioral health aide I demonstrates the skill, applies it as directed, and
43	routinely seeks assistance;
44	(2) a behavioral health aide II utilizes the skill consistently and identifies when
45	additional intervention or assistance may be needed to achieve the purpose of the interaction;

1	(3) a behavioral health aide III applies knowledge and skills to increase access to
2	resources and engages the client more effectively based on a understanding of the community
3	and the client's information or behavior; and
4	(4) a behavioral health practitioner performs the skill independently, subject to
5	applicable restrictions, and applies knowledge to mentor and support others in the use of the skill
6	and to participate in supervision and evaluation of behavioral health aides I, II and III.
7	
8	(b) Knowledge and Skills. Use of community resources and referral requires the
9	behavioral health aide or practitioner to:
10 11	(1) obtain client information from service providers who have knowledge of the client;
11	(2) know about professional, agency, volunteer, organized, or pre-existing resources
12	that exist in the community;
13 14	(3) know about resources to assist client to access services, including eligibility for
15	tribal health program and to Medicaid, Medicare, and other insurance;
16	(4) identify traditional support and intervention resources, e.g. elders, traditional
17	healers, shaman;
18	(5) access various services - including how to determine eligibility for services and
19	to complete the intake process;
20	(6) use traditional support and intervention resources appropriately;
21	(7) identify other community resources that can be brought to bear and know how
22	to engage them;
23	(8) if a behavioral health aide III or a behavioral health aide practitioner, identify
24	resources outside the community that may be needed (either to be brought in or to which the
25	client may be referred);
26	(9) motivate and assist client to accept referral services;
27	(10) ensure that each referral was accepted and the client received the services, and,
28 29	if not, make an alternative plan;
29 30	<ul><li>(11) if client accepted for referral services:</li><li>(A) monitor the course of treatment as it proceeds;</li></ul>
30 31	<ul><li>(A) monitor the course of treatment as it proceeds,</li><li>(B) support the client and referral provider;</li></ul>
32	<ul><li>(D) support the cheft and referral provider,</li><li>(C) continue to motivate the client to use services, as appropriate;</li></ul>
33	<ul><li>(D) participate in developing and monitoring the discharge plan;</li></ul>
34	<ul><li>(E) obtain the discharge plan; and</li></ul>
35	(F) use the referral agency's discharge plan in follow-up with the treatment
36	plan;
37	(12) initiate collaboration with other providers, including those from other
38	disciplines;
39	(13) work with treatment teams within the behavioral health aide's or practitioner's
40	agency and across agencies to ensure coordination of services for the client;
41	(14) establish routine working relationships and collaboration among agencies,
42	programs, and others involved in treatment and monitoring services; and
43	(15) assist in negotiating formal relationships with other agencies, including
44 45	development of written agreements regarding service delivery, prevention activities, and other
45 46	issues of multi-agency concern.
40	History: June 18, 2008, Section 2.40.540 was added.

1	
2	Sec. 2.40.545. Case Management, Coordination, and Monitoring Treatment Plans.
3	
4 5	(a) Level of Performance. A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) as provided
5 6	in paragraphs (1) through (4) of this subsection, as applicable:
7	(1) a behavioral health aide I demonstrates the skill, applies it as directed, and
8	routinely seeks assistance;
9	(2) a behavioral health aide II utilizes the skill consistently and identifies when
10	additional intervention or assistance may be needed to achieve the purpose of the interaction;
11	(3) a behavioral health aide III applies knowledge and skills to increase access to
12 13	resources and engages the client more effectively based on a understanding of the client's information or behavior; and
13 14	(4) a behavioral health practitioner performs the skill independently, subject to
15	applicable restrictions, and applies knowledge to mentor and support others in the use of the skill
16	and to participate in supervision and evaluation of behavioral health aides I, II and III.
17	
18	(b) Knowledge and Skills. Case management, coordination of services, and monitoring
19	treatment plans require a behavioral health aide or practitioner to
20 21	<ol> <li>(1) implement plan (e.g. referral, begin treatment services);</li> <li>(2) assess client progress on a continuous basis, including beneficial and</li> </ol>
21	(2) assess client progress on a continuous basis, including beneficial and detrimental behaviors of the client that affect treatment progress;
23	(3) review treatment plan, with the client when feasible, at regular intervals and as
24	needed and adjust treatment plans, as needed;
25	(4) encourage client participation in the plan and address issues that impede
26	progress with the plan;
27	(5) recognize when progress slowed and, as appropriate, address barriers and assist
28 29	to motivate the client; (6) reach out to clients who are not following through with the plan of service;
29 30	<ul><li>(6) reach out to chents who are not following through with the plan of service,</li><li>(7) recognize crisis events as they occur during the course of a treatment plan and</li></ul>
31	intervene; and
32	(8) engage in discharge planning, including identification of other services from
33	which the client may benefit (e.g. support groups, other community activities).
34	
35 36	History: June 18, 2008, Section 2.40.545 was added.
30 37	Sec. 2.40.550. Medication Management.
38	See. 2. 10.350. Medication Management.
39	(a) Level of Performance. A behavioral health aide or practitioner must demonstrate
40	the knowledge and perform the skills and competencies described in subsection (b) as provided
41	in paragraphs (1) through (4) of this subsection, as applicable:
42	(1) a behavioral health aide I demonstrates the skill, applies it as directed, and
43 44	routinely seeks assistance; (2) a behavioral health aide II utilizes the skill consistently and identifies when
44	additional intervention or assistance may be needed to achieve the purpose of the interaction;
46	(3) a behavioral health aide III applies knowledge and skills and engages the client
47	more effectively based on a understanding of the client; and

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1 2 3 4	(4) a behavioral health practitioner performs the skill independently, subject to applicable restrictions, and applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II and III.
5	(b) Knowledge and Skills. Medication management requires the behavioral health aide
6	or practitioner to
7	(1) recognize biological, psychological, and social effects of medications;
8	(2) monitor the client, including
9 10	<ul><li>(A) supporting the client to use medications appropriately;</li><li>(B) assisting the client to self-monitor response to medication and to report</li></ul>
10	information about the response accurately to the medical provider who prescribed the medication
12	or who is providing ongoing medical or psychiatric care to the client;
13	(C) assisting client to cooperate with medical monitoring of use of
14	medications, when necessary, including making and keeping appointments for follow-up testing,
15	such as urinalysis and blood tests;
16	(D) supporting the education of the client regarding predictable course of
17	response to medication and possible side effects;
18	(E) coaching the client with regard to strategies for following medication
19 20	regimen (e.g. keeping logs, using pill boxes, soliciting family help to remember to take
20 21	(3) assist the client to identify when there is a less than desirable or negative
21	outcome and refer the client for appropriate follow-up; and
23	(4) assist the family and other support systems to participate in medication
24	monitoring, as appropriate.
25	
26	History: June 18, 2008, Section 2.40.550 was added.
27	
28 29	Sec. 2.40.555. Counseling.
29 30	(a) Level of Performance. A behavioral health aide or practitioner must demonstrate
31	the knowledge and perform the skills and competencies described in
32	(1) subsections (b)(1) [Individual Counseling] and (b)(2) [Family Counseling], as
33	provided in paragraphs (A) through (D) of this paragraph, as applicable:
34	(A) a behavioral health aide I demonstrates the skill at a basic level, applies it
35	as directed, and routinely seeks assistance;
36	(B) a behavioral health aide II utilizes the skill consistently and identifies
37	when additional intervention or assistance is needed to achieve the purpose of the interaction;
38 39	(C) a behavioral health aide III applies knowledge and skills and engages the client more effectively based on a understanding of the client's information or behavior; and
40	(D) a behavioral health practitioner performs the skill independently, subject
41	to applicable restrictions, and applies knowledge to mentor and support others in the use of the
42	skill and to participate in supervision and evaluation of behavioral health aides I, II and III; and
43	(2) subsection (b)(3) [Group Counseling], as provided in subparagraphs (A) through
44	(D) of this paragraph, as applicable:
45	(A) a behavioral health aide I demonstrates the skill, applies it as directed,
46	
47	and routinely seeks assistance; a behavioral health aide I may assist in facilitating groups, but is not expected to be able to independently plan groups or facilitate them;

1 2 3	(B) a behavioral health aide II utilizes the skill consistently and identifies when additional intervention or assistance may be needed to achieve the purpose of the interaction; a behavioral health aide II may assist in facilitating groups and is expected to be able
4	to participate in planning groups;
5	(C) a behavioral health aide III applies knowledge and skills to plan and
6	participate in groups more effectively based on a understanding of the clients who will be in the
7	group, but is not expected to be able to plan or carry out group treatment described in subsections
8	(b)(3)(C)(vi) or (vii) without a co-facilitator; and
9	(D) a behavioral health practitioner performs the skill independently, subject
10	to applicable restrictions, and applies knowledge to mentor and support others in the use of the
11	skill and to participate in supervision and evaluation of behavioral health aides I, II and III,
12	provided that a behavioral health practitioner is not expected to plan or carry out group treatment
13	described in subsection (b)(3)(C)(vii) without a co-facilitator.
14	
15	(b) Knowledge and Skills.
16	(1) Individual Counseling. The behavioral health aide or practitioner applies the
17	knowledge described throughout this article, understands the stages of counseling, and engages
18	in:
19	(A) Problem Definition to
20	(i) support the client in telling his or her story (empathy, establishing
21	rapport, recognizing blocks, etc.);
22	(ii) help the client focus by helping them develop clarity (exploration,
23	probing, etc.); and
24	(iii) challenge the client to develop new perspectives to encourage action
25	(challenging, self-challenge, ownership, etc.).
26	(B) Goal Development to
27	(i) help the client construct new scenarios;
28	(ii) help the client evaluate scenarios; and
29	(iii) help the client choose goals and commit to them.
30	(C) Action to
31	(i) help the client consider possible strategies (e.g. help clients with
32	divergent thinking, brainstorming, reflection on past experiences in responding to issues; client
33	education);
34	(ii) help the client choose strategies and formulate action plans (choose
35	"best fit" strategies, planning, contingency planning, elaboration, etc.); and
36	(iii) help the client implement action plan (e.g. improving readiness for
37	change, overcoming external barriers; contracting; and providing feedback and training such as
38	assertiveness training).
39	
40	(2) Family Counseling. Family, couple and significant other counseling requires
41	the behavioral health aide or practitioner to apply the knowledge and skills described in
42	subsection (b)(1) [Individual Counseling] in interactive counseling with the client and family
43	members or significant others and to
44	(A) understand family systems and theory: closed and open systems;
15	(P) understand family dynamics:

- 45
- (B) understand family dynamics;

1	(C) understand and respect family roles, including the accommodations made
2	to respond to substance use or mental health disorders within the family;
3	(D) recognize the elements of functional family units versus dysfunctional
4	systems;
5	(E) recognize barriers to communications within the family;
6	(F) understand roles and impact of extended family;
7	(G) recognize the effects of housing concerns, financial status, and outside
8	factors on family functioning;
9	(H) apply the knowledge described in subparagraphs (A) through (G) of this
10	paragraph;
11	(I) assess family norms (e.g. mealtimes, use of electronics, child care and
12	babysitters);
13	(J) understand and respond to mitigating factors in family functioning such
14	as debilitating illnesses, substance use disorders, mental health disorders, history of molestation
15	or violence, history and nature of deaths, etc.;
16 17	(K) recognize familial fears (inherited diseases, family grief, family self-
17 18	image, family expectations); and
18 19	(L) understand and implement engagement among family members in which issues are defined within safe therapeutic boundaries.
20	issues are defined within safe therapeutic boundaries.
20	(3) Group Counseling. Group counseling requires the behavioral health aide or
22	practitioner to apply the knowledge and skills described in section (b)(1) [Individual Counseling]
23	and to
24	(A) know about different group models;
25	(B) identify appropriate membership for groups by identifying individual
26	characteristics and needs of potential members to assure they can be met within the group (e.g.
27	matching individuals with similar needs, minimizing risks);
28	(C) know the appropriate application and the limitations or risks associated
29	with different types of groups:
30	(i) educational (teaching) groups, (groups for the transmission of
31	information - largely preventative, e.g. parenting, communications, alcohol and narcotics);
32	(ii) self-help groups (e.g. Alcoholics Anonymous, Al-Anon, Alateen,
33	Narcotics Anonymous);
34	(iii) support groups (e.g. adult children of alcoholics, family members of
35	people with mental health, cancer and other chronic diseases, nutrition and weight control;
36	(iv) activity groups (e.g. crafts, nutrition, subsistence activities, sweat
37	houses, movie nights, physical activities);
38	(v) skill development groups (e.g. parenting skills, couples
39	communication);
40	(vi) psycho-educational groups for clients as part of a treatment plan to
41	address specific behavioral health issues (e.g. anger management, parenting, substance abuse);
42	and
43	(vii) therapeutic group treatment (focused counseling);
44 45	<ul> <li>(D) develop cohesion among members of the group;</li> <li>(E) set therepsutic houndaries in groups, including assisting participants to</li> </ul>
45 46	(E) set therapeutic boundaries in groups, including assisting participants to make appropriate levels of disclosure;
40	

(F) assist group members who are in transition from one group to another;
and
(G) determine criteria for ending a group or a client's participation in a
particular group and assist with regard to identifying other services, as appropriate.
History: June 18, 2008, Section 2.40.555 was added.
Sec. 2.40.560. Crisis Management.
(a) Level of Performance. A behavioral health aide or practitioner must demonstrate
the knowledge and perform the skills and competencies described in subsection (b) as provided
in paragraphs (1) through (3) of this subsection, as applicable:
(1) a behavioral health aide I demonstrates the skill, applies it as directed, and
routinely seeks assistance;
(2) a behavioral health aide II utilizes the skill consistently and determines, with
assistance, when additional intervention or assistance may be needed to achieve the purpose of
the interaction; and
(3) a behavioral health aide III and behavioral health practitioner apply knowledge
and skills and engages the client more effectively based on a understanding of the client; and
(4) a behavioral health practitioner, subject to applicable restrictions, applies
knowledge to mentor and support others in the use of the skill and to participate in supervision
and evaluation of behavioral health aides I, II and III.
(b) Knowledge and Skills. Crisis management requires the behavioral health aide or
practitioner to have knowledge of and be able to:
(1) recognize behavioral health crisis events;
(2) identify the crisis and report to a licensed behavioral health clinician or
behavioral health professional regarding crisis events;
(3) conduct assessment of risk of harm to self or others;
(4) conduct assessment of risk associated with acute intoxication, overdose,
detoxification, and withdrawal;
(5) obtain assistance from supervisors and other community resources (e.g. CHA/P,
Village Public Safety Officer) to respond;
(6) follow clinical instructions;
(7) communicate with family and others regarding existence of and response to
crisis;
(8) assist with necessary steps to achieve and follow-up involuntary treatment,
when required;
(9) refer to and cooperate with authorities after deaths (including suicide and
homicide), child neglect or abuse, elder abuse, and other reportable events;
(10) assist client to report violence (e.g. domestic violence or sexual assault);
(11) assist client to obtain immediate services after a critical event (e.g. domestic
violence shelter, foster care) and provide support for others immediately affected, such as family
members and close friends;
(12) assist individuals who have experienced critical event (themselves or as a family
member, friend or community member) to consider behavioral health services; and
-

1 2 3	(13) apply foundational and other skills, subject to direction, to assist with emergency management and critical incident response to individual events and mass casualties, whether manmade or natural.
3 4	
5 6	History: June 18, 2008, Section 2.40.560 was added.
7 8	Sec. 2.40.565. Supervision, Training and Professional Development.
9	(a) Level of Performance. A behavioral health aide or practitioner must demonstrate
10	the knowledge and perform the skills and competencies described in subsection (b) in their own
11	interaction with supervisors, mentors and trainers, in pursuing their own professional
12	development, and as provided in paragraphs (1) through (3) of this subsection, as applicable:
13	(1) a behavioral health aide I or II does not perform supervision, training, or
14	professional development of other behavioral health aides or practitioners, but a BHA I may
15	provide peer support for a person training to be a behavioral health aide I and a BHA II may
16	provide peer support for a BHA I;
17	(2) a behavioral health aide III demonstrates the skills and competencies and applies
18	it as directed and routinely seeks assistance; and
19	(3) a behavioral health practitioner applies the knowledge and skills to engage,
20	mentor and support, and participate in supervision and evaluation of behavioral health aides I, II
21	and III, based on an understanding of the supervisee's level of knowledge and skills, professional
22	goals, and behavior.
23	
24	(b) Knowledge and Skills. Supervision and mentoring of other behavioral health aides
25	requires a behavioral health aide II or III or behavioral health practitioner to
26	(1) use supervision, peer consultation and self-evaluation to enhance self-awareness
27	and improve professional performance;
28	(2) identify methods of health promotion, stress reduction, and burn out prevention;
29	(3) use evaluations to improve professional performance and quality of services;
30	(4) assist in defining continuing education opportunities consistent with
31	professional development needs; and
32	(5) provide professional development through education and participation in regular
33	supervision and consultation.
34	
35	History: June 18, 2008, Section 2.40.565 was added.
36	
37	Article 50. Term of Certificate
38	
39 40	<b>History:</b> June 18, 2008, Article 40 was renumbered as Article 50. November 26, 2002, Article 30 was renumbered as Article 40.
40 41	50 was renumbered as Article 40.
42	Sec. 2.50.010. Effective Date. The effective date is the date of issuance under section
43	2.50.020 [date of issuance].
44	The state of the antes.
45	History: June 18, 2008, Section 2.40.010 was renumbered as Section 2.50.010 and amended
46	to address renumbering of other sections. November 26, 2002, Section 2.30.010 was
47	renumbered as Section 2.40.010 and amended.
48	

1	Sec. 2.50.020. Date of Issuance. The date of issuance of a certificate shall be the date the
2 3	certificate is provisionally approved by the staff of the Board or final Board approval is granted, whichever is earlier.
4 5 6 7	<b>History:</b> June 18, 2008, Section 2.40.020 was renumbered as Section 2.50.020. November 26, 2002, Section 2.30.020 was renumbered as section 2.40.020.
, 8 9	Sec. 2.50.100. Expiration. A certificate as a community health aide, community health practitioner, dental health aide, behavioral health aide, or behavioral health practitioner expires
10	two years from the last day of the month in which the Board took final action to approve the
11 12	certificate.
13 14 15	<b>History:</b> June 18, 2008, Section 2.40.100 was renumbered as 2.50.100 and amended. November 26, 2002, Section 2.30.100 was renumbered as Section 2.40.100.
15 16	Sec. 2.50.200. Requirements for Renewal.
17	
18	(a) A certified community health aide, community health practitioner, dental health aide,
19 20	or behavioral health aide or practitioner applying for certificate renewal shall: (1) apply on a form provided by the Board;
20	<ul><li>(1) apply on a form provided by the Board;</li><li>(2) pay the application fees required by the Board;</li></ul>
22	<ul><li>(3) provide evidence satisfactory to the Board that the applicant has met the</li></ul>
23	continuing education requirements of the Board;
24	(4) provide evidence satisfactory to the Board that the applicant continues to
25	demonstrate the practical professional competencies required for the level of certification sought;
26	(A) for a community health aide or community health practitioner, a re-entry
27	evaluation, following CHAP guidelines, will be conducted for an applicant who has not been
28 29	employed in direct patient care for a minimum of 80 hours with a minimum of 30 patient encounters in the six months prior to submission of the application;
29 30	(B) For a community health aide or community health practitioner, renewal of
31	certification will require one of the following:
32	(i) a biennial skills evaluation;
33	(ii) a re-entry evaluation;
34	(iii) a preceptorship; or
35	(iv) completion of a Basic Training Session (Training Center and Field
36	Training Requirements)
37	(5) continue to meet the requirements of chapter 2 [certification of CHA/Ps, DHAs, & BHAs]; and
38 39	(6) if seeking recertification as a community health practitioner, no less often than
40	once every six years, the individual must re-satisfy the requirements of section 2.20.500 [CHP
41	training & education requirements]; or
42	(7) if seeking recertification as a dental health aide therapist practitioner, no less
43	often than once every six years, the individual must re-satisfy the requirements of section
44	2.30.700(3) and (4) [DHATP training & education requirements].
45	
46	(b) An applicant who has not been employed as a dental health aide, or behavioral health
47	aide or behavioral health practitioner an average of at least 15 hours a week for at least six

1 2 3 4	months of the previous 12 months prior to submission of the application must provide evidence satisfactory to the Board that he or she has been monitored in the performance of each required competence until he or she has demonstrated successful performance of each.
5 6 7 8 9	<b>History:</b> June 8,. 2023, Section 2.50.200(A)(4)(B) was amended. January 13, 2022, Section 2.50.200 was amended. June 3, 2020, Section 2.50.200(a)(7) was amended. January 22, 2015, Section 2.50.200(b) was amended. June 18, 2008, Section 2.40.200 was renumbered as Section 2.50.200 and subsections (a) and (b) were amended. November 26, 2002, Section 2.30.200 was renumbered as Section 2.40.200 and was amended.
10 11	See 2 50 200 Deinstatement or Denewal of a Langed Cartificate. The Deard will in
11	Sec. 2.50.300. Reinstatement or Renewal of a Lapsed Certificate. The Board will, in its discretion, reinstate or renew a certificate that has lapsed if the applicant complies with the
12	certificate renewal requirements under section 2.50.200 [requirements for renewal], provided that
13	the applicant must provide evidence satisfactory to the Board that the applicant has completed
14	the continuing education requirements under chapter 3 [continuing education].
16	the continuing education requirements under enapter 5 [continuing education].
17	History: June 18, 2008, Section 2.40.300 was renumbered as Section 2.50.300 and amended
18	to address renumbering of other sections. November 26, 2002, Section 2.30.300 was
19	renumbered as Section 2.40.300 and was amended.
20	Charter 2 Cartineira Education
21 22	Chapter 3. Continuing Education
22	Sec. 3.10.005. Multiple Certifications. Up to 12 hours of training, acquired in the
23 24	previous 2 years, obtained to achieve initial certification, to increase the level of certification, or
24 25	to satisfy continuing education requirements under this chapter 3 [continuing education] as a
23 26	community health aide or practitioner, dental health aide, or behavioral health aide or
20 27	practitioner, may be applied to satisfying the continuing education requirements for other
28	certificates held by the same person under these <i>Standards</i> .
28 29	certificates field by the same person under these siunaurus.
30	Sec. 3.10.010. CHA/P Continuing Education Requirements.
31	See. 5.10.010. Chiwi Continuing Education Requirements.
32	(a) Unlapsed Certificate. A community health aide or practitioner whose certification
33	has not lapsed who is an applicant for renewal of a certificate under article 20 of chapter 2:
34	has not import which is an approach for renowing of a continuous and of a more 20 of chapter 2.
35	(1) (A) as a community health aide who has not completed the requirements for
36	the next level of certification prior to the deadline for recertification; or
37	(B) as a community health practitioner.
38	(2) must provide evidence satisfactory to the Board that he or she has completed a
39	minimum of 48 contact hours of continuing education approved by the Board on varied or
40	updated topics during the concluding two-year certification period. No more than 24 of the
41	required contact hours may be regarding emergency care. A minimum of 24 of the required
42	contact hours must be in the competencies listed in sections 2.20.100 [CHA I training &
43	education requirements] through .510 [CHP competencies].
44	
45	(b) Lapsed Certificate. An applicant for renewal of a certificate under article 20 of
46	chapter 2 whose certification has lapsed must provide evidence satisfactory to the Board that he
47	or she has met the requirements for continuing education set forth in subsection (a)(2) of this
48	section.

1	
2	History: June 18, 2008, Section 3.10.010(a) was amended and (b) was deleted. November 26,
3	2002, Section 3.10.010(a) was amended and (b) was added. June 12, 2002, Section 3.10.010
4 5	was amended.
	See 2.10.050 DILA Continuing Education Dequinements
6	Sec. 3.10.050. DHA Continuing Education Requirements.
7	(a) Urland Cartificate
8	(a) Unlapsed Certificate.
9	(1) An applicant for renewal of a certificate under article 30 of chapter 2 whose
10	certificate has not lapsed must meet
11	(A) any specific recertification requirements set forth therein;
12	(B) satisfactory performance under the direct supervision of a dentist, dental
13	hygienist, dental health aide therapist, or dental health aide therapist practitioner of a minimum
14	of
15	(i) 80 hours, demonstrating competence in each procedure for which the
16	dental health aide is certified; or
17	(ii) 8 of each procedure for which the dental health aide is certified; and
18	(C) if the dental health aide has not completed the requirements for another
19	level of certification or module during the concluding two-year certification period, satisfactory
20	completion of 24 contact hours of continuing education approved by the Board on varied or
21	updated topics.
22	(v) at least 10 hours must cover one or more of the course of study
23	subjects or competencies listed in sections 2.30.100[PDHA I training & education requirements]
24	through 2.30.610 [DHAT supervision & competencies],
25	(vi) only 4 hours of the required 24 hours can be related to emergency
26	medicine (this includes BLS); and
27	(vii) all but the 4 hours of emergency medicine must be related to the
28	practice of dentistry.
29	(2) If the direct supervision required under subsections (1)(B) of this section is
30	provided by anyone other than a dentist, the supervisor must have been authorized to supervise
31	the preceptorship of the procedures being performed under the applicable provision of chapter 2,
32	article 30 [Standards for Dental Health Aides].
33	
34	(b) Lapsed Certificate. An applicant for renewal of a certificate under article 30 of
35	chapter 2 whose certification has lapsed must provide evidence satisfactory to the Board that in
36	the two years preceding recertification he or she has met the requirements for continuing
37	education set forth in subsection (a) of this section.
38	
39	History: June 2, 2022, Section 3.10.050(a)(1)(E) was amended. June 3, 2020, Section
40	3.10.050(a)(1)(B) was amended. January 11, 2013, Section 3.10.050 was amended. June 18,
41	2008, Section $3.10.050(a)(1(C)(i)$ was amended. June 20, 2007, Section $3.10.050(a)$ was
42 43	amended. October 8, 2003, Section 3.10.050(a)(3) was amended. November 26, 2002, Section 3.10.050 was added.
44	5.10.050 was added.
45	Sec. 3.10.070. BHA/P Continuing Education Requirements.
46	Service of Dirich Convinting Exaction Requirements.
-	

1	(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification
2	has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for DIIA (Del of chanter 2 [sectification of CIIA of CIIA of DIA
3	BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]:
4	(1) (A) as a behavioral health aide who has not completed the requirements for
5	the next level of certification prior to the deadline for recertification; or
6	(B) as a behavioral health practitioner;
7	(2) must provide evidence satisfactory to the Board that he or she has completed a
8	minimum of 40 contact hours of continuing education approved by the Board on varied or
9	updated topics during the concluding two-year certification period, provided that
10	(A) no fewer than 4 of the required contact hours must be regarding ethics
11	and consent;
12	(B) no fewer than 4 of the required contact hours must be regarding
13	confidentiality and privacy; and
14	(C) no fewer than 4 of the required contact hours must be regarding cross
15	cultural communication and understanding and working with diverse populations:
16	(i) various ethnicities or cultural heritages, age groups, genders,
17	lifestyles, family dynamics, or socioeconomic statuses, or diagnostic categories; or
18	(ii) effective strategies for working with diverse populations, conducting
19	self-assessments and navigating value differences, developing cultural awareness and an
20	understanding of the potential influence on a person's behavioral health; and
21	(D) the balance of the hours must be related to the knowledge and skills
22	identified or related to those described in section 2.40.500 [BHA/P knowledge, skills, and scope
23	of practice]; and
24	(E) a minimum of 20 CEUs are attended via face-to-face instruction.
25	
26	(b) Lapsed Certificate. An applicant for renewal of a certificate under article 40
27	[standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]
28	whose certification has lapsed must provide evidence satisfactory to the Board that he or she has
29	met the requirements for continuing education set forth in subsection (a)(2) [BHA/P continuing
30	education requirements; unlapsed certificate; (required continuing education)] of this section in
31	the two-year period prior to seeking recertification.
32 33	History: June 12, 2014, Section 3.10.070 was amended. June 18, 2008, Section 3.10.070 was
33 34	added.
35	
36	Sec. 3.10.100. Approved Continuing Education Programs for CHA/P.
37	
38	(a) Competencies. To be approved by the Board, a continuing education program must
39	(1) cover one or more of the course of study subjects or competencies listed in
40	sections 2.20.100 [CHA I training & education requirements] through .510 [CHP competencies],
41	the CHA/P Curriculum, or the CHAM;
42	(2) directly relate to the clinical practice of a community health aide or community
43	health practitioner; and
44	(3) be no less than 1 hour in length.
45	
46	(b) Approval. The applicant must request approval for continuing education program on
47	a form provided by the Board.

1	(1) the Board will decide if the program is approved for continuing education;
2	(2) the Board will decide the number of continuing education hours and may limit
3	the number of hours granted for each program;
4	(3) submission of the plan for CHA/P Curriculum for the continuing education
5	program or programs to the Board is recommended to be done prior to the program being
6	conducted;
7	(4) approval may be granted for more than one program at a time; and
8	(5) re-approval need not be obtained for an approved program that is being repeated
9	within a three year period after the most recent approval unless the content or instructor(s) has
10	changed.
11	(6) [RESERVED].
12	
13	(c) [RESERVED]
14	(d) [RESERVED]
15	(e) [RESERVED]
16	
17	History: June 2, 2022, Section 3.10.100(a) and (b) were amended. January 22, 2016, Section
18	3.10.100(b) was amended. October 4, 2012, Section 3.10.100(a) was renumbered and
19	amended. June 18, 2008, Section 3.10.100(c) was amended. November 26, 2002, Section
20	3.10.100(a), (b) and (c) were amended and titles were added to (d) and (e).
21	
22	Sec. 3.10.200. Approved Continuing Education Programs for DHA.
23	
24	(a) Competencies. To be approved by the Board, a continuing education program for a
25	dental health aide must
26	(1) meet the requirements set forth in section 3.10.050(a)(1)(C) [DHA Continuing
27	Education Requirements]; and;
28	(2) [RESERVED]
20 29	<ul><li>(2) [RESERVED]</li><li>(3) be no less than 1 hour in length;</li></ul>
30	(4) [RESERVED]
31	(5) [RESERVED].
32	
33	(b) Sponsorship. A continuing education program that meets the requirements of
34	section 3.10.200(a) [approved continuing education programs for DHA; competencies] and is
35	sponsored by any of the following organizations considered approved by the Board:
36	(1) a certified CHA/P Training Center;
37	(2) the American Dental Association (ADA CERP);
38	(3) the Academy of General Dentistry (AGD PACE);
39	(4) the Alaska Dental Society;
40	(5) the Alaska Dental Hygiene Society;
41	(6) an accredited postsecondary educational institution;
42	(7) the Indian Health Service or other agencies of the Federal government; or
43	(8) an emergency care course approved by the State of Alaska, Indian Health
44	Service, American Heart Association, or American Red Cross.
45	
45 46	(c) Tribal Continuing Education Programs. A continuing education program
40 47	provided by the tribe or tribal organization's health program that meets the requirements of
<del>'</del> †/	provided by the true of true organization's health program that meets the requirements of

1 2 3 4 5 6 7	section 3.10.200(a) [approved continuing education programs for DHA; competencies] shall be approved by the Board. Submission of the plan or DHA Curriculum for the continuing education program or programs to the Board may be done prior to or after the program has been conducted. Approval may be granted for more than one program at a time. Re-approval need not be obtained for an approved program that is being repeated within a three year period after the most recent approval.				
8 9 10 11 12	(d) Self-Study. A self-study continuing education program sponsored by one of the organizations listed in subsections 3.10.200(b) [approved continuing education programs for DHA; sponsorship] or (c) [approved continuing education programs for DHA; tribal continuing education programs] that meets the requirements of section 3.10.200(a) [approved continuing education programs for DHA; competencies] is considered approved by the Board.				
<ul> <li>(e) Other. A continuing education program not sponsored by one of the organi</li> <li>listed in subsections 3.10.200(b) [approved continuing education programs for DHA;</li> <li>sponsorship] or (c) [approved continuing education programs for DHA; tribal continuin</li> <li>education programs] must be individually approved by the Board. Such approval can be</li> <li>at the time of application for recertification if the applicant submits evidence sufficient to</li> <li>the Board to determine whether the training meets the requirements of this section.</li> </ul>					
20 21 22 23 24 25	<b>History:</b> October 13, 2022, Section 3.10.200(a) was amended. June 2, 2022, Section 3.10.200(a) and (b) were amended. January 13, 2022, Section 3.10.200(a) was amended. October 4, 2012, Section 3.10.200(a) was renumbered and amended. June 18, 2008, Section 3.10.200(c) was amended. November 26, 2002, Sections 3.10.200 was added.				
26 27	Sec. 3.10.300. Approved Continuing Education Programs for BHA/P.				
27	(a) Competencies. To be approved by the Board, a continuing education program must				
29	(1) contribute to the knowledge or skills described in section 2.40.500 [BHA/P				
30	knowledge, skills, and scope of practice] or expand on content or subject matter described in				
31	chapter 8 [BHA curricula];				
32	(2) directly relate to the clinical practice of a behavioral health aide or practitioner,				
33	which shall include courses related to the effects of tobacco use and tobacco use assessment and				
34	treatment; and				
35	(3) be no less than 1 hour in length.				
36					
37 38	(b) Sponsorship. A continuing education program that meets the requirements of $2 \times 10^{-2} \times 10^{-2}$ (c) [approved continuing education programs for PHA/P: compating additional education programs for PHA/P:				
38 39	section 3.10.300(a) [approved continuing education programs for BHA/P; competencies] and is offered or sponsored by any of the following organizations is considered approved by the Board:				
40	(1) a certified BHA/P Training Center;				
41	<ul><li>(2) Alaska Commission for Behavioral Health Certification (ACBHC);</li></ul>				
42	(3) the Indian Health Service;				
43	(4) Alaska Board of Social Work Examiners;				
44	(5) Alaska Training Cooperative;				
45	(6) Accreditation Council for Continuing Medical Education (ACCME);				
46	(7) an accredited postsecondary education institution;				
47	(8) American Counseling Association (ACA);				

1	(9) American Nurses Credentialing Center (ANCC);			
2	(10) American Psychiatric Nurses Association (APNA);			
3	(11) American Society of Addiction Medicine (ASAM);			
4	(12) American Psychological Association (APA);			
5	(13) Commission on Rehabilitation Counselor Certification (CRCC);			
6	(14) International Certification & Reciprocity Consortium (IC&RC);			
7	(15) Livingworks.net (Safetalk);			
8	(16) National Association of Alcohol and Drug Abuse Counselors (NAADAC);			
9	(17) National Association of Social Workers (NASW) or any state chapter of			
10	NASW;			
11	(18) National Board of Certified Counselors (NBCC);			
12	(19) National Association of Direct Service Providers (NADSP); or			
13	(20) QPR Institute.			
14	(21) [RESERVED].			
15				
16	(c) Tribal Continuing Education Programs. A continuing education program			
17	provided by the tribe or tribal organization's health program that meets the requirements of			
18	section 3.10.300(a) [approved continuing education programs for BHA/P; competencies] shall be			
19	approved by the Board. Submission of the plan or BHA Curriculum for the continuing education			
20	program or programs to the Board may be done prior to or after the program has been conducted.			
21	Approval may be granted for more than one program at a time. Re-approval need not be obtained			
22	for an approved program that is being repeated within a three year period after the most recent			
23	approval.			
24				
25	(d) Self-Study Programs. A self-study continuing education program sponsored by one			
26	of the organizations listed in subsections 3.10.300(b) [approved continuing education programs			
27	for BHA/P; sponsorship] or (c) [approved continuing education programs for BHA/P; tribal			
28	continuing education programs] that meets the requirements of section 3.10.300(a) [approved			
29	continuing education programs for BHA/P; competencies] is considered approved by the Board.			
30				
31	(e) Other. A continuing education program not sponsored by one of the organizations			
32	education programs] must be individually approved by the Board. Such approval can be provided			
33	at the time of application for recertification if the applicant submits evidence sufficient to permit			
34	the Board to determine whether the training meets the requirements of this section.			
35				
36	<b>History:</b> January 13, 2021, Section 3.10.300(b) was amended. October 27, 2016, Section 2.10.200(c)(21) was amended. October 20, 2015. Section 2.10.200(c) was amended. October			
37 38	3.10.300(a)(21) was amended. October 29, 2015, Section 3.10.300(b) was amended. October 4, 2012, Section 3.10.300(a) was amended.			
39	-7, 2012, 500000 5.10.500(a) was allocated.			

1	Chapter 4.			
2	Investigations, Discipline, Suspension or Revocation			
3	of a Community Health Aide, Community Health Practitioner,			
4	Dental Health Aide, Behavioral Health Aide or			
5	Behavioral Health Practitioner Certificate			
6				
7 8	<b>History:</b> January 12, 2023, title for Chapter 4 was amended. June 18, 2008, the title for Chapter 4 was amended. November 26, 2002, the title for Chapter 4 was amended.			
9	Chapter 1 was amenaed. 100000000 20, 2002, the title for Chapter 1 was amenaed.			
10	Sec. 4.10.005 Investigating Complaints. The Board may investigate the conduct or			
11	professional performance of a certified Community Health Aide or Practitioner, Dental Health			
12	Aide or Practitioner, or Behavioral Health Aide or Practitioner. Upon receipt of a formal written			
13	complaint to the Board or any of its members, or if the Board becomes aware of information			
14	sufficient to justify an investigation regarding professional conduct, the Board may appoint an			
15	Inquiry Panel to investigate, subject to the consent and approval of the Director of the Alaska			
16	Area Native Health Service.			
17 18				
18 19	History: January 12, 2023 Section 4.10.005 was added.			
20	Sec. 4.10.006 Inquiry Panel. An Inquiry Panel of the Board shall be comprised of four			
21	appointed members of the Board, with the AANHS federal representative to the Board serving as			
22	the Presiding Official for the Inquiry Panel. The Inquiry Panel shall have at least one member			
23	that shall be in the same general professional discipline as the individual who is the subject of			
24	any written complaint or investigation on behalf of the Board.			
25				
26	The purpose of the Inquiry Panel is to investigate formal written complaints or information			
27	regarding professional conduct, and to make recommendations to the full Board regarding			
28	possible discipline or other actions that may be appropriate to be taken by the Board.			
29 30	(a) the Presiding Official shall oversee the Inquiry Panel, including establishing meeting dates/times, handling requests for information from complainants/subjects of any complaint, or			
30 31	other parties, conducting the investigation, presiding over and participating in deliberations, and			
32	submitting any recommendations [written report] to the Board.			
33	suchinaning any recommendations [written report] to the Board.			
34	(b) to the extent any member of the Board has an interest that may conflict with their			
35	duties on the Inquiry Panel, including an affiliation with a Tribal Health Organization or entity			
36	that may be involved in any complaint or investigation, including as employer of any subject of			
37	an investigation, that individual Board member shall not participate as an Inquiry Panel member.			
38	To the extent any additional steps are necessary to avoid a conflict of interest or the appearance			
39	of a conflict of interest, the Board member should consider whether it is appropriate to take			
40	additional steps including recusal for purposes of considering any potential recommended			
41 42	discipline or further Board action.			
42 43	(c) Quorum. A majority of Members of the Inquiry Panel (3) shall constitute a quorum			
43 44	and shall be sufficient to take any action consistent with the CHAP Standards & Procedures			
45	regarding any investigation.			
46				
47	History: January 12, 2023 Section 4.10.006 was added.			

1	Sec. 4.10.010. Grounds for Discipline. The Board may investigate and impose a				
2	disciplinary sanction under this chapter on a person holding a certificate under these standards if				
3	the Board finds that the person engaged in any of the following, including but not limited to:				
4	(a) secured a certificate through deceit, fraud, or intentional misrepresentation;				
5	(b) engaged in deceit, fraud, or intentional misrepresentation in the course of providing				
6	professional services or engaging in professional activities, including holding himself or herself				
7	out as another health provider for which he or she has not met applicable licensing or other				
8 9	credentialing requirements; (c) failed to surrender the certificate if required to do so under section 2.10.020				
9 10	[surrender of a certificate];				
10	(d) has been convicted of a felony or other crime that affects the certified community				
12	health aide or practitioner's, dental health aide's, or behavioral health aide or practitioner's				
12	ability to continue to practice competently and safely;				
13	(e) intentionally or negligently engaged in or permitted the performance of patient care				
15	by persons under the certified community health aide or practitioner's, dental health aide's, or				
16	behavioral health aide or practitioner's supervision that does not conform to minimum				
17	professional standards regardless of whether actual injury to a patient occurred;				
18	(f) failed to comply with any requirement or order of the Board applicable to the				
19	certified community health aide or practitioner, dental health aide or practitioner, or behavioral				
20	health aide or practitioner, including failure by any community health aide or practitioner, dental				
21	health aide or practitioner, or behavioral health aide or practitioner to participate in an				
22	investigation conducted consistent with the CHAP Standards & Procedures;				
23	(g) continued to practice after becoming unfit due to				
24	(1) professional incompetence;				
25	<ul> <li>(2) failure to keep informed of current professional practices;</li> <li>(2) addiction and have a sub-label and the distribution of the shift of the sub-life to the sub-life</li></ul>				
26 27	(3) addiction or dependency on alcohol or other drugs that impair the ability to				
27 28	practice safely; (4) physical or mental disability;				
28 29	(h) engaged in lewd or immoral conduct in connection with the delivery of service to				
30	patients;				
31	(i) engaged in unprofessional conduct, including having:				
32	(1) failed to use sufficient knowledge, skills or judgment for the community health				
33	aide or practitioner's, dental health aide's or behavioral health aide or practitioner's level of				
34	certification;				
35	(2) assumed duties and responsibilities:				
36	(A) without sufficient preparation;				
37	(B) for which competency has not been maintained; or				
38	(C) for which the community health aide or practitioner, dental health aide, or				
39	behavioral health aide or practitioner is not certified, provided that such duties were not assumed				
40	as part of meeting the requirements for the next level of certification;				
41	(D) for which the community health aide or practitioner, dental health aide, or				
42	behavioral health aide or practitioner has not been trained through training described in sections				
43	2.20.100 [CHA I training & education requirements] through .510 [CHP Competencies] or				
44 45	2.30.100 [PDHA I training & education requirements] through .610 [DHAT supervision & competencies], sections 2.40.100 [BHA I training, practicum, and experience requirements]				
43 46	through 2.40.500 [BHA/P knowledge, skills, and scope of practice], as applicable, or continuing				
10	and age 2. 10,000 [Bin Bi knowledge, skins, and scope of practice], as appreaded, of continuing				

1	education approved under Chapter 3, provided that the community health aide or practitioner,			
2	dental health aide or behavioral health aide or practitioner may provide services under this			
3	paragraph only at the direction of his or her employer; or			
4	(E) a community health aide, community health practitioner, behavioral			
5	health aide or behavior health practitioner assigned to be available on-call failed to respond to an			
6	emergency;			
7	(3) knowingly delegated a community health aide or practitioner, dental health aide			
8	or behavioral health aide or practitioner function to another who is not certified to perform that			
9	function;			
10	(4) violated the confidentiality of information or knowledge concerning a patient;			
11	(5) physically or verbally abused a patient;			
12	(6) performed duties as a community health aide or practitioner, dental health aide,			
13	or behavioral health aide or practitioner while under the influence of alcohol, illegal drugs or any			
14	other substance likely to impair the community health aide or practitioner's, dental health aide's,			
15	or behavioral health aide or practitioner's ability to provide competent care;			
16	(7) violated state or federal laws regulating drugs, including but not limited to			
17	forging prescriptions or unlawfully distributing drugs or narcotics;			
18	(8) failed to maintain a record for each patient which accurately reflects the patient			
19	encounter and interventions provided, or falsification of a patient's records or intentionally			
20	making an incorrect entry in a patient's record;			
21	(9) left a clinic assignment without properly notifying the appropriate personnel;			
22	(10) failed to report, through proper channels, facts known to the community health			
23	aide or practitioner, dental health aide, or behavioral health aide or practitioner regarding			
24	incompetent, unprofessional or illegal practice of another health care provider;			
25	(11) signed a record as a witness attesting to the wastage of controlled substances			
26	which the community health aide or practitioner, dental health aide, or behavioral health aide or			
27	practitioner did not actually witness;			
28	(12) exploited a patient for financial gain or offering, giving, soliciting, or receiving			
29	fees for referral of a patient;			
30	(13) was responsible for untruthful or misleading advertisement of available services;			
31	(14) knowingly violated laws regulating health insurance or the potential for health			
32	insurance reimbursement;			
33	(15) been found guilty of, or entered a plea of nolo contendere or guilty to, any			
34	offense under Federal, State or Tribal law involving crimes of violence; sexual assault,			
35	molestation, exploitation, contact or prostitution; or crimes against persons within the meaning of			
36	section 408 of the Indian Child Protection and Family Violence Prevention Act, P.L. 101-630, 25			
37	U.S.C. § 3207;			
38	(16) failed to comply with applicable mandatory reporting laws of the State of			
39	Alaska; or			
40	(17) failed to respond to a request for services where a duty to respond existed.			
41 42	$\mathbf{H}^{*}$			
42	<b>History:</b> January 12, 2023, Sec. 4.10.010 was amended. June 18, 2008, Section 4.10.010(d), (e), (f), (i)(2)(C), (i)(2)(D), (i)(2)(E), (i)(3), (i)(6), (i)(10), and (i)(11) were amended. November 26,			
44	(1), (1), (2), (2), (1), (2), (2), (1), (2), (1), (3), (1), (3), (1), (10), and (1), (11) were amended. Two removes 20, 2002, Section 4.10.010 introductory paragraph, (b), (d), (e), (f), (h), (i)(1), (i)(2)(C), (D) and (E),			
45	(i)(3), (i)(6), (i)(10), (i)(11) were amended. September 25, 1998, Section 4.10.010(i)(15), (16), and			
46	(17) were amended.			
47				

1 2	Sec. 4.10.015 Process for Conducting an Inquiry. Upon assignment, the Inquiry Panel shall provide notice of the nature of the complaint or investigation to the subject of any inquiry,			
3	and shall provide the subject an opportunity to respond. Any investigation shall be intended to			
4	inform the Board regarding details necessary to conduct its duties under the CHAP Standards &			
5	Procedures. An inquiry is intended to be investigatory as opposed to punitive or non-punitive.			
6				
7	The Inquiry Panel may gather and review relevant information as necessary, including but			
8	not limited to statements by witnesses or other knowledgeable individuals; any Board monitoring			
9	activities; letters of complaint; incident reports; pertinent medical records, reports,			
10	recommendations, or evaluations of any supervisor or peer review; any prior professional review			
11	or disciplinary actions; and any provider statements.			
12	In general, the process for conducting an investigation shall be conducted as expeditiously as			
13	possible.			
14 15	History: January 12, 2023 Section 4.10.015 was added.			
16	<b>History</b> . January 12, 2025 Section 4.10.015 was added.			
17	Sec. 4.10.100. Community Health Aide or Practitioner, Dental Health Aide or			
18	<b>Practitioner, or Behavioral Health Aide or Practitioner Sanctions.</b> If the Board, following			
19	any investigation or corresponding recommendations from an Inquiry Panel, finds that a person			
20	holding a certificate as a community health aide or practitioner, dental health aide or practitioner,			
21	or behavioral health aide or practitioner has violated one of the conditions of section 4.10.010			
22	[grounds for discipline], the Board may impose the following sanctions singly or in combination,			
23	including after a hearing conducted consistent with Chapter 9.			
24	(1) permanently revoke a certificate to practice;			
25	(2) suspend a certificate for a determinate period of time;			
26	(3) censure a person holding a certificate;			
27	(4) issue a letter of reprimand;			
28	(5) place a person holding a certificate on probationary status and require the person			
29	to			
30	(A) report regularly to the Board upon matters involving the basis of			
31	probation;			
32	(B) limit practice to those areas prescribed;			
33	(C) continue professional education until a satisfactory degree of skill has			
34	been attained in those areas determined by the Board to need improvement; and			
35	(6) impose limitations or conditions on the practice of a person holding a certificate.			
36				
37	If the Board finds that any complaints or charges are unproven or unsubstantiated, the			
38	Board may dismiss a complaint or take other action as appropriate consistent with the CHAP			
39	Standards & Procedures.			
40				
41 42	<b>History:</b> January 12, 2023, Section 4.10.100 was amended. June 18, 2008, Section 4.10.100 title and introductory sentence were amended. November 26, 2002, Section 4.10.100 title and			
42	title and introductory sentence were amended. November 26, 2002, Section 4.10.100 title and introductory sentence were amended.			
44				
45	Sec. 4.10.110. Withdrawing Probation. The Board may withdraw previously applied			
46	probationary status if it subsequently finds that the deficiencies that required the sanction have			
47	been remedied.			

47 been remedied.

1	History: January 12, 2023, Section 4.10.110 was amended.
2	
3	Sec. 4.10.120. Summary Suspension. Notwithstanding any other provision, the Board
4	may summarily suspend a certificate before or during any investigation, before any final hearing as
5	described in Chapter 9, or during the appeals process as described in Chapter 9 if at any time the
6	Board finds that the person holding a certificate poses a clear and immediate danger to the safety
7	of any individual patient or the public health if the person continues to practice. A person whose
8	certificate is suspended under this subsection shall be entitled to a hearing pursuant to section
9	9.10.010 [hearings]. The person may appeal the suspension after a hearing to the Area Director
10	of the Alaska Area Native Health Service.
11	
12	History: January 12, 2023, Section 4.10.120 was amended.
13	
14	Sec. 4.10.130. Consistency. The Board shall seek consistency in the conduct of any
15	investigation by an Inquiry Panel and its associated recommendations, application of disciplinary
16	sanctions, with any significant departure from prior decisions involving similar situations to be
17	explained in findings of fact or appropriate orders.
18	
19	History: January 12, 2023, Section 4.10.130 was amended.
20	
21	

Chapter 5. CHA/P Training Centers
Article 10. Requirements for Certification
Sec. 5.10.010. Certification. The Board shall issue a CHA/P Training Center certificate
to a training center which
<ul> <li>(1) applies on a form provided by the Board; and</li> <li>(2) adopts and adheres to requirements of sections 5.10.015 [educational program philosophy] through 5.10.070 [faculty continuing education].</li> </ul>
Sec. 5.10.015. Educational Program Philosophy. A CHA/P Training Center must have
on file a mission statement that reflects the statewide nature of the program and the goals and
objectives of the program, which must include quality health care, competency based instruction,
emphasis on clinical instruction and skills, emphasis on a positive learning environment, and
respect for the unique needs of the adult learner must also be on file.
1 1
Sec. 5.10.020. Training Facilities. A CHA/P Training Center facility must provide
classroom, or e-classroom and clinical environments that are conducive to a positive learning
experience for faculty and community health aide trainees by ensuring that
(1) traditional classrooms have appropriate space and privacy. An environmental
health review of the facility must be performed and on file. Specific consideration and evaluation
in the areas of safety, adequacy of space, air quality, lighting, heating, and storage and disposal
of hazardous waste must be documented; and
(2) e-classrooms have appropriate policies on Internet safety and privacy,
appropriate language, emergency procedures for Internet outages, and recommendations on
lighting, noise, and an ergonomic environment.
History: October 29, 2013, Section 5.10.020 was amended.
<b>History:</b> October 29, 2015, Section 5.10.020 was amended.
Sec. 5.10.025. Training Staff.
See 5.10.025. Training Statt.
(a) Qualifications and Roles.
(1) <b>Director/Instructor of Record.</b> The following standards apply to the CHA/P
Training Center Director/Instructor of Record.
(A) The CHA/P Training Center Director/Instructor of Record should be an
individual with a combination of education, research, work, and/or life experience which are
relevant to providing leadership in a CHA/P Training Center Program.
(B) In recognition of the diverse role of the CHA/P Training Center
Director/Instructor of Record, it is preferred that the Director or Instructor of Record have a
background in health and education and be able to administrate, serve in a statewide liaison role,
hold the mission of the statewide program, and provide program direction, development, and
leadership.
(C) The Instructor of Record must at a minimum be a state licensed mid-level
practitioner who will assume responsibilities for course development, evaluation and revision,
clinical site development and evaluation, and evaluation of students and instructors.

1	(2) Instructor. CHA/P Training Center instructors must consist of a majority of			
2	full-time equivalent mid-level practitioner or physician instructors who are employees of the			
3	federal government or licensed by the State of Alaska. Additional instructors should be certified			
4	or licensed and have formal training in the knowledge and skills that they are teaching, including			
5	CHPs with current CHP credential, CHAPCB certification, and EMT certification. All instructors			
6	will be monitored to assure compliance with the CHA/P Curriculum and competence in subject			
7	being taught. Instructors teaching CHA curriculum via eLearning must demonstrate competency			
8	in e-teaching by experience, completed coursework, or other approved measure.			
9				
10	(3) Clinical Instructor. Clinical instructors must be mid-level practitioners or			
11	physicians who are employees of the federal government or licensed by the State of Alaska.			
12	Certain patient encounter, exams, or procedures may be taught by other persons who have			
13	appropriate experience or certification (e.g. well child visits and return prenatal visits by a public			
14	health nurse; surrogate body system exams by a CHP). These encounters must be periodically			
15	reviewed by an experienced mid-level practitioner or physician trainer as part of the training			
16	center quality assurance program. The majority of clinical experiences for a student must be			
17	taught by a mid-level practitioner or physician trainer.			
18				
19	(4) Medical Advisor. The CHA/P Training Center Medical Advisor must be a			
20	physician employed by the federal government or licensed by the State of Alaska who is			
21	practicing primary care and is currently working with community health aides or practitioners.			
22	The Medical Advisor should have prior experience with the CHA/P program. The Medical			
23	Advisor's classroom instruction and clinical preceptorship will comply with the CHA/P			
24	Curriculum and statewide goals of the Community Health Aide Program. The Medical Advisor			
25	will participate in quality assurance/continuing quality improvement efforts, serve as a resource			
26	and be available for consultation and regular meetings.			
27				
28	(b) Job Descriptions. Job descriptions for each of the training staff which reflect these			
29	roles and responsibilities must be on file.			
30				
31	(c) Orientation of New Staff. Each CHA/P Training Center must have in place a			
32	written orientation procedure for new employees which will minimally include the CHA/P			
33	Training Center's mission, goals, and objectives; the CHA/P Curriculum; the methods of			
34	instruction and function of the statewide Community Health Aide Program; cultural diversity;			
35	the role of the CHA/P; and the CHA/P certification process.			
36				
37	(d) Faculty Turnover. In order to maintain the quality of instruction, the Board must be			
38	notified if during any twelve-month period 50 percent of the instructor staff of a CHA/P Training			
39	Center resigns and whenever a CHA/P Training Center Director resigns. Documentation of new			
40	employee orientation, peer review and student evaluation and examination must be available for			
41	review for each new instructor.			
42				
43 44	<b>History:</b> September 12, 2019, Section 5.10.025(a)(3) was amended. June 13, 2019, Section 5.10.025(a)(2) was amended. October 29, 2013, Section 5.10.025(a)(2) was amended. June			
44	24, 2009, Section 5.10.025(a)(2) and Section 5.10.025(d) were amended. November 26, 2002,			
46	Section $5.10.025(a)(2)$ , (3) and (4) and (c) were amended.			
47				

1 2	Sec. 5.10.030. Hospital/Clinic Affiliation.
2 3 4 5 6 7 8	(a) Accreditation. A CHA/P Training Center must be affiliated with the Alaska Native Medical Center or a hospital or clinic accredited by The Joint Commission (formerly known as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)) or licensed by the State of Alaska. Exception can be made in a clinic facility for which The Joint Commission accreditation or state licensing is not available.
9 10 11 12	<b>(b)</b> Hospital/Clinic Commitment. A CHA/P Training Center must have the support of hospital/clinic and/or corporation administration to provide on-going access to clinical training for CHA/Ps. A letter of support should be updated with each new clinical director and hospital or clinical administrator or corporation Board.
13 14 15	History: June 18, 2008, Section 5.10.030(a) was amended.
16 17 18 19 20	<b>Sec. 5.10.035. Volume, Hours and Distribution of Patient Encounters</b> . Clinical hours will be scheduled in compliance with the CHA/P Curriculum. For each trainee a CHA/P Training Center's documentation of volume, hours and distribution of patient encounters must meet the requirements of this section.
21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36	<ul> <li>(a) Encounters.</li> <li>(1) Session I. Ten encounters under the following conditions: the trainee will be the primary provider in at least four patient encounters with particular emphasis on the patient problems delineated in the CHA/P Curriculum, as outlined below, and at least six additional encounters with the trainee as an active participant.</li> <li>(2) Session II. Ten encounters under the following conditions: the trainee will be the primary provider in at least four patient encounters with particular emphasis on patient problems delineated in the CHA/P Curriculum, as outlined below and at least six additional encounters with the trainee as active participant.</li> <li>(3) Session III. Ten encounters under the following conditions: the trainee will be the primary provider in at least six patient encounters with particular emphasis on the patient problems delineated in the CHA/P Curriculum, as outlined below, and at least four additional encounters with the trainee as active participant.</li> <li>(3) Session III. Ten encounters under the following conditions: the trainee will be the primary provider in at least six patient encounters with particular emphasis on the patient problems delineated in the CHA/P Curriculum, as outlined below, and at least four additional encounters with the trainee as active participant.</li> <li>(4) Session IV. Fourteen encounters with particular emphasis on the patient problems delineated in the CHA/P Curriculum, as outlined below, and at least four additional encounters with particular emphasis on the patient problems delineated in the CHA/P Curriculum, as outlined below, and at least four additional encounters with the trainee as active participant.</li> </ul>
<ul> <li>37</li> <li>38</li> <li>39</li> <li>40</li> <li>41</li> <li>42</li> <li>43</li> <li>44</li> <li>45</li> <li>46</li> <li>47</li> </ul>	<ul> <li>(b) (1) Primary Provider. Under subsection (a) [volume, hours &amp; distribution of patient encounters; encounters] of this section, the primary provider must perform the history and examination, and depending on the complexity of the encounter and the skill and confidence level of the trainee, determine the assessment and plan in conjunction with the instructor.         <ul> <li>(2) Active Participant. Under this section, the active participant performs part of the patient encounter with direction or guidance of the instructor.</li> <li>(c) Distribution of Clinical Hours. The distribution of clinical hours must be available in the following kinds of patient encounters:</li> </ul> </li> </ul>
47	in the following kinds of patient encounters:

1	(1) Session I.	
2	<b>Encounter Type</b>	Hours
3	Acute care	12
4	Lab	1
5	Respiratory	1
6	Ear	1
7	Digestive system	1
8	Screening exam	1
9	Sick child	4
10	Vital signs	3
11	Approach to child (observe)	2
12	Total Hours	26
13		
1.4		
14	(2) Session II.	Полия
15	Encounter Type	Hours 12
16 17	Acute care Lab	
		1
18	Respiratory	1
19 20	Circulatory	1
20	Digestive system Prenatal	1
21 22	Mental illness	2 4
22	Sick child	4
23 24		1
24 25	Screening physical exam	4
23 26	Approach to child (observe) <b>Total Hours</b>	4 31
20 27	Total Hours	51
27	(3) Session III.	
28 29	Encounter Type	Hours
30	Prenatal	8
31	Newborn	1
32	Sick child	4
33	Post partum (fundus exam)	1
34	Well child	8
35	STD	4
36	<b>Total Hours</b>	26
37		patient is available, a RAC-approved model may be
38	substituted.	
39		
40		

40	(4) Session	[ <b>V</b> .
41	<b>Encounter Type</b>	Hours
42	Acute care	8
43	Ear	1
44	Respiratory	1
45	Circulatory	1

1	Digestive	1
2	Female reproductive	4
3	Prenatal	3
4	Sick child	4
5	Well child	3.5
6	Newborn	1
7	Chronic disease	4
8	Н&Р	2.5
9	<b>Total Hours</b>	34
10	i otur i fourș	
11	History: June 13, 201	9, Section 5.10.035(c)(3) was amended. June 30, 2016, Section
12		(1) were amended. January 16, 2009, Section 5.10.035(c)(2) and (c)(4) were
13		26, 2002, Section 5.10.035(a) was amended.
14		
15	Sec. 5.10.040. Trainees S	election Process.
16		
17	(a) Qualifications for T	rainees and Application Process. The CHA/P Training Center
18	will have a policy for selection of	trainees. The selection process will include requiring
19	applicants for trainee slots to file	a completed statewide application form recommended no less
20		of the training session, unless extraordinary circumstances are
21	1	nust include requirements that the training applicants have no
22	1 1 1	iding skills and that they have completed Pre-Session, unless
23	6	exceptions to these requirements adopted under section
24	5.10.040(c) [trainees selection pro	1 1
25	······································	·····, ·····[·····].
26	(b) Statewide Priorities	. The CHA/P Training Center must adhere to statewide
27		pplicants for a limited number of training slots.
28		
29	(c) <b>Exceptions</b> . The CH	A/P Training Center must have exception policies. Policies
30		lividual hardship cases, including emergency training needs in
31		rained personnel and in situations where community health
32		ess to field site courses (presession and ETT). Exception
33		ements for applicants with prior medical training, such as
34	registered nurses, National Guard	
35	registered nurses, reational Guard	corpsman, etc.
36	History: January 16, 2	2009, Section 5.10.040(a) was amended. November 26, 2002, Section
37	4.10.040(a) was amen	
38		
39	Sec. 5.10.045. Trainee Se	ervices.
40		
41	(a) Counseling and Hea	Ith Services. The CHA/P Training Center must have a system
42	for onsite or online initial individu	ual counseling for trainees, which may include assigning
43		Referral for confidential counseling by mental health
44	•	trainees. A system to provide acute care and emergency health
45	services must also be provided.	
46	1	
-		

1 2 3 4 5	<ul> <li>(b) Academic Advising. A CHA/P Training Center must provide an onsite or online system for trainee academic advising, documentation of formative and summative evaluations, and advising pertinent to the role of the community health aide and practitioner and certification.</li> <li>(c) Attrition. A system of recording trainee attrition data including the causes and timing of attrition during training must be in place.</li> </ul>
6	
7	(d) Housing, Meals, and Transportation. Housing, meals and transportation should be
8	available, affordable, and conveniently located to face-to-face or traditional trainees.
9	
10	(e) Internet Connectivity. A workstation with Internet connectivity must be accessible
11	as an alternate to an eLearning student's own Internet service.
12	
13	History: October 29, 2013, Section 5.10.045 was amended.
14	See 5 10.050 Community Health Aide Curriculum and Teaching Cuidelines
15 16	Sec. 5.10.050. Community Health Aide Curriculum and Teaching Guidelines.
10	(a) Duration of Training and Attendance. The length of Sessions I, II, III and IV
17	training sessions are based on the competencies as stated in Sec. 2.20.110, CHA I; Sec. 2.20.210,
19	CHA II; Sec. 2.20.310. CHA III; and Sec. 2.20.410, CHA IV. The CHA/P Training Center must
20	establish and enforce an attendance policy, which assures that each training participant fully
20	satisfies all conditions of the training.
22	subsites un conditions of the training.
23	(b) Class Size. The size of classes must allow for faculty/trainee ratios under section
24	5.10.050(c) [CHA/P curriculum & teaching guidelines; faculty/trainee ratio], and otherwise be
25	determined by the number of exam rooms available for clinical experience, the size of the
26	classroom for onsite didactic instruction, course content, past trends identified in the particular
27	class, and the CHA/P Curriculum requirements for lab skills instruction.
28	(c) Faculty/Trainee Ratio. Due to the short, intensive nature of CHA/P courses,
29	faculty/trainee ratios for clinical instruction during patient encounters, in which the trainee is the
30	primary provider, as defined in Sec. 5.10.035(b)(1), must be done on a one-to-one basis. For all
31	other clinical instructions the following faculty/trainee ratios for clinical instruction may not be
32	exceeded:
33	(1) Sessions I and II: one to one;
34	(2) Sessions III and IV: one to two depending on the independence of the trainees.
35	
36	(d) Classroom and Clinical Instruction. The intent in instruction for each session is to
37	integrate the CHA/P Curriculum, the CHAM, and the training and skill of the community health
38	aide/practitioner, with consideration to the "Role of the Community Health Aide/Practitioner."
39	(1) The CHA/P Curriculum objectives must be followed as a minimum standard.
40	(2) The CHAM must be used as a reference book for teaching community health
41	aides and practitioners, as a minimum standard.
42	(3) The instructional materials for faculty must consist of the CHA/P Curriculum
43 44	course objectives and lesson plans. Instructional materials must be updated every three years.
44 45	Additionally, eLearning classes externally linked content not created by the CHA/P instructor must be checked for accuracy prior to every session.
43 46	(4) Learning objectives and course expectations must be clearly defined for each
40 47	trainee.
• /	

1	
2	History: October 29, 2013, Section 5.10.050 was amended. January 13, 2011, Section
$\frac{2}{3}$	5.10.050(c) and (d)(3) were amended. October 7, 2009, Section $5.10.050(d)(3)$ was amended.
4	June 24, 2009, Section 5.10.050(c) was amended. June 18, 2008, Section 5.10.050(d) was
5	amended. November 26, 2002, Section 5.10.050(a), (b), and (d) were amended.
6	
7	Sec. 5.10.055. Field Training.
8	8
9	(a) The CHA/P Training Center staff must evaluate each trainee at the end of each
10	training-center portion of a session and prepare a packet of Field Training Requirements for
11	session completion.
12	session completion.
12	(b) Completion of the Field Training Requirements is the responsibility of the
14	employing Tribal Health Organization.
15	
16	(c) CHA/P Training Center staff must review the Field Training Requirements for
17	completion, before accepting a CHA in to the next session.
18	
19	<b>History:</b> October 13, 2022, Sec. 5.10.055 was amended. June 24, 2009 Section 5.10.055(a)
20	and (b) were amended.
21	See 5 10 000 CHA/D Tracining Contain A desiring the and December
22	Sec. 5.10.060. CHA/P Training Center Administration and Records.
23	
24	(a) Commitment of Administration. A CHA/P Training Center must have a
25	memorandum of agreement updated with each new CHA/P Training Center administrative
26	agency to document on-going support of staffing positions and program needs.
27	
28	(b) Secretarial Support. A CHA/P Training Center should have administrative and
29	secretarial support sufficient to assure timely and smooth functioning of the program.
30	
31	(c) CHA/P Training Center Files. A CHA/P Training Center must have on file for
32	review: CHA/P Curriculum outlines, learning objectives/lesson plans, session quizzes/exams,
33	CHA/P evaluation records, application forms, student training files, quality assurance/continuous
34	quality improvement files and a training plan for employees. A CHA/P Training Center must
35	adopt and enforce policies regarding retention of CHA/P Training Center files and conditions
36	under which transfer of files may occur. The retention schedule policy must be consistent with a
37	schedule approved by the Board. The file transfer policy must require that a record be retained
38	identifying the files that were transferred and to whom.
39	
40	(d) CHA/P Training Center Office Space. A CHA/P Training Center should have
41	offices available for instructors which provide an environment that is conducive to high
42	productivity of its faculty in preparation for instruction.
43	productivity of its faculty in preparation for instruction.
44	History: November 26, 2002, Section 5.10.060(c) was amended.
45	
46	Sec. 5.10.065. CHA/P Training Center Self-Evaluation.
40 47	Svv, 3,10,003, CHA/I Hanning Chitci Sch-Evaluation,
4/	

1	(a) CHA/P Training Center. A CHA/P Training Center must have a policy on quality
2	assurance (QA)/continuous quality improvement (CQI). This policy must include
3	(1) documentation of post-session meetings for staff evaluation of training sessions
4	and quarterly program reviews;
5	(2) evaluation of CHA clinical encounters;
6	(3) Patient Encounter Form (PEF) evaluation for quality and appropriateness of
7	patient care as delineated by the CHAM;
8	(4) weekly evaluation of the CHA in a learner role;
9	(5) a summary evaluation of the CHA;
10	(6) CHA evaluations of training sessions and individual instructors; and
11	(7) faculty peer review of didactic and clinical instruction.
12	
13	(b) QA/CQI. The QA/CQI process must be in effect, documenting that evaluation tools
14	are in use, trends are identified and the continuous quality improvement process is being
15	implemented to address and modify those identified trends.
16	
17	History: June 8, 2010, Section 5.10.065 was amended and reformatted. November 26, 2002,
18	Section 5.10.065 was amended.
19 20	Sec. 5.10.070. Faculty Continuing Education. A CHA/P Training Center must have
20	
21 22	a policy on faculty continuing education both in the educational and medical fields. A plan should be developed annually to meet the policy goals.
22	should be developed annually to meet the policy goals.
24	Article 20
24 25	Article 20. Types of CHA/P Training Center Certification and Recertification
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25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	Types of CHA/P Training Center Certification and RecertificationSec. 5.20.005. Review and Approval Committee (RAC) is a subcommittee of Alaska Area Community Health Aide Program Directors that periodically reviews CHAP Training Centers for compliance with the Certification Board Standards.History: October 13, 2022, Section 5.10.005 was added.Sec. 5.20.010. Start-up Certification. A CHA/P Training Center may obtain start-up certification prior to conducting its first training session upon submission of evidence satisfactory to the Board that it will meet the requirements of sections 5.10.010 [certification] through 5.10.070 [faculty continuing education]. Start-up certification shall be valid only until the Board evaluates and acts on the first on-site evaluation, which shall occur during the first training session. At the end of the start-up certification period the Board shall terminate the certification or grant provisional or full certification. The Board shall grant full certification to a CHA/P Training Center that demonstrates substantial compliance with the requirements of sections 5.10.010 [full certification] through 5.10.070 [faculty continuing education].

1	and Approval Committee CHA Education Program Evaluation Checklist to include meeting all
2	essential items as defined in the checklist.
3	
4	History: January 13, 2011, Section 5.10.020 was amended. October 7, 2009, Section 5.10.020 was
5	amended.
6	
7	Sec. 5.20.030. Provisional Certification. The Board may grant provisional certification
8	to a CHA/P Training Center with Start-up Certification that is not eligible for full certification
9	under section 5.20.020 provided it meets all the requirements for full certification, except that it
10	is required to score only a minimum of 80% on the Review and Approval Committee CHA
11	Education Program Evaluation Checklist. Provisional certification shall be effective for only six
12	months and may be renewed only one time for a total of no more than one year.
13	
14	History: June 24, 2009, Section 5.20.030 was amended.
15	
16	Article 30. Continuing Requirements
17	
18	Sec. 5.30.010. Periodic Submissions and Reviews. A CHA/P Training Center fully
19	certified under section 5.20.020 [full certification] shall submit a CHA/P Training Center Annual
20	RAC Requirements Review Checklist each year and shall be subject to on-site reviews, upon
21	reasonable notice, at the discretion of the Board, provided that an on-site review must occur no
22	less often than once every five years. Such a CHA/P Training Center must notify the Board if a
23	change in any of the following occurs:
24	(1) the person responsible for coordination of the training within the center;
25	<ul><li>(1) the person responsible for coordination of the during within the center,</li><li>(2) 50 percent or more of the staff within a three-month period;</li></ul>
23 26	
27	(4) major changes in methods of CHA/P Curriculum delivery to be submitted prior
28	to implementation;
29	(5) facilities used for training; or
30	(6) administration or finance that affects the viability of the training program.
31	
32	History: January 25, 2018, Section 5.30.010 was amended. June 22, 2017, Section 5.30.010 was
33	amended. October 7, 2009, Section 5.30.010 was amended. November 26, 2002, Section
34	5.30.010(4) was amended.
35	
36	Sec. 5.30.020. Monitoring. A fully or provisionally certified CHA/P Training Center
37	may be required to submit periodic reports of progress regarding its response to any changes
38	reported under section 5.30.010 [periodic submissions and reviews], or problems or deficiencies
39	noted during any review or on-site evaluation.
40	
41	Article 40. CHA/P Training Center Sanctions
42	0
43	Sec. 5.40.010. Probation or Termination. Upon determining that a provisionally
44	certified CHA/P Training Center has failed to achieve full certification within the required time
45	limit or that a provisionally or fully certified CHA/P Training Center has failed to demonstrate
46	continued performance at the applicable levels required under this section, the Board may place
40 47	the center's certification in a probationary status or terminate the certification.
4/	the conter's contineation in a probationary status of terminate the certification.

1 2 3 4 5 6 7 8 9 10	<ul> <li>Sec. 5.40.020. Conditions of Probation. If the Board grants a probationary status, it must specify the conditions for reinstatement of full or provisional certification, which must be satisfied within the time frame established by the Board, which shall not be longer than six months. The conditions of probation may include, but are not limited to <ol> <li>requiring reports to the Board upon matters involving the basis of probation;</li> <li>limiting training to those sessions prescribed by the Board; and</li> <li>terminating training until prescribed conditions are satisfied.</li> </ol> </li> </ul>
	Chamten (
11	Chapter 6.
12 13	Certification of CHA/P Training Curriculum and the Alaska Community Health Aide/Practitioner Manual (CHAM)
13 14	Alue/1 l'actitioner ivianual (CITAIVI)
15	History: October 13, 2022, Chapter 6, title was amended. November 26, 2002, Chapter 6, title was
16	amended.
17	
18	Sec. 6.10.010. Continuous Review of Curriculum. The Board shall develop and follow
19	a process and schedule for periodic review, amendment and adoption of all aspects of the CHA/P
20	Curriculum and standards relied upon in the Community Health Aide Program for Alaska.
21	Comments and participation shall be solicited from Association of Alaska Community Health
22	Aide Program Directors field staff, community health aides and practitioners, CHA/P Training
23	Center staff, and health care providers who relate in any way to the Community Health Aide
24	Program.
25 26	History: October 13, 2022, Sec. 6.10.010 was amended. November 26, 2002, Section 6.10.010 was
27	amended.
28	
29	Sec. 6.10.020. Continuous Review of CHAM. The Board shall develop and follow a
30	process and schedule for periodic review, amendment, and adoption of all aspects of the Alaska
31	Community Health Aide/Practitioner Manual (CHAM), relied upon in the Community Health
32	Aide Program for Alaska. Comments and participation shall be solicited from Association of
33	Alaska Community Health Aide Program Directors, field staff, community health aides and
34	practitioners, CHA/P Training Center staff, and health care providers who relate in any way to
35	the Community Health Aide Program.
36	
37	History: October 13, 2022, Sec. 6.10.020 was added.
38 39	Sec. 6.10.100 Academic Review Committee (ARC) is a subcommittee of Association of
39 40	Alaska Community Health Aide Program Directors that advises the Association of Alaska
40 41	Community Health Aide Program Directors and Alaska CHAP Certification Board in matters of
42	Community Health Aide/Practitioner Basic Training including curriculum, CHAM, field training,
43	credentialing, continuing education, and standards.
44	
45	History: October 13, 2022, Sec. 6.10.100 was added.
46	

1 2 3 4 5	<b>Sec. 6.10.900. Transition.</b> The Board shall use the CHA/P Curriculum, field work guidelines, and other materials and standards developed by committees of the Community Health Aide Directors Association, including the Academic Review Committee (ARC), Review and Approval Committee (RAC), CHAM Revision Committee, until such time as it can review and adopt such materials under this section.
6 7 8 9	History: October 3, 2006, Section 6.10.900 was amended. November 26, 2002, Section 6.10.900 was amended.
10	Chapter 7.
10	Certification of DHA Training and Curriculum
11	Certification of DITA Training and Curriculum
13 14	<b>History:</b> November 26, 2002, Chapter 7 was renumbered Chapter 8 and this new Chapter 7 was added.
15 16	Article 10. Training Programs, Facilities and Training Staff
17	Sec 7 10 010 Ferritian Destable side to interest
18	Sec. 7.10.010. Facilities. Dental health aide training may occur in:
19 20	(1) any certified CHA/P Training Center with facilities appropriate to the training
20	being provided; (2) for training not requiring clinical activity, any classroom that generally meets
21 22	the standards set under section 5.10.020 [training facilities];
22	(3) for training requiring clinical activity, any Federal, State, university, or tribal
23 24	facility with space, equipment and materials appropriate and adequate to provide each student
2 <del>4</del> 25	with a sufficient opportunity to observe and participate in the training activities; and
23 26	(4) as necessary, other locations may be used provided they meet the standards set
20 27	forth in this section.
28	
28	History: November 26, 2002, Section 7.10.010 was added.
30	
31	Sec. 7.10.020. Training Staff.
32	
33	(a) Qualification and Roles. Dental health aide training may be coordinated and
34	conducted by any person who generally meets the standards of section 5.10.025(a) [training
35	staff; qualifications & roles] as applicable to the specific training being conducted.
36	
37	(b) Dental Advisor. All dental health aide training must be conducted under the general
38	supervision of a dental advisor who must be a dentist, as defined in section 2.30.010 [supervision
39	of DHAs], who is familiar with the CHA/P Program. The dental advisor may or may not
40	participate directly in the training, but must be familiar with and have approved the curriculum
41	being taught and the qualifications of the training staff, and be available to consult with training
42	staff during the training session should the need arise. Such consultation may occur
43	telephonically or in person.
44	
45	History: November 26, 2002, Section 7.10.020 was added.
46	

1 2	Sec. 7.10.030. DHA Training Administration and Records.
3 4	(a) Commitment of Administration. The sponsor of Board approved DHA training programs must have an agreement with the Alaska Native Tribal Health Consortium Department
5 6	of Oral Health Promotion which will document on-going support of staffing positions and program needs and accept and retain records regarding training and continuing education carried
7 8	out by the DHA training program.
9	(b) Secretarial Support. A DHA training program should have administrative and
10	secretarial support sufficient to assure timely and smooth functioning of the program and
11 12	transmittal of records to the Department of Oral Health Promotion.
13	(c) DHA Training Program Files.
14	(1) A DHA training program must have on file for review, or transmit to the
15 16	Department of Oral Health Promotion for retention, DHA training outlines, learning objectives/lesson plans, session quizzes/exams, dental health aide evaluation records, application
10	forms, student training files, quality assurance/continuous quality improvement files and a
18	training plan for employees.
19 20	(2) A DHA training program must promptly after the conclusion of each training
20 21	session, course or continuing education program transmit to the Department of Oral Health Promotion a list of each student who attended the program with information about whether the
22	student completed the course and an evaluation of the student's performance.
23 24	<b>History</b> Lemma 22, 2016, Section 7, 10,020(c), (b) and (c) more smooth d. Neverther, 26, 2002
24 25	<b>History:</b> January 22, 2016, Section 7.10.030(a), (b) and (c) were amended. November 26, 2002, Section 7.10.030 was added.
26	
27 28	Article 20. Dental Health Aide Curricula
29 30	Sec. 7.20.010. DHA Core Curriculum.
31	(a) Subject Matter. A DHA Core Curriculum course must address the following topics:
32	(1) role of community health aide and practitioner, dental health aide and behavioral
33 34	health aide and practitioner in a village;
54 35	<ul><li>(2) general scope of work;</li><li>(3) medical ethics;</li></ul>
36	(4) legal issues;
37	(5) State of Alaska reporting requirements;
38 39	<ul><li>(6) consent for treatment;</li><li>(7) interviewing skills;</li></ul>
39 40	<ul><li>(7) Interviewing skins,</li><li>(8) health/disease process;</li></ul>
41	(9) infection and communicable disease;
42	(10) introductory anatomy and dental anatomy;
43 44	<ul><li>(11) vocabulary and abbreviations;</li><li>(12) documentation, including "HEAP" (history, examination, assessment and plan)</li></ul>
44 45	and "SOAP" (subjective, objective, assessment and plan) forms of documentation;
46	(13) introduction to pharmacology;
47	(14) introduction to clinic management;

## Community Health Aide Program Certification Board – Standards and Procedures Amended June 8, 2023

1	(15) health care system access, including Medicaid and third party insurance;
2	(16) scheduling;
3	(17) use of CHAM; and
4	(18) introductory medical history taking.
5	
6	(b) CHA/P Equivalency. The topics listed in subsection (a) must be addressed in a way
7	comparable to that required under the CHA/P Curriculum for the comparable topics.
8	
9	(a) Training The training will include didectic instruction and hands on prestice in a
	(c) <b>Training.</b> The training will include didactic instruction and hands-on practice in a
10	lab or clinic setting sufficient to demonstrate competency of the subject matter listed in
11	subsection (a) of this section.
12	History: January 22, 2016, Section 7.20.010(c) was amended. June 18, 2008, Section
13	7.20.010(a)(1) was amended. January 31, 2005, Section 7.20.010 was amended. November
14	26, 2002, Section 7.20.010 was added.
15	
16	Sec. 7.20.020. Primary Oral Health Promotion and Disease Prevention.
17	
18	(a) Subject Matter. A primary oral health promotion and disease prevention course
19	must address the following topics:
20	(1) introduction to caries disease process;
21	<ul><li>(1) introduction to periodontal disease process;</li><li>(2) introduction to periodontal disease process;</li></ul>
22	<ul><li>(3) theory of oral health promotion and disease prevention;</li></ul>
23	(4) fluoride as a drug and related issues, including toxicity;
24	(5) topical fluoride treatments;
25	(6) diet counseling; and
26	(7) oral hygiene instruction.
27	
28	(b) Training. The training will include instruction and hands-on practice in a lab or
29	clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this
30	section; hands-on practice must include a minimum of 6 hours of clinical encounters.
31	section, hands on practice must merade a minimum of 6 nours of enniour encounters.
32	History: September 12, 2019, Section 7.20.020(a)(5) was amended. January 22, 2016, Section
33	7.20.020(b) was amended. November 26, 2002, Section 7.20.020 was added.
34	7.20.020(0) was amended. November 20, 2002, Section 7.20.020 was added.
	Sec. 7.20.030. Basic Dental Procedures.
35	Sec. 7.20.050. Dasic Dental Frocedures.
36	
37	(a) Subject Matter. A Basic Dental Procedures course must address the following
38	topics:
39	(1) introductory dental anatomy;
40	(2) basic infection control principles and practices, including
41	(A) universal precautions; and
42	(B) hand washing;
43	<ul><li>(3) introductory clean/sterile techniques;</li></ul>
44	(4) introductory identification of dental problems, including oral cancer, and
45	referral;
46	(5) introductory problem specific history taking; and
47	(6) introductory dental charting.

1	
2	(b) Training. The training will include instruction and hands-on practice in a lab or
3	clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this
4	section; hands-on practice must include a minimum of 6 hours clinical encounters.
5	section, nunes on practice must menue a minimum of o nours emited encounters.
6	History: January 22, 2016, Section 7.20.030(b) was amended. November 26, 2002, Section
7	7.20.030 was added.
8	
9	Sec. 7.20.040. DHA Advanced Dental Procedures.
10	
11	(a) Subject Matter. A DHA Advanced Dental Procedures course must address the
12	following topics:
13	(1) dental anatomy;
14	<ul><li>(2) caries and periodontal disease process;</li></ul>
15	<ul><li>(3) dental instruments and equipment;</li></ul>
16	(4) dental charting;
17	<ul><li>(5) handling and sterilization of instruments;</li></ul>
18	<ul><li>(6) disinfection of operatory; and</li></ul>
19	<ul><li>(7) patient record documentation.</li></ul>
20	
21	(b) Training. The training will include instruction and hands-on practice in a lab or
22	clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this
23	section; hands-on practice must include a minimum of 7 hours of clinical encounters.
24	section, nunes on practice must merade a minimum of 7 nouis of emitear encounters.
25	History: January 22, 2016, Section 7.20.040(b) was amended. November 26, 2002, Section
26	7.20.040 was added.
27	
28	Sec. 7.20.050. Village-Based Dental Practice.
29	
30	(a) Subject Matter. A Village-Based Dental Practice course must address the following
31	topics:
32	(1) use of telemedicine technology, including use of intra- and extra-oral cameras;
33	(2) problem specific medical and dental history taking;
34	(3) recognition of medical and dental conditions; and
35	(4) recognition of relationship between medical conditions and oral health.
36	
37	(b) Training. The Training will include instruction and hands-on practice in a lab or
38	clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this
39	section; hands-on practice must include a minimum of 7 hours clinical encounters.
40	
41	History: January 22, 2016, Section 7.20.050(b) was amended. June 8, 2010, Section 7.20.050(a)
42	was amended. November 26, 2002, Section 7.20.050 was added.
43	
44	Sec. 7.20.100. Sealants.
45	
46	(a) Subject Matter. A course in sealants must address the following topics:
47	(1) understanding and following dental orders;

1	(2) reviewing medical history and identifying contraindications for sealant
2	treatment;
3	(3) explaining sealant procedure and responding to questions regarding sealant;
4	(4) proper patient and provider safety procedures, including
5	(A) proper use and safety procedures related to curing light; and
6	(B) proper use of etchant material;
7	(5) isolating and drying teeth to be sealed;
8	(6) identifying and correcting occlusal discrepancies caused by excess sealant; and
9	<ul><li>(7) ensuring retention of the sealant.</li></ul>
10	(7) clisting recention of the sectant.
11	(b) Training. The training will include instruction and hands-on practice in a lab or
11	
	clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this
13	section; hands-on practice must include a minimum of 7 hours clinical encounters.
14	$\mathbf{H}^{*}_{1}$
15 16	<b>History:</b> January 22, 2016, Section 7.20.100(b) was amended. November 26, 2002, Section 7.20.100 was added.
10	7.20.100 was added.
18	Sec. 7.20.110. Dental Prophylaxis.
18	Sec. 7.20.110. Dentai 110phylaxis.
19 20	(a) Subject Matter. A course in dental prophylaxis must address the following topics:
20 21	
	<ul> <li>(1) understanding and following dental orders;</li> <li>(2) anti-anti-anti-anti-anti-anti-anti-anti-</li></ul>
22	(2) reviewing medical history and identify contraindications for performing
23	prophylaxis;
24	(3) understanding when the patient should be referred to a dentist prior to carrying
25	out prophylaxis;
26	(4) explaining prophylaxis procedure and respond to questions from patient
27	regarding prophylaxis;
28	(5) proper patient and provider safety procedures, including:
29	(A) proper use of dental instruments for safety of patient and provider; and
30	(B) proper use of ultrasonic scalers;
31	(6) scaling and polishing to remove plaque, calculus, and stains from the coronal or
32	exposed surface of the tooth; and
33	(7) consistent with direct orders from the dentist after a dental examination, sulcular
34	irrigation.
35	
36	(b) Training. The training will include instruction and hands-on practice in a lab or
37	clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this
38	section; hands-on practice must include a minimum of 16 hours of clinical encounters.
39	
40	History: October 27, 2016, Section 7.20.110(a)(5)(B) was amended. January 22, 2016, Section
41	7.20.110(b) was amended. October 30, 2014, Section 7.20.110(a)(6) was amended. June 8, 2010,
42	Section 7.20.110(a) and (b) were amended. November 26, 2002, Section 7.20.110 was added.
43	
44	Sec. 7.20.120. Dental Radiology.
45	
46	(a) Subject Matter. A course in dental radiology must address the following topics:
47	(1) components of an x-ray machine,

1	(2) kilovoltage (kVp),
2	(2) knowing (k v p), (3) density and contrast,
3	(4) milliamperage (mA),
4	(5) exposure time,
5	(6) sensor type,
6	(7) [RESERVED]
7	(7) [RESERVED]
8	(9) [RESERVED]
9	(10) radiological protection,
10	(11) radiographic quality,
11	(12) radiographic technique,
12	(12) [RESERVED]
13	(14) presentation of radiographs,
14	(15) radiographic infection control,
15	(16) special radiograph techniques,
16	(17) [RESERVED]
17	(18) mounting and labeling of radiographs,
18	(19) radiological protection of operator and patient,
19	(20) use and storage of the lead apron and thyroid collar,
20	(21) review medical history and identify contraindications for performing x-rays,
21	(22) [RESERVED]
22	(23) recognition and correction of
23	(A) distortion,
24	(B) overlap, and
25	(C) cone-cutting;
26	(D) [RESERVED]
27	(24) use of sensor holding device,
28	(25) positioning and exposing intra-oral radiographs,
29	(26) troubleshooting technique errors,
30	(A) [RESERVED]
31	(B) [RESERVED]
32	(27) [RÉSERVED]
33	(28) image labeling,
34	(29) use of landmarks to display images,
35	(30) [RESERVED]
36	(31) basic knowledge of film radiography; and
37	(32) variety of digital radiography systems.
38	
39	(b) Training. The training will include instruction and hands-on practice in a lab or
40	clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this
41	section; hands-on practice must include a minimum of 12 hours of clinical encounters.
42	· <b>1</b>
43	History: October 6, 2021 Section 7.20.120 (a) was amended. January 22, 2016, Section
44	7.20.120(b) was amended. June 8, 2010, Section 7.20.120(a) was amended. November 26, 2002,
45	Section 7.20.120 was added.
46	

Sec. 7.20.130. Dental Assisting.
<ul> <li>(a) Subject Matter. A course in dental assisting must address the following topics:</li> <li>(1) applying topical anesthetic agents;</li> <li>(2) placing and removing rubber dams;</li> <li>(3) basic knowledge of dental materials, instruments, and procedures;</li> <li>(4) four-handed instrument transfer;</li> <li>(5) dental charting and patient record documentation;</li> <li>(6) proper handling and sterilization of instruments; and</li> <li>(7) disinfection of operatory.</li> </ul>
(b) <b>Training.</b> The training will include instruction and hands-on practice in a lab or
clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section; hands-on practice must include a minimum of 20 hours of clinical encounters
History: January 26, 2017, Section 7.20.130(a) was amended. January 22, 2016, Section 7.20.130(b) was amended. June 8, 2010, Section 7.20.130(a) was amended. November 26, 2002, Section 7.20.130 was added.
Sec. 7.20.140. Atraumatic Restorative Treatment (ART).
(a) Subject Matter. A course in atraumatic restorative treatment must address the
following topics:
(1) understanding and following dental orders;
<ul><li>(2) reviewing medical history and identifying contraindications for performing</li></ul>
ART;
(3) identify cases appropriate for ART;
<ul><li>(4) understanding when the patient should be referred to a dentist, dental health aide</li></ul>
therapist, or dental health aide therapist practitioner;
(5) explaining ART procedure and responding to questions from patient regarding
ART;
(6) proper patient and provider safety procedures, including proper use of dental
instruments;
(7) isolating the tooth/teeth;
(8) removing gross caries with hand instruments;
(9) mixing, placing and contouring appropriate restorative material; and
(10) recognizing potential and actual procedural complications and consulting
appropriately with the dentist, dental health aide therapist, or dental health aide therapist
practitioner.
(b) Training. The training will include instruction and hands-on practice in a lab or
clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this
section; hands-on practice must include a minimum of 21 hours of clinical encounters
<b>History:</b> June 3, 2021, Section 7.20.140 (a)(4) and (10) were amended. January 22, 2016, Section 7.20.140(b) was amended. June 8, 2010, Section 7.20.140(a)(3) was amended. November 26, 2002, Section 7.20.140 was added.

1	
2	Sec. 7.20.200. Basic Restorative Functions.
3	
4	(a) Subject Matter. A course in basic restorative functions must address the following
5	topics:
6	(1) advanced tooth morphology, structure and function;
7	(2) discrimination between acceptable and unacceptable restoration;
8	(3) placement and finishing of Class I, II, III and V dental restorations (simple
9	fillings) after preparation by the dentist, dental health aide therapist, or dental health aide
10	therapist practitioner; and
11	(4) RESERVED
12	(5) appropriate post-procedure instructions.
13	
14	(b) <b>Training.</b> The training will include instruction and hands-on practice in a lab or
15	clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this
16	section; hands-on practice must include a minimum of 21 hours of clinical encounters.
17	$\mathbf{H}^{*}$
18 19	<b>History:</b> June 8, 2023, Section 7.20.200(a)(3) and (4) were amended. January 13, 2022, Section 7.20.200(a) was amended. January 22, 2016, Section 7.20.200(b) was amended. November 26,
20	2002, Section 7.20.200 was added.
21	
22	Sec. 7.20.210. Advanced Restorative Functions.
23	
24	(a) Subject Matter. A course in advanced restorative functions must address the
25	following topics:
26	(1) the basics of occlusion as they apply to restorative dentistry; and
27	(2) current state-of-the-art dentinal bonding agents;
28	(3) placement and finishing of cusp protected and complex Class II restorations
29	(complex fillings) after preparation by the dentist, dental health aide therapist, or dental health
30	aide therapist practitioner;
31	(4) placement and finishing of dental Class IV restorations (complex fillings) after
32	preparation by the dentist, dental health aide therapist, or dental health aide therapist practitioner;
33	and
34	(5) appropriate post-procedure instructions.
35	
36	(b) <b>Training.</b> The training will include instruction and hands-on practice in a lab or
37	clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this
38	section; hands-on practice must include a minimum of 21 hours of clinical encounters.
39	
40	<b>History:</b> June 8, 2023, Section 7.20.210(3) and (4) were amended. January 13, 2022, Section 7.20.210( $)$ (2) = 1(4) = 22.2016 S = (1 - 7.20.210(1)) = 2.2016 S = (1 - 7.20) =
41 42	7.20.210(a)(3) and (4) were amended. January 22, 2016, Section 7.20.210(b) was amended. November 26, 2002, Section 7.20.210 was added.
43	1000011001 20, 2002, Section 7.20.210 was added.
44	Sec. 7.20.220. Stainless Steel Crowns.
45	
46	(a) Subject Matter. A course in stainless steel crowns must address the following
47	topics:
	1

1	(1) selecting the appropriate stainless steel crown;
2	(2) modifying the crown, as necessary;
3	(3) checking and correcting occlusion, contact and margins of stainless steel crown;
4	(4) cementing and removing excess cement;
5	(5) reverifying the occlusion; and
6	(6) providing appropriate post-procedure instructions.
7	
8	(b) <b>Training.</b> The training will include instruction and hands-on practice in a lab or
9	clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this
10 11	section; hands-on practice must include a minimum of 14 hours of clinical encounters. History: January 22, 2016, Section 7.20.220(b) was amended. November 26, 2002, Section
12	7.20.220 was added.
13	
14	Sec. 7.20.300. Dental Health Aide Hygienist Training Program. A DHA hygienist
15	training program must provide instruction and clinical training equivalent to that required for
16	accreditation by the Commission on Dental Accreditation of the American Dental Association.
17	
18	History: June 8, 2010, Section 7.20.300 was amended. November 26, 2002, Section 7.20.300 was
19	added.
20	
21	Sec. 7.20.400. Local Anesthetic Administration.
22	(a) Subject Metter A course in local questions durinistration must address the
23 24	(a) Subject Matter. A course in local anesthetic administration must address the following topics:
24 25	(1) medical history evaluation procedures;
25 26	<ul><li>(1) Interfeat instory evaluation procedures,</li><li>(2) anatomy of the head, neck and oral cavity as it relates to administering local</li></ul>
20	anesthetic agents;
28	(3) pharmacology of local anesthetic agents, vasoconstrictors and preservatives,
29	including physiologic actions, types of anesthetics, and maximum dose per weight;
30	(4) systemic conditions which influence selection and administration of anesthetic
31	agents;
32	(5) signs and symptoms of reactions to local anesthetic agents, including monitoring
33	of vital signs;
34	(6) management of reactions to, or complications associated with, the
35	administration of local anesthetic agents;
36	(7) selection and preparation of the instruments, supplies and equipment for
37	administering various local anesthetic agents; and
38	(8) methods of administering local anesthetic agents with emphasis on
39	(A) technique,
40	(B) aspiration,
41	(C) slow injection; and
42	(D) minimum effective dosage.
43	
44	(b) Training. The training will include instruction and hands-on practice in a lab or
45	clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this
46	section; hands-on practice must include clinical experience sufficient to establish the dental

1	health aide's ability to adequately anesthetize the entire dentition and supporting structure in a
2	clinical setting, and a minimum of 16 hours of clinical encounters.
3 4 5 6	<b>History:</b> January 22, 2016, Section 7.20.400(b) was amended. January 13, 2011, Section 7.20.400(b)(3) was amended. June 8, 2010, Section 7.20.400(b) was amended. November 26, 2002, Section 7.20.400 was added.
7	
8 9	Sec. 7.20.500. Dental Health Aide Therapist Educational Program. A DHAT Educational Program must provide instruction and clinical education equivalent to that
9 10	established by the Commission on Dental Accreditation (CODA) in their accreditation standards
10	for dental therapy education programs or the Alaska DHAT Educational Program.
12	for dental therapy education programs of the Atlaska DTIAT Educational Program.
13	History: January 22, 2016, Section 7.20.500 was amended. November 26, 2002, Section 7.20.500
14	was added.
15	
16	<b>Article 30. Certification of DHA Training Curriculum</b>
17	
18	Sec. 7.30.010. Curriculum Approval. Dental health aide training curriculum may be
19 20	approved by the Board generally or on a class by class basis provided each course curriculum
20	meets the minimum content requirements set forth in article 20 of this chapter and has been
21	reviewed and is recommended by the Dental Academic Review Committee described under
22 23	section 7.30.100 [DARC].
23 24	History: November 26, 2002, Section 7.30.010 was added.
25	<b>History</b> . November 20, 2002, Section 7.50.010 was added.
26	Sec. 7.30.100. Dental Academic Review Committee (DARC).
27	
28	(a) Membership. The dental academic review committee satisfies these <i>Standards</i> if it
29	includes:
30	(1) 3 dentists, as defined in sec 2.30.010 [supervision of DHAs], who are employed
31	by the IHS, a tribe or tribal organization, provided that at least:
32	(A) one must be actively involved in development and implementation of
33	dental health aide training;
34	(B) one must be the chief or deputy chief dentist in a tribal health program,
35	and
36	(C) one must be actively engaged in clinical practice;
37	(2) one licensed dental hygienist employed by the IHS, a tribe or tribal
38	organization; and
39	(3) to the extent feasible,
40	(A) one representative of the CHA/P Academic Review Committee; and
41	(B) one CHA/P Training Center representative; and currently employed by a
42	certified CHA/P Training Center; and (4) provided that at least one of the members must have community health eide or
43 44	(4) provided that at least one of the members must have community health aide or
44	
45	dental health aide field supervision experience.

1 2 3 4 5 6 7	(b) Quorum. Recommendations for approval of curriculum under section 7.30.010 [curriculum approval] may only be made by the DARC if a quorum was first established. A quorum shall consist of a minimum of four members at least two of whom must be dentists. History: June 18, 2008, Section 7.30.100(a) was amended. November 26, 2002, Section 7.30.100 was added.
8 9	Sec. 7.30.200. Development and Transition.
10 11 12 13 14 15 16	(a) Development. The Board shall use IHS training and work guidelines, standardized materials accepted in the dental practice community, materials developed by DARC, applicable materials and standards developed by committees of the Community Health Aide Directors Association, including ARC, RAC, CHAM, and other appropriate resource material until fully integrated DHA program center and curriculum standards are developed and reviewed and approved by the Board.
17 18 19 20	(b) Transition. The absence of a fully developed DHA training program and DHA curriculum standards shall not be justification for the Board deferring the review and approval of curriculum recommended by DARC or for denying certification to an individual who has otherwise met the requirements of Chapter 2 Article 30.
21 22 23 24	<b>History:</b> October 3, 2006, Section 7.30.200(a) was amended. November 26, 2002, Section 7.30.200 was added.
25	
26 27 28	Chapter 8. Certification of BHA Training and Curriculum
28 29 30	History: June 18, 2008, Chapter 8 was renumbered Chapter 9 and this new Chapter 8 was added.
31 32	Article 10. Training Programs, Facilities, and Training Staff.
33 34 35 36 37 38 39 40	Sec. 8.10.010. Facilities. A BHA training center facility must provide classroom, or e- classroom and clinical environments that are conducive to a positive learning experience for faculty and behavioral health aide trainees by ensuring that: (1) Traditional classrooms have appropriate space and privacy. Specific consideration and evaluation in the areas of safety, adequacy of space, air quality, lighting, heating, and storage must be documented; and (2) e-classrooms have appropriate policies on Internet safety and privacy,

1 2	Sec. 8.10.020. Training Staff.
3	(a) Qualification and Roles. Behavioral health aide and practitioner training may be
4	coordinated and conducted by any person who generally meets the standards of this section.
5	(1) Director/Instructor of Record. The BHA training center Director/Instructor of
6	Record
7	(A) must be a licensed behavioral health clinician or behavioral health
8	professional who will assume responsibilities for course development, evaluation and revision,
9	and the evaluation of students and instructors.
10	(B) should be an individual with a combination of education, research, work,
11	and/or life experience which are relevant to providing leadership in a BHA training center
12	program, including an orientation to Alaska Native culture and traditions and be familiar with the
13	CHA Program.
14 15	(C) may or may not participate directly in the training, but must be familiar with and have approved the curriculum being taught and the qualifications of the training staff,
16	and be available to consult with training staff during the training session should the need arise.
17	Such consultation may occur telephonically or in person.
18	(D) should have a background in health and education and be able to
19 20	administrate, serve in a statewide liaison role, uphold the mission of the statewide program, and
20 21	<ul><li>provide program direction, development, and leadership.</li><li>(2) Instructor. BHA training center instructors must consist of a majority of</li></ul>
21	behavioral health professionals or licensed behavioral health clinicians. All instructors will be
23	monitored to assure compliance with the BHA Curriculum and competence in subject being
24	taught. Instructors teaching BHA curriculum via eLearning must demonstrate competency in e-
25	teaching by experience, completed coursework, or other approved measures. All instructors
26	should be certified, licensed, or have other training in the knowledge and skills that they are
27	teaching, including knowledge of Alaska Native traditions and culture.
28	
29	History: January 22, 2015, Section 8.10.020 was amended. June 18, 2008, Section 8.10.020 was
30	added.
31 32	See 9.10.020 DILA/D Training Administration and Decords
32 33	Sec. 8.10.030. BHA/P Training Administration and Records.
33 34	(a) Educational Program Philosophy. A BHA training program must have on file a
35	mission statement that reflects the statewide nature of the program, and the goals and objectives,
36	which must include quality health care, competency based instruction, emphasis on clinical
37	instruction and skills, awareness of cultural influences, emphasis on a positive learning
38	environment, and respect for the unique needs of the adult learner.
39	
40	(b) Job Descriptions. Job descriptions must be on file for each member of the training
41	staff which reflect the roles and responsibilities outlined in Sec. 8.10.020(a) [Qualifications and
42	Roles].
43	
44	(c) Orientation of New Staff. A training program must have in place a written
45	orientation procedure for new employees which will minimally include the BHA mission, goals,
46 47	and objectives; the BHA Curriculum; the methods of instruction, and function of the statewide
47	program; cultural diversity; the role of the BHA; and the BHA certification process.

2	(d) Commitment of Administration. A training program must document on-going
3	support of staffing positions and program needs and accept and retain records regarding training
4	and continuing education.
5	
6	(e) Secretarial Support. A training program should have administrative and secretarial
7	support sufficient to assure timely and smooth functioning of the program and transmittal of
8	records to the Certification Board, as required.
9	(f) Training Program Files. A training program must have on file for review: training
10	outlines, learning objectives, lesson plans, session quizzes and exams, behavioral health aide or
11	practitioner evaluation records, application forms, student training files, quality
12	assurance/continuous quality improvement files and a training plan for employees.
13	
14	(g) Continuing Education. A training center must have a policy on continuing
15	education requirements for the Director and Instructors. A plan should be developed annually to
16	meet the policy goals.
17 18	History: January 22, 2015, Section 8.10.030 was amended. October 17, 2014, Section 8.10.030(a)
19	was amended. June 12, 2014, Section 8.10.030 was amended. June 18, 2008, Section 8.10.030 was
20	added.
21	
22	Sec. 8.10.040. BHA Training Center Self-Evaluation.
23	
24	(a) BHA Training Center. A behavioral health aide or practitioner training program
25	must have a policy on quality assurance (QA)/continuous quality improvement (CQI). This
26	policy must include:
27	(1) BHA evaluations of training sessions and individual instructors, and
28	(2) documentation of meetings for staff evaluation of training sessions and quarterly
29 20	program reviews.
30	(b) $OA/COI$ The $OA/COI$ are even as what he is effect decourse what even better tests
31	(b) QA/CQI. The QA/CQI process must be in effect, documenting that evaluation tools
32 33	are in use, trends are identified and the continuous quality improvement process is being implemented to address and modify those identified trends.
33 34	implemented to address and modify those identified itends.
35	History: January 22, 2015, Section 8.10.040 was added.
36	
37	Sec. 8.10.050. Trainee Services.
38	
39	(a) Counseling and Health Services. A system must be in place to refer trainees to
40	confidential counseling by a behavioral health professional or licensed behavioral health
41	clinician which may include having such persons available during course training. A system to
42	provide acute care and emergency health services must also be provided.
43	
44	(b) Academic Advising. A training center must provide a system for trainee academic
45	advising pertinent to the role and certification of the BHA.
46	

1

1	(c) Attrition. A system of recording trainee attrition data including the causes and
2	timing of attrition during training must be in place.
3	(d) Housing Moole and Thousenerstation Housing moole and transportation should be
4 5	(d) Housing, Meals, and Transportation. Housing, meals and transportation should be available, affordable, and conveniently located to the face-to-face training site.
6	
7	(e) Internet Connectivity. A workstation with Internet connectivity must be accessible
8	as an alternate to an eLearning student's own Internet service.
9	
10	History: January 22, 2015, Section 8.10.050 was added.
11	
12	Article 20.
13	Behavioral Health Aide and Practitioner Curricula
14 15	Sec. 8.20.010. Equivalent Courses. The Behavioral Health Academic Review
15	Committee shall maintain and provide to the Board a list of courses that the Behavioral Health
17	Academic Review Committee has determined to contain course content equivalent to that
18	required under this Article 20 [BHA curricula]. Applicants who have satisfactorily completed
19	such courses shall be deemed to have met the applicable curricula requirements.
20	sann compete prant of accurate to rate and all brances cannot dan entering
21	History: June 12, 2014, Section 8.20.010 was amended. June 18, 2008, Section 8.20.010 was
22	added.
23	
24	Sec. 8.20.050. General Orientation.
25	
26	(a) Minimum Hours. This course shall be no fewer than 28 contact hours which must
27	include 4 contact hours regarding communication skills identified in section 8.20.050(c) and may
28 29	be provided as an in-service training program by the employer.
29 30	(b) Content. This course shall provide an introduction to:
31	(1) the Alaska Tribal Health System;
32	(1) the history, statutory authority for, and current status of the Community Health
33	Aide Program;
34	(3) community health aide program certification and the Community Health Aide
35	Program Certification Board;
36	(4) the Alaska Community Health Aide/Practitioner Manual and the Behavioral
37	Health Aide Manual and their uses;
38	(5) the dental health aide component of the community health aide program;
39	(6) the behavioral health care system in Alaska and how individuals may access it;
40	and
41	(7) how the Alaska Tribal Health System is structured and the relationship of
42	behavioral health within the care system, including individual regional differences, as
43	appropriate.
44	(a) Communication Shills During this second eventation on eveluation of the
45 46	(c) Communication Skills. During this general orientation, an evaluation of the trainage's communication including writing skills, shall be conducted. If the trainage's
46 47	trainee's communication, including writing skills, shall be conducted. If the trainee's communication skills are insufficient to allow the trainee to successfully complete the remainder
4/	communication skins are insurricient to anow the trainee to successfully complete the remainder

1 2 3 4 5 6 7 8 9 10 11	of the training and perform the work of a behavioral health aide or practitioner, a plan for improvement must be developed, before the trainee may proceed with other courses. The plan must be monitored for successful achievement of skills sufficient for the trainee to successfully perform the requisite course work and, ultimately, the work required for certification at the level of certification sought by the trainee. The communication skills improvement plan and monitoring may be required and continued throughout training and certification for each level of behavioral health aide or practitioner certification. This requirement shall not preclude assisting the trainee to satisfy the minimum communication skills requirements through accommodations such as dictation; computer assisted spelling programs and other means to assist the trainee to adequately communicate necessary information.
12 13 14	History: June 12, 2014, Section 8.20.050 was amended. June 18, 2008, Section 8.20.050 was added.
15	Sec. 8.20.100. Orientation to Behavioral Health Services. This course which shall be 8
16	contact hours, will provide:
17	contact nours, will provide.
18	(a) an introduction to:
18 19	(1) village-based behavioral health services;
20	<ul><li>(1) vinage-based behavioral nearly services,</li><li>(2) the rationale and philosophy for providing prevention, early intervention and</li></ul>
20 21	case management within the community of client residence;
22	<ul> <li>(3) emergency behavioral health response protocols; and</li> <li>(4) the area of alticiant and an anticipation of a protocol state of a protocol stat</li></ul>
23	(4) the use of clinical supervision to support quality of services.
24	(b) The instructor will work with each student to create a strength-based professional
25	development plan that identifies the student's training and supervision needs and use the
26	student's test results to identify strengths and areas for development. The BHA/P must present
27	this plan and receive approval and feedback from their supervisor.
28	
29	History: June 3, 2021, Section 2.20.100 was amended. June 18, 2008, Section 8.20.100 was
30	added.
31	
32	Sec. 8.20.110. Ethics, Consent, Confidentiality and Privacy. This course, which shall
33	be 16 contact hours, will provide
34	(a) foundational information regarding:
35	(1) the need for professional ethics;
36	(2) the difference among ethics, agency policies and procedures, and laws that
37	govern practice;
38	(3) personal and professional boundaries in a village-based setting, including
39	identification of personal relationships and conflicts and their effect on a professional
40	relationship;
41	(4) client's rights and the duty to protect and advocate for client rights;
42	(5) the code of ethics for Behavioral Health Aides, with discussion of using the
43	code of ethics as guidance in providing client services;
44	(6) the duty to obtain informed consent, including its application to:
45	(A) adults, minors, individuals with limited or impaired capacity, and
46	individuals subject to court order such as guardianship;
47	(B) disclosure of information and the limitations to authorizations;

1	(C) movidors who are delivering convises through tale health modelities.
1 2	<ul><li>(C) providers who are delivering services through tele-health modalities;</li><li>(7) confidentiality and privacy requirements under applicable law and regulation,</li></ul>
23	including the Federal Privacy Act and the Health Insurance Portability and Accountability Act
3 4	("HIPAA"), US Code of Federal Regulations (42 CFR part 2), and their application to delivery
4 5	of behavioral health services;
6	(8) exceptions to confidentiality requirements that occur without client consent,
0 7	including:
8	(A) a review of reporting requirements, including those arising from
o 9	suspected child abuse, <del>elder</del> vulnerable adult abuse;
9 10	(B) risk of harm to self or others;
10	(C) others permitted by law; and
11	<ul><li>(D) distinguishing among types of court orders (e.g. subpoenas vs. direct</li></ul>
12	judicial orders);
13 14	(9) protecting written and electronic records;
14	(9) protecting written and electronic records, (10)protecting privacy in various situations, including crowded settings, and in
15 16	family and group counseling; and
10	(11)special rules regarding information subject to special confidentiality or privacy
17	rules; and
18 19	Tutes, and
20	(b) applied exercises to
20	(1) identify and develop responses to common ethical, consent, confidentiality and
21	privacy situations; and
22	(2) obtain appropriate authorizations for release of information and how to use and
23 24	document such authorizations.
25	
26	History: June 3, 2021, Section 8.20.110, was amended. June 18, 2008, Section 8.20.110 was
27	added.
28	
29	Sec. 8.20.115. [RESERVED]
30	
31	<b>History:</b> June 3, 2021, Section 8.20.115 was deleted and section number was reserved. June 18,
32	2008, Section 8.20.115 was added.
33	See 920.116 Human Davidonment This course, which shall be 9 contact hours will
34	Sec. 8.20.116. Human Development. This course, which shall be 8 contact hours, will
35 36	(a) an introduction to foundational and practice information regarding:
30 37	(1) the development of the individual through the lifespan, from conception through
37 38	adulthood including common maladaptive behaviors and childhood behavioral health concerns;
38 39	(2) prevention and early intervention for childhood behaviors and behavioral health
39 40	
40 41	<ul><li>concerns;</li><li>(3) common theories of human development, ages and stages</li></ul>
41	<ul><li>(3) common theories of numan development, ages and stages</li><li>(4) processes, experiences and influences that affect a developing person;</li></ul>
42 43	<ul><li>(4) processes, experiences and influences that affect a developing person,</li><li>(5) physical, intellectual, social, emotional, spiritual, environmental, sexual, and</li></ul>
44	occupational components of a person
44 45	(6) attachment theories and their impact on development, adulthood and potential
45 46	behavioral health concerns
40 47	(7) life stages and their role in family dynamics;
т/	(7) The stages and then fore in family dynamics,

1	(8) the interaction of home, school, and community settings on human
2	development; and
3	(9) the interaction of nature and nurture in shaping human development with a
4	focus on socioeconomic status, family background, culture, rural vs. urban settings, and
5	traditional ways of living; and
6	(b) applied exercises to help trainees recognize that the stages of development inform
7	behavioral health interventions and treatment.
8 9	Wintermy Lung 2, 2021, Section 8, 20, 11 ( mag added
9 10	History: June 3, 2021, Section 8.20.116 was added.
10	Sec. 8.20.125. Introduction to Behavioral Health Concerns. This course, which shall
12	require 24 contact hours (which shall include 8 contact hours regarding mental health, 8 contact
12	hours regarding substance use disorders, and 8 contact hours regarding other behavioral health
13	issues), will provide an introduction to
15	(1) the range of behavioral health issues experienced by individuals, families, and
16	communities;
17	(2) the comprehensive continuum of care that can address behavioral health issues
18	of various degrees of seriousness;
19	(3) common mental health disorders and the associated risk factors and treatment
20	options, including therapeutic medications;
21	(4) addictive substances, including alcohol, tobacco (cigarettes/cigars/pipe,
22	commercial chew, Iqmik/Dedigus/Blackbull), psychoactive substances (stimulants, depressants,
23	opiods and psychedelics), and other substances (e.g., inhalants, anabolic steroids, and
24	prescription drugs) and the associated risk factors and treatment options;
25	(5) other addictive behaviors (e.g. gambling, pornography) and the associated risk
26	factors and treatment options; and
20 27	(6) other behavioral health issues, including child abuse and neglect, domestic
28	violence, elder abuse, fetal alcohol spectrum disorder (FASD), homicide, disaster events,
29	attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), developmental
30	disabilities, co-occurring disorders, and other conditions and events that effect behavior and
31	adjustment.
32	
33	History: June 3, 2021, Section 8.20.125 was amended. June 18, 2008, Section 8.20.125 was
34	added.
35	
36	Sec. 8.20.135. Introduction to Counseling. This course, which shall be 12 contact hours,
37	will provide
38	(a) foundational information about:
39	(1) personal characteristics of an effective counselor (establishing personal
40	counseling values and philosophy);
41	(2) interviewing and listening skills;
42	(3) defining counselor and client roles;
43	(4) how to establish a counseling relationship;
44	(5) problem identification, goal development, and action planning with a client;
45	(6) the client's responsibility in counseling and how to assist and motivate a client
46	to discover and practice more appropriate and healthy behavior; and

1	(b) applied exercises in which trainees can practice the client-centered approach, using
2	communication skills such as listening, attending, and reflection.
3 4	History: June 3, 2021, Section 8.20135 was amended. June 18, 2008, Section 8.20.135 was added.
5 6	Sec. 8.20.140. Introduction to Documentation. This course, which shall be 12
7	contact hours, will provide
8	(a) foundational information regarding:
9	(1) the establishment and maintenance of a quality client record, including the
10	essential components of clinical/counseling records, including screening tools, assessments,
11	treatment plans, progress notes, discharge summaries, and authorizations for disclosure;
12	(2) the purpose and elements of case narrative recording, including using data,
13	assessment, and plan ("DAP"); subjective, objective, assessment and plan ("SOAP"); data,
14	intervention, response and plan (DIRP) and other formats for case narrative recording;
15	(b) an introduction to:
16	(1) the use of standardized information management systems and screening tools
17	widely used by Alaska behavioral health programs;
18	(2) using criteria contained in the Diagnostic and Statistical Manual and American
19	Society of Addiction Medicine ("ASAM") Patient Placement Criteria ("PCC") to standardize
20	documentation in relation to treatment and service planning (problem list, goals, objectives, and
21	interventions);
22	(3) documentation requirements specific to prevalent payers and accrediting bodies,
23	such as Medicaid, Medicare, Commission on the Accreditation of Rehabilitation Facilities
24	("CARF"), and The Joint Commission; and
25	(4) [RESERVED]
26	(5) administrative record keeping; and
27	(c) applied exercises in which trainees practice
28	(1) documenting client related work and consider the effect of confidentiality rules
29	on the application of documentation requirements.
30	
31 32	<b>History:</b> June 3, 2021, Section 8.20.145 was amended. May 15, 2014, Section 8.20.140(c) was
32 33	amended. June 18, 2008, Section 8.20.140 was added.
33 34	Sec. 8.20.145. Introduction to Case Management. This course, which shall be 8
35	contact hours, will provide
36	(a) an introduction to foundational and practice information about
37	(1) the use of available community resources (locally, regionally and statewide)
38	related to coordinating services and case management;
39	(2) identifying and evaluating the appropriateness of potential resources for the
40	individual client and making referrals when necessary;
41	(3) an emphasis on the inventive use of agency-based and other community and
42	family resources; and
43	(4) an introduction to the role and delivery of case management services;
44	(5) an emphasis on finding resources for diverse populations and complex clients;
45	(6) roles related to assisting clients in medication management and medication
46	education; and

1	(7) focus on evaluation of service usefulness and accessibility issues that need to be
2	considered in village-based practice; and
3	(b) applied exercises in recognizing the role and components of case management.
4	
5	History: June 3, 2021, Section 8.20.145 was amended. June 18, 2008, Section 8.20.145 was
6 7	added.
8	Sec. 8.20.150. Working with Diverse Populations. This course, which shall be 12
9	contact hours, will provide
10	(a) foundational and information regarding:
11	(1) working with clients of different ethnic or racial heritage, age, gender, lifestyle,
12	sexual orientation, spirituality, and socioeconomic status;
13	(2) an introduction to beliefs, attitudes, knowledge and skills generally maintained
14	by an effective multi-culturally aware counselor;
15	(3) barriers that clients of diverse populations may face when seeking or receiving
16	treatment; and;
17	(b) applied exercises to develop skills associated with respectfully assessing client
18	needs:
19 20	(1) strategies for working in Alaska Native communities with other prominent
20 21	minority/cultural groups in rural Alaska; and (2) regarding the implications of personal and cultural historical trauma.
21	(2) regarding the implications of personal and cultural instorical trauma.
23	History: June 3, 2021, Section 8.20.150 was amended. May 15, 2014, Section 8.20.150 was
24	amended. June 18, 2008, Section 8.20.150 was added.
25	
26	Sec. 8.20.155. Introduction to Group Counseling. This course, which shall be 8 contact
27	hours, will provide
28	(a) an introduction to foundational and practice information about:
29 30	<ul> <li>(1) types and uses of groups for education and treatment;</li> <li>(2) how to encourage and support solf help groups a g Alashalias Approximate and</li> </ul>
30 31	(2) how to encourage and support self-help groups, e.g. Alcoholics Anonymous and Adult Children of Alcoholics;
32	(3) how to assess the potential for establishing other groups;
33	<ul><li>(4) group counseling dynamics, including open ended and closed groups; and</li></ul>
34	<ul><li>(5) determining the criteria for participation in groups of various types and how to</li></ul>
35	screen appropriate candidates for participation;
36	(6) time-limited group process;
37	(7) privacy and documentation issues arising in various group models;
38	(8) providing group resources to communities for the purpose of education,
39	prevention, or team building; and
40	
41	(b) [RESERVED]
42	(c) [RESERVED]
43	(d) applied exercises that provide exposure to the therapeutic group process and focus on the purpose planning and conducting of:
44 45	the purpose, planning and conducting of: (1) educational/informational groups;
43 46	<ul><li>(1) educational/informational groups,</li><li>(2) "talking circles" or traditional healing groups as a therapeutic group process.</li></ul>
40 47	(2) mixing energy of traditional nearing groups as a therapeutic group process.
• /	

1 2	<b>History:</b> June 3, 2021, Section 8.20.155 was amended. June 18, 2008, Section 8.20.155 was added.
3	
4	Sec. 8.20.160. Crisis Intervention. This course, which shall be 16 contact hours, will
5	provide an introduction to foundational and practice information about
6	(1) common crisis events (domestic violence, physical or sexual abuse or assault,
7	other violence, depression, substance use relapse, psychosis, job loss/financial problems, death,
8	onset of serious medical condition or injury, loss of a relationship, bullying);
9	(2) dynamics of crisis events and response, including:
10	(A) assessment and evaluation of immediate risks, including risk of harm to
11	self or others, and protective factors;
12	(B) using crisis for positive change;
13	(C) working with families and communities affected by crisis events;
14	(3) stages and course of response to crisis events, including continuum of care from
15	least to most restrictive;
16	(4) applying dynamics of crisis to suicide, including
17	(A) common misconceptions regarding suicide;
18	(B) age-related suicidal ideation;
19	(C) evaluation of risk of harm to self or others;
20	(D) working with families and communities affected by suicide;
21	(5) recognition of and immediate response to risk to clients who pose a risk to
22	themselves or others; (6) working with alinical supervisor to respond to imminant crises:
23 24	<ul><li>(6) working with clinical supervisor to respond to imminent crises;</li><li>(7) the "civil commitment" process under Alaska law;</li></ul>
24	<ul><li>(7) the civil communicate process under Araska law,</li><li>(8) survivor (family, friends, &amp; community) care; and</li></ul>
26	<ul><li>(9) how community-based suicide prevention may be started and supported.</li></ul>
27	()) now community bused surface prevention may be surfed and supported.
28	History: June 18, 2008, Section 8.20.160 was added.
29	•
30	Sec. 8.20.165. HIV/AIDS and Infectious Diseases. This course, which shall be 8 contact
31	hours, will provide
32	(1) practice information regarding universal precautions and risk reduction;
33	(2) health status and risk information regarding hepatitis, sexually transmitted
34	diseases, tuberculosis, HIV and other infectious diseases that pose common risks for individuals
35	with substance use disorders;
36	(3) information regarding availability of testing, counseling and treatment for
37	sexually transmitted diseases;
38	(4) practice information about how to approach lifestyle or risk issues with clients;
39 40	(5) guidance in providing referral options for client pre-test/post-test counseling
40	support for HIV testing. (6) foundational information about how behavioral health issues can increase risk of
41 42	HIV and other infectious diseases; and
42	(7) foundational information about how HIV and infectious diseases can increase
44	risk of developing or worsening behavioral health issues.
45	The of actorphic of workening concentration houses.
46	History: June 3, 2021, Section 8.20.165 was amended. June 18, 2008, Section 8.20.165 was
47	added.

1	
2	Sec. 8.20.170. Community Approach to Prevention. This course, which shall be 8
3	contact hours, will provide
4	(a) foundational philosophy and practice information related to:
5	(1) community readiness assessment, community based prevention activities, and
6	community development;
7	(2) key features of prevention (universal, selective, and indicated);
8	(3) [RESERVED];
9	(4) determine key stakeholders with whom to partner when addressing community
10	issues;
11	(5) community readiness and key issue evaluation for developing effective
12	prevention plans; and
13	(b) applied exercises for developing
14	(1) [RESERVED];
15	(2) community prevention strategies; and
16	(3) providing brief public presentations.
17 18	History: June 3, 2021, Section 8.20.170 was amended. June 18, 2008, Section 8.20.170 was
19	added.
20	
21	Sec. 8.20.175. Family Systems I. This course, which shall be 16 contact hours, will
22	provide, with an emphasis on Alaska Native family systems
23	(a) an introduction to foundational and practice information regarding:
24	(1) family systems theory, kinship patterns, and family dynamics;
25	(2) family roles and effect of behavioral health disorders on individuals within the
26	family and on the family as a system;
27	(3) communication within families and assessment of barriers;
28	(4) common response to stresses such as inadequate housing or income, job loss,
29	illness;
30	(5) recognition and assessment of family norms;
31	(6) understanding life stages and their role in family dynamics;
32	(7) role of extended family;
33	(8) recognition of harm or risk or harm occurring within a family;
34	(9) effects of separation and loss due to divorce, death, foster care, or adoption;
35	(10) parenting and the importance of healthy parent-child dynamics; and
36	(b) a focus on supporting healthy family by identifying strengths and working with
37	families to develop strategies to promote health and healing; and
38	(c) applied practice exercises associated with:
39 40	<ol> <li>assessing family functioning;</li> <li>supporting healthy family functioning;</li> </ol>
40 41	<ul><li>(2) supporting healthy family functioning;</li><li>(3) improving family communication and support;</li></ul>
41 42	<ul><li>(3) Improving family communication and support,</li><li>(4) responding to risks and harm occurring within a family; and</li></ul>
42 43	<ul><li>(4) responding to fisks and harm occurring within a family, and</li><li>(5) teaching clients healthy parenting skills.</li></ul>
43 44	(5) teaching chemis heating parenting skins.
45	History: June 3, 2021, Section 8.20.175 was amended. June 18, 2008, Section 8.20.175 was
46	added.
47	

1	Sec. 8.20.180. Maintaining Health, Wellness and Balance. This course, which shall be
2	8 contact hours, will provide
3	(a) an introduction to foundational and practice information regarding:
4	(1) how personal health, wellness, and balance improved the ability to provide
5	behavioral health services;
6	(2) strategies for coping with personal and work-related stress so it does not
7	interfere with providing appropriate services; and
8	(3) appropriate use of supervision to address issues that arise for behavioral health
9	service providers in a rural or remote setting;
10	(4) compassion fatigue and vicarious trauma; and
11	(b) applied exercises help trainees practice skills associated with the maintenance of
12	their own health and wellness.
13	(1) identification and recognition of personal stress levels and potential impairment;
14	and
15	(2) skills for maintaining their own health and wellness.
16 17	History Lung 2, 2021, Section 8, 20, 180 mars and 4 June 18, 2008, Section 8, 20, 180 mars
17	History: June 3, 2021, Section 8.20.180 was amended. June 18, 2008, Section 8.20.180 was added.
19	
20	Sec. 8.20.220. Psychophysiology and Behavioral Health. This course, which shall be 16
21	contact hours, will provide
22	(a) foundational information about:
23	(1) the brain-body connection,
24	(2) nervous system structure,
25	(3) neuro-anatomy,
26	(4) neurotransmitter & receptor function, and
27	(5) drug class/medication effects, and working with medical providers regarding
28	medication management; and
29	(b) exercises to help the trainee:
30	(1) understand the impact and importance of psychoactive substances (legal and
31	illicit),on the brain and body; and
32	(2) develop ability to discuss psychoactive effects/implications with clients.
33	
34 35	History: June 3, 2021, Section 8.20.220 was amended. June 18, 2008, Section 8.20.220 was
35 36	added.
30 37	Sec. 8.20.225. Introduction to Co-Occurring Disorders. This course, which shall be 8
38	contact hours, will provide
39	(a) a basic understanding of how mental health, substance use disorders, and other
40	conditions can exist in combination, and affect treatment services and process and therapeutic
40	medication management:
42	(1) [RESERVED]
42 43	(1) [RESERVED] $(2) [RESERVED]$
44	(2) [RESERVED] $(3) [RESERVED]$
45	(4) [RESERVED]
46	(5) [RESERVED]
47	(6) [RESERVED]
• /	

1	(7) [RESERVED]
2	(b) [RESERVED];
3	(c) information about potential cause and origin of mental health disorders, along with a
4	client perspective of the symptoms and limitations;
5	(d) applied exercises will help the trainees practice their developing skills associated
6	with identifying and describing these disorders; and
7	(e) an understanding of the process of recovery techniques for relapse prevention as they
8	relate to both substance use and mental health disorders.
9	
10 11	<b>History:</b> June 3, 2021, Section 8.20.225 was amended. June 18, 2008, Section 8.20.225 was added.
12	
12	Sec. 8.20.228. Tobacco Use and Treatment. This course, which shall be 8 contact hours,
14	will provide information on
15	(a) the magnitude of tobacco use prevalence and morbidity/mortality in Alaska;
16	(b) the implications of Alaska Native tobacco use patterns, methods, and products for
17	client evaluation and treatment;
18	(c) tobacco-specific biology and pharmacotherapy;
19	(d) treating tobacco users with special medical conditions;
20	(e) best practices for tobacco treatment: United States Public Health Service (USPHS)
21	"Treating Tobacco Use and Dependence Clinical Practice Guideline" and the Fagerstrom Test
22	for Nicotine Dependence; and
23	(f) statewide and regional treatment options and resources.
24	
25 26	History: June 3, 2021, Section 8.20.228 was amended. June 18, 2008, Section 8.20.228 was added.
20 27	auttu.
28	Sec. 8.20.230. Diagnostic and Statistical Manual Practice Application. This course,
29	which shall be 12 contact hours, will provide
30	(a) foundational information about:
31	(1) the philosophical and practice basis of evaluating behavioral health disorders
32	using criteria contained in the Diagnostic and Statistical Manual ("DSM");
33	(2) the use of DSM-derived screening tools to develop working impressions and
34	contribute information to clinical diagnosis;
35	(b) application exercises for practicing use of the DSM in case samples; and
36	(c) analyze and discuss the need for and appropriate use of clinical supervision and
37	consultation related to client evaluation.
38	
39	<b>History:</b> June 22, 2017, Section 8.20.230 was amended. June 18, 2008, Section 8.20.230 was
40 41	added.
41 42	Sec. 8.20.235. Advanced Interviewing Skills. This course, which shall be 16 contact
42 43	hours, will provide
44	(a) applied information about:
45	(1) the theoretical, evidence-based, and practical bases of various therapeutic
46	modalities, e.g. cognitive behavioral therapy and motivational enhancement therapy;

1	(2) stages of change as pertinent to helping clients understand the counseling
2	process, set and reach goals, and have realistic expectations; and
3	(b) practice exercises using evidence-based interviewing practices to enhance client
4	readiness for behavior change, screening, intake, plan development, and relapse prevention.
5	
6	History: June 3, 2021, Section 8.20.235 was amended. June 18, 2008, Section 8.20.235 was
7	added.
8	
9	Sec. 8.20.240. American Society of Addiction Medicine Patient Placement Criteria
10	Practice Application. This course, which shall be 12 contact hours, will provide
11	(a) foundational information about:
12	(1) the philosophical and practice basis of evaluating behavioral health disorders;
13	and
14	(2) using criteria contained within the American Society of Addiction Medicine
15	(ASAM) Patient Placement Criteria;
16	(b) guidance in evaluation of client risk and/or severity associated with the six ASAM
17	dimensions; and
18	(c) exercises in which trainees can practice:
19 20	(1) developing client placement recommendations based on what is available within
20	the continuum of care, and
21	(2) use of later changes in client risk and/or severity associated with the six ASAM
22	dimensions to document treatment/services progress.
23	History Lung 18, 2008, Section 8, 20, 240 was added
74	
24 25	History: June 18, 2008, Section 8.20.240 was added.
24 25 26	- · · · · · · · · · · · · · · · · · · ·
25	Sec. 8.20.245. Case Studies and Applied Case Management. This course, which shall
25 26	Sec. 8.20.245. Case Studies and Applied Case Management. This course, which shall be 8 contact hours, will provide applied exercises to practice:
25 26 27	Sec. 8.20.245. Case Studies and Applied Case Management. This course, which shall
25 26 27 28	<ul> <li>Sec. 8.20.245. Case Studies and Applied Case Management. This course, which shall be 8 contact hours, will provide applied exercises to practice:</li> <li>(a) participation in discussion and analysis of case studies with different behavioral</li> </ul>
25 26 27 28 29	<ul> <li>Sec. 8.20.245. Case Studies and Applied Case Management. This course, which shall be 8 contact hours, will provide applied exercises to practice:</li> <li>(a) participation in discussion and analysis of case studies with different behavioral health issues (abuse, addiction, child abuse, co-occurring disorders, domestic violence, mental</li> </ul>
25 26 27 28 29 30	<ul> <li>Sec. 8.20.245. Case Studies and Applied Case Management. This course, which shall be 8 contact hours, will provide applied exercises to practice:</li> <li>(a) participation in discussion and analysis of case studies with different behavioral health issues (abuse, addiction, child abuse, co-occurring disorders, domestic violence, mental illness, etc.);</li> </ul>
25 26 27 28 29 30 31	<ul> <li>Sec. 8.20.245. Case Studies and Applied Case Management. This course, which shall be 8 contact hours, will provide applied exercises to practice:</li> <li>(a) participation in discussion and analysis of case studies with different behavioral health issues (abuse, addiction, child abuse, co-occurring disorders, domestic violence, mental illness, etc.);</li> <li>(b) information on Alaska Native health care disparities and an evaluation of services</li> </ul>
25 26 27 28 29 30 31 32	<ul> <li>Sec. 8.20.245. Case Studies and Applied Case Management. This course, which shall be 8 contact hours, will provide applied exercises to practice: <ul> <li>(a) participation in discussion and analysis of case studies with different behavioral health issues (abuse, addiction, child abuse, co-occurring disorders, domestic violence, mental illness, etc.);</li> <li>(b) information on Alaska Native health care disparities and an evaluation of services available in communities, hub towns, and the state;</li> </ul> </li> </ul>
25 26 27 28 29 30 31 32 33	<ul> <li>Sec. 8.20.245. Case Studies and Applied Case Management. This course, which shall be 8 contact hours, will provide applied exercises to practice: <ul> <li>(a) participation in discussion and analysis of case studies with different behavioral health issues (abuse, addiction, child abuse, co-occurring disorders, domestic violence, mental illness, etc.);</li> <li>(b) information on Alaska Native health care disparities and an evaluation of services available in communities, hub towns, and the state;</li> <li>(c) more in-depth understanding of the importance of referrals, steps for making an</li> </ul> </li> </ul>
25 26 27 28 29 30 31 32 33 34	<ul> <li>Sec. 8.20.245. Case Studies and Applied Case Management. This course, which shall be 8 contact hours, will provide applied exercises to practice: <ul> <li>(a) participation in discussion and analysis of case studies with different behavioral health issues (abuse, addiction, child abuse, co-occurring disorders, domestic violence, mental illness, etc.);</li> <li>(b) information on Alaska Native health care disparities and an evaluation of services available in communities, hub towns, and the state;</li> <li>(c) more in-depth understanding of the importance of referrals, steps for making an appropriate and effective referral, receiving referrals, and following-up on referrals; and</li> </ul> </li> </ul>
25 26 27 28 29 30 31 32 33 34 35 36	<ul> <li>Sec. 8.20.245. Case Studies and Applied Case Management. This course, which shall be 8 contact hours, will provide applied exercises to practice: <ul> <li>(a) participation in discussion and analysis of case studies with different behavioral health issues (abuse, addiction, child abuse, co-occurring disorders, domestic violence, mental illness, etc.);</li> <li>(b) information on Alaska Native health care disparities and an evaluation of services available in communities, hub towns, and the state;</li> <li>(c) more in-depth understanding of the importance of referrals, steps for making an appropriate and effective referral, receiving referrals, and following-up on referrals; and</li> <li>(d) case presentation for treatment team review, including Multi-Disciplinary teams</li> </ul> </li> </ul>
25 26 27 28 29 30 31 32 33 34 35 36 37	<ul> <li>Sec. 8.20.245. Case Studies and Applied Case Management. This course, which shall be 8 contact hours, will provide applied exercises to practice: <ul> <li>(a) participation in discussion and analysis of case studies with different behavioral health issues (abuse, addiction, child abuse, co-occurring disorders, domestic violence, mental illness, etc.);</li> <li>(b) information on Alaska Native health care disparities and an evaluation of services available in communities, hub towns, and the state;</li> <li>(c) more in-depth understanding of the importance of referrals, steps for making an appropriate and effective referral, receiving referrals, and following-up on referrals; and</li> <li>(d) case presentation for treatment team review, including Multi-Disciplinary teams (MDTs), and treatment teams.</li> </ul> </li> </ul>
25 26 27 28 29 30 31 32 33 34 35 36 37 38	<ul> <li>Sec. 8.20.245. Case Studies and Applied Case Management. This course, which shall be 8 contact hours, will provide applied exercises to practice: <ul> <li>(a) participation in discussion and analysis of case studies with different behavioral health issues (abuse, addiction, child abuse, co-occurring disorders, domestic violence, mental illness, etc.);</li> <li>(b) information on Alaska Native health care disparities and an evaluation of services available in communities, hub towns, and the state;</li> <li>(c) more in-depth understanding of the importance of referrals, steps for making an appropriate and effective referral, receiving referrals, and following-up on referrals; and</li> <li>(d) case presentation for treatment team review, including Multi-Disciplinary teams</li> </ul> </li> </ul>
25 26 27 28 29 30 31 32 33 34 35 36 37 38 39	<ul> <li>Sec. 8.20.245. Case Studies and Applied Case Management. This course, which shall be 8 contact hours, will provide applied exercises to practice: <ul> <li>(a) participation in discussion and analysis of case studies with different behavioral health issues (abuse, addiction, child abuse, co-occurring disorders, domestic violence, mental illness, etc.);</li> <li>(b) information on Alaska Native health care disparities and an evaluation of services available in communities, hub towns, and the state;</li> <li>(c) more in-depth understanding of the importance of referrals, steps for making an appropriate and effective referral, receiving referrals, and following-up on referrals; and</li> <li>(d) case presentation for treatment team review, including Multi-Disciplinary teams (MDTs), and treatment teams.</li> </ul> </li> </ul>
25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40	<ul> <li>Sec. 8.20.245. Case Studies and Applied Case Management. This course, which shall be 8 contact hours, will provide applied exercises to practice: <ul> <li>(a) participation in discussion and analysis of case studies with different behavioral health issues (abuse, addiction, child abuse, co-occurring disorders, domestic violence, mental illness, etc.);</li> <li>(b) information on Alaska Native health care disparities and an evaluation of services available in communities, hub towns, and the state;</li> <li>(c) more in-depth understanding of the importance of referrals, steps for making an appropriate and effective referral, receiving referrals, and following-up on referrals; and</li> <li>(d) case presentation for treatment team review, including Multi-Disciplinary teams (MDTs), and treatment teams.</li> </ul> </li> <li>History: June 3, 2021, Section 8.20.245 was amended. June 18, 2008, Section 8.20.245 was added.</li> </ul>
25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41	<ul> <li>Sec. 8.20.245. Case Studies and Applied Case Management. This course, which shall be 8 contact hours, will provide applied exercises to practice: <ul> <li>(a) participation in discussion and analysis of case studies with different behavioral health issues (abuse, addiction, child abuse, co-occurring disorders, domestic violence, mental illness, etc.);</li> <li>(b) information on Alaska Native health care disparities and an evaluation of services available in communities, hub towns, and the state;</li> <li>(c) more in-depth understanding of the importance of referrals, steps for making an appropriate and effective referral, receiving referrals, and following-up on referrals; and</li> <li>(d) case presentation for treatment team review, including Multi-Disciplinary teams (MDTs), and treatment teams.</li> </ul> </li> <li>History: June 3, 2021, Section 8.20.245 was amended. June 18, 2008, Section 8.20.245 was added.</li> <li>Sec. 8.20.250. Traditional Health Based Practices. This course, which shall be 8 contact hours, will provide</li> </ul>
25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42	<ul> <li>Sec. 8.20.245. Case Studies and Applied Case Management. This course, which shall be 8 contact hours, will provide applied exercises to practice: <ul> <li>(a) participation in discussion and analysis of case studies with different behavioral health issues (abuse, addiction, child abuse, co-occurring disorders, domestic violence, mental illness, etc.);</li> <li>(b) information on Alaska Native health care disparities and an evaluation of services available in communities, hub towns, and the state;</li> <li>(c) more in-depth understanding of the importance of referrals, steps for making an appropriate and effective referral, receiving referrals, and following-up on referrals; and</li> <li>(d) case presentation for treatment team review, including Multi-Disciplinary teams (MDTs), and treatment teams.</li> </ul> </li> <li>History: June 3, 2021, Section 8.20.245 was amended. June 18, 2008, Section 8.20.245 was added.</li> <li>Sec. 8.20.250. Traditional Health Based Practices. This course, which shall be 8 contact hours, will provide <ul> <li>(1) foundational information regarding traditional lifestyles and health practices of</li> </ul> </li> </ul>
25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	<ul> <li>Sec. 8.20.245. Case Studies and Applied Case Management. This course, which shall be 8 contact hours, will provide applied exercises to practice: <ul> <li>(a) participation in discussion and analysis of case studies with different behavioral health issues (abuse, addiction, child abuse, co-occurring disorders, domestic violence, mental illness, etc.);</li> <li>(b) information on Alaska Native health care disparities and an evaluation of services available in communities, hub towns, and the state;</li> <li>(c) more in-depth understanding of the importance of referrals, steps for making an appropriate and effective referral, receiving referrals, and following-up on referrals; and</li> <li>(d) case presentation for treatment team review, including Multi-Disciplinary teams (MDTs), and treatment teams.</li> </ul> </li> <li>History: June 3, 2021, Section 8.20.245 was amended. June 18, 2008, Section 8.20.245 was added.</li> <li>Sec. 8.20.250. Traditional Health Based Practices. This course, which shall be 8 contact hours, will provide <ul> <li>(1) foundational information regarding traditional lifestyles and health practices of the Alaska Native people prior to Western contact;</li> </ul> </li> </ul>
25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42	<ul> <li>Sec. 8.20.245. Case Studies and Applied Case Management. This course, which shall be 8 contact hours, will provide applied exercises to practice: <ul> <li>(a) participation in discussion and analysis of case studies with different behavioral health issues (abuse, addiction, child abuse, co-occurring disorders, domestic violence, mental illness, etc.);</li> <li>(b) information on Alaska Native health care disparities and an evaluation of services available in communities, hub towns, and the state;</li> <li>(c) more in-depth understanding of the importance of referrals, steps for making an appropriate and effective referral, receiving referrals, and following-up on referrals; and</li> <li>(d) case presentation for treatment team review, including Multi-Disciplinary teams (MDTs), and treatment teams.</li> </ul> </li> <li>History: June 3, 2021, Section 8.20.245 was amended. June 18, 2008, Section 8.20.245 was added.</li> <li>Sec. 8.20.250. Traditional Health Based Practices. This course, which shall be 8 contact hours, will provide <ul> <li>(1) foundational information regarding traditional lifestyles and health practices of</li> </ul> </li> </ul>

1	(3) tools for seeking and employing traditional resources to promote individual and
2	community health;
3	(4) an examination of the major changes that have led to the current health status of
4	Alaska Native communities; and
5	(5) potential strategies for improving behavior-based health status.
6 7 8	History: June 18, 2008, Section 8.20.250 was added.
9	Sec. 8.20.255. Intermediate Therapeutic Group Counseling. This course, which shall
10	be 16 contact hours, will provide information and practice related to:
11	(a) therapeutic group process with a focus on:
12	(1) determining the criteria for participation in groups of various types and how to
13	screen appropriate candidates for participation;
14	(2) managing dual relationship and boundary challenges in small town or village-
15	based settings;
16	(3) role and function of therapeutic group leadership, and
17	(4) therapeutic outcomes and risks associated with group educational and treatment
18	experiences; and
19	(b) applied exercises in which trainees will practice skills associated with planning,
20	facilitating, and leading groups.
21	
22	History: June 3, 2021, Section 8.20June 18, 2008, Section 8.20.255 was added.
23	
24	Sec. 8.20.260. Applied Crisis Management. This course, which shall be 8 contact hours,
25	will provide
26	(a) information and discussion with a focus on::
27	(1) facilitation community debriefing related to crisis events such as natural
28	disasters, homicide, and suicide that have impact on families and other community members;
29	(2) encouraging and supporting posttraumatic growth following a crisis event; and
30	(b) applied exercises focusing on:
31	(1) [RESERVED]
32	(2) accessing additional resources necessary for effective response to a crisis event
33	that occurs in a village-based or urban setting;
34	(3) short and long term intervention models for responding positively to crises;
35	(4) using cultural activities, self-care, and stress management techniques to manage
36	personal, client, an community responses to crises; and
37	(5) providing and facilitating formal crisis response and stress management
38	activities within the community.
39	
40	History: June 3, 2021, Section 8.20.260 was amended. June 18, 2008, Section 8.20.260 was
41	added.
42	
43	Sec. 8.20.270. [RESERVED]
44	
45	History: June 3, 2021, Section 8.20.170 was deleted and the section number reserved. June 3,
46	2021, Section 8.20.270 was June 18, 2008, Section 8.20.270 was added.
47	

<ul> <li>hours, will provide:</li> <li>(a) focus on in-depth prevention (universal, selective, and indicated) plan develor</li> <li>strategies that are appropriate and compatible with individual village characteristics; and</li> <li>(b) applied exercises to help trainees practice:</li> <li>(1) identification and evaluation of community needs;</li> <li>(2) completing a community readiness assessment;</li> <li>(3) evaluation and development of various intervention efforts targeting bel</li> <li>health issues; and</li> </ul>	havioral
<ul> <li>4 strategies that are appropriate and compatible with individual village characteristics; and</li> <li>5 (b) applied exercises to help trainees practice:</li> <li>6 (1) identification and evaluation of community needs;</li> <li>7 (2) completing a community readiness assessment;</li> <li>8 (3) evaluation and development of various intervention efforts targeting bel</li> <li>9 health issues; and</li> </ul>	havioral
<ul> <li>(b) applied exercises to help trainees practice:</li> <li>(1) identification and evaluation of community needs;</li> <li>(2) completing a community readiness assessment;</li> <li>(3) evaluation and development of various intervention efforts targeting bel</li> <li>health issues; and</li> </ul>	havioral vement
<ul> <li>6 (1) identification and evaluation of community needs;</li> <li>7 (2) completing a community readiness assessment;</li> <li>8 (3) evaluation and development of various intervention efforts targeting bel</li> <li>9 health issues; and</li> </ul>	vement
<ul> <li>7 (2) completing a community readiness assessment;</li> <li>8 (3) evaluation and development of various intervention efforts targeting bel</li> <li>9 health issues; and</li> </ul>	vement
8 (3) evaluation and development of various intervention efforts targeting bel 9 health issues; and	vement
9 health issues; and	vement
10 (4) writing a community development strategy to promote community involv	
11 in accomplishment of specific goals based on the results of the community readiness asso	essment.
12	
13         History: June 3, 2021, Section 8.20.171 was added.           14	
15 Sec. 8.20.275. Family Systems II. This course, which shall be 16 contact hours,	will
16 provide	
17 (a) review and more advanced foundational and practice information related to:	
18 (1) family systems work;	
19 (2) child development and parenting;	
20 (3) couples issues and implications for behavioral health treatment;	
21 (4) teaching basic communication, parenting, and anger management skills	on an
22 individual and group basis;	
23 (b) information regarding special practice issues, such as reporting abuse or neg	lect,
24 ethical and confidentiality issues associated with conducting couples or family counselin	
25 domestic violence and compliance with the Indian Child Welfare Act;	0,
26 (c) strategies for working with disrupted families and other agencies that may be	e
27 engaged with them; and	
28 (d) applied exercises in which trainees practice skills associated with:	
29 (1) providing intervention and support to families experiencing dysfunction	and
30 (2) teaching and facilitating healthy family behavior and skills.	,
31	
32 <b>History:</b> June 3, 2021, Section 8.20.275 was amended. June 18, 2008, Section 8.20.275	was
32 added.	was
34	
35 Sec. 8.20.280. Behavioral Health Documentation. This course which shall be 8	contact
36 hours, will provide:	
37 (a) in depth information regarding quality documentation of:	
38 (1) assessments, treatment plans, progress notes and discharge summaries;	
39 (2) risk levels, and safety planning;	
40 (3) diagnosis and recommendations informed by the current version of the 1	DSM
41 and ASAM criteria; and	
42 (4) treatment progress; and	
43 (b) applied exercises in which trainees:	
44 (1) practice documenting the process from intake, screening, assessment, tr	eatment
45 planning to progress notes and how all of these connect and inform each of the next steps	
46 provided case studies;	C

1 2	(2) provide samples of their documentation without identifying information to receive feedback; and
3	(3) practice documentation in special situations such as: group counseling and
4	family sessions, and individualized education plan (IEP) consultations.
5 6 7	History: June 3, 2021, Section 8.20.280 was added.
7	See 920.225 Treatment of Co. Occurring Disordory. This course which shall be 12
8	Sec. 8.20.325. Treatment of Co-Occurring Disorders. This course, which shall be 12
9	<ul><li>(a) more advanced information and guidance related to:</li></ul>
10 11	(1) services and treatment planning with clients experiencing co-occurring disorders
12	including the process through screening, assessment, diagnosis, treatment planning and treatment
13	services; (2) limitations and considerations directly related to the existence of more than one
14	(2) limitations and considerations directly related to the existence of more than one diagnosed behavioral health disorder; and
15 16	(3) how environmental issues such as family dynamics, social support or isolation,
16	
17	and identification of meaningful community roles can influence the course of substance use and mental health disorders; and
18	(b) application exercises to provide:
19 20	(1) experience in developing individualized treatment/services plans addressing
20	multiple clinical issues requiring complex evaluation and planning.
21	multiple chinical issues requiring complex evaluation and planning.
22 23	History: June 3, 2021, Section 8.20.325 was amended. June 18, 2008, Section 8.20.325 was
23 24	added.
25	
26	Sec. 8.20.335. Advanced Behavioral Health Clinical Care. This course, which shall be
27	20 contact hours, will provide, in a seminar format, an opportunity for trainees to participate in
28	exercises to:
29	(1) [RESERVED];
30	(2) learn counseling approaches having value and application within village-based
31	behavioral health services targeting individuals affected by multiple disorders and complex
32	disorders;
33	(3) participate in exercises to support applied use of "Best Practice" models;
34	(4) identify ways to work with those who need or receive psychiatric care outside of
35	the community including discharge care, referrals, and community support; and
36	(5) increase familiarity with the eBHAM "overlapping issues" chapter and how it
37	relates to providing advanced behavioral health clinical care.
38	
39	History: June 3, 2021, Section 8.20.335 was amended. May 15, 2014, Section 8.20.335 was
40	amended. June 18, 2008, Section 8.20.335 was added.
41	
42	Sec. 8.20.340. Documentation and Quality Assurance. This course, which shall be 16
43	contact hours, will provide
44	(1) advanced information regarding clinical/counseling records;
45	(2) an introduction to quality assurance and how to evaluate:
46	(A) the quality of clinical record documentation;

1 2 3 4 5 6	<ul> <li>(B) documentation to determine compliance with payer requirements and grant conditions, including how to conduct chart audits and compile information necessary to respond to external reviews and audits; and         <ul> <li>(3) applied exercises in evaluating record documentation and potential remediation for record deficits.</li> </ul> </li> </ul>
7 8 9	<b>History:</b> May 15, 2014, Section 8.20.340 was amended. June 18, 2008, Section 8.20.340 was added.
10 11	Sec. 8.20.345. [RESERVED]
12 13 14	<b>History:</b> June 3, 2021, Section 8.20.345 was deleted and the section number reserved. June 18, 2008, Section 8.20.345 was added.
15	Sec. 8.20.350. Applied Case Studies in Alaska Native Culture Based Issues. This
16	course, which shall be 8 contact hours, will provide, in the context of case studies and skill
17	development:
18	(a) how traditional lifestyles and health practices impact the Alaska Native community;
19	(b) how Alaska Native beliefs, attitudes, and knowledge of health promotion can
20	promote positive changes to the current health status;
21	(c) emphasis on potential strategies for improving behavioral health services;
22	(d) incorporating traditional ways of healing into treatment plans, as appropriate; and
23	(e) improving recognition and acceptance of cultural differences that affect treatment
24	planning among clinical team members.
25	······································
26 27	History: June 3, 2021, Section 8.20.350 was amended. June 18, 2008, Section 8.20.350 was added.
28	Geo 9 20 270 Debening Health Clinical Term Deilding This second solid that 11 he
29 20	Sec. 8.20.370. Behavioral Health Clinical Team Building. This course, which shall be
30	12 contact hours, will provide
31	(a) practical approaches to:
32	(1) team building, facilitation of team meetings, and support of a team approach to
33	providing integrated behavioral health services;
34	(2) collaboration and partnership among individuals with different training and work settings, especially with community health aides and practitioners and dental health aides;
35 36	(3) [RESERVE];
30 37	<ul><li>(3) [RESERVE],</li><li>(4) interaction among different teams that may be involved with a single client; and</li></ul>
	(b) applied exercises in which each trainee will develop a team building plan; and
38	
39 40	(c) practice providing support and feedback to others regarding clinical interventions, including counseling; and
40 41	(d) practice initiating, designing, and facilitating a Multi-Disciplinary Team (MDT)
41	and/or clinical team including public speaking and lead roles.
42 43	and/or chinical team including public speaking and lead foles.
44	History: June 3, 2021, Section 8.20.370 was amended. June 18, 2008, Section 8.20.370 was
45	added.
46	
47	Sec. 8.20.385. Introduction to Supervision. This course, which shall be 16 contact
48	hours, will provide

1	(a) an introduction to philosophy and practical application of functions of:
2	(1) supervision, including coach/mentor, tutor/teacher, consultant, role model,
23	evaluator, and administrator;
4	(2) guidance in developing a vision for supervisory relationships and defining
4 5	expectations;
5 6	
	(3) skill development in nurturing counselor development, promoting development
7	of skills and competencies, and achieving accountability;
8	<ul> <li>(4) an introduction to ethics of supervision;</li> <li>(5) an introduction to administrative requirements and related supervision;</li> </ul>
9	<ul> <li>(5) an introduction to administrative requirements and related supervision;</li> <li>(6) guideness in menoring conflicting functions expected of supervision;</li> </ul>
10	(6) guidance in managing conflicting functions expected of supervisors; and
11	(7) introduction to dual roles of providers, including mentors, administrative
12	supervisors, and clinical supervisor roles;
13	(8) encouraging the development and enhancement of community resources by the
14	supervisee;
15	(9) addressing complaints from referral agencies and other community resources to
16	maintain relationships with community, sate, and tribal partners; and
17	(b) application exercises to assist trainees to practice various functions of supervision
18	and begin developing their own supervisory approaches.
19 20	History: June 3, 2021, Section 8.20.385 was amended. May 15, 2014, Section 8.20.385 was
21	amended. June 18, 2008, Section 8.20.385 was anded.
22	
23	Sec. 8.20.390. Child Development. This course, which shall be 20 contact hours, will
24	provide
25	(a) foundational information regarding:
26	(1) review of developmental needs of youth ages in utero/birth to 17;
27	(2) developmental screenings and how to participate in an integrated approach with
28	community health aides who perform well child checks;
29	(3) overview of threats to development, including
30	(A) domestic violence, lack of social/family connection, neglect, and related
31	biological, emotional and psychological distress; and
32	(B) role of parenting and social supports;
33	(4) cultural influences of development;
34	(5) adaptive and maladaptive behavior in the developing child;
35	(6) issues of development related to exposure to alcohol and other substances in
36	utero to age 3; and
37	(7) the impact of trauma on child development, including:
38	(A) hyper and hypo physiological responses manifested in maladaptive
39	behaviors, traumatic brain injury (TBI) and fetal alcohol spectrum disorder (FASD);
40	(B) preverbal versus verbal trauma and expression;
41	(C) brain and nervous system functioning;
42	(D) social functioning; and
43	(E) adverse childhood experiences.
44	
45	History: June 3, 2021, Section 8.20.290 was amended. June 12, 2014, Section 8.20.390 was
46	added.
47	

1 2 3 4 5	<ul> <li>Sec. 8.20.400. Village-Based Behavioral Health Services. This course, which shall be 20 contact hours and be conducted in a seminar format, will require participants to <ul> <li>(a) analyze and discuss contemporary problems and issues associated with providing village-based behavioral health services, including emerging clinical issues, funding, billable services, staffing levels, manpower development, etc.;</li> <li>(b) IDESERVIED:</li> </ul></li></ul>
6	(b) [RESERVED];
7 8	(c) analyze how to address practice challenges in a village-based setting, including ethical issues, dual relationships, lack of alternative services, isolation, compassion fatigue,
o 9	counselor burnout, and lack of training and supervision support.
10	(d) recognize the importance of cultural and professional humility; and
10	(e) evaluate strengths and weaknesses of the BHA/P in the area of cultural and
12	professional humility.
13	
14	History: June 3, 2021, Section 8.20.400 was amended. May 15, 2014, Section 8.20.400 was
15	amended. June 18, 2008, Section 8.20.400 was added.
16	
17	Sec. 8.20.425. Challenges in Behavioral Health Services. This course, which shall be
18	16 contact hours, will provide an opportunity for trainees to participate in development of
19 20	specialized service planning for:
20 21	(a) evaluation, services, treatment, and case management needs of individuals affected by
21	(1) experiences such as
22	(A) child abuse, domestic violence, elder abuse, sexual assault, or other
23	violence;
25	(B) alcohol related brain disorder and traumatic brain injury;
26	(C) disasters, fires, and other traumatic events; and
27	(2) conditions such as
28	(A) fetal alcohol spectrum disorder (FASD;
29	(B) attention deficit disorder (ADD) and attention deficit hyperactivity
30	disorder (ADHD);
31	(C) developmental disabilities;
32	(D) tobacco dependency, especially in patients with medical conditions, such
33	as periodontal disease, pregnancy, diabetes, cardiovascular disease, and lung disease that are
34	affected by tobacco use;
35	(E) other health conditions that affect behavior or adjustment; and
36	(b) participate in the development of specialized service planning to address the
37	needs of clients with these clinical issues.;
38	(c) using the eBHAM as a resource to work appropriately with clients with
39 40	overlapping issues.
40 41	History: June 3, 2021, Section 8.20.425 was amended. June 12, 2014, Section 8.20.425 was
42	amended. June 18, 2008, Section 8.20.425 was added.
43	
44	Sec. 8.20.485. Competencies for Village-Based Supervision. This course, which shall
45	be 6 contact hours, will provide:
46	(a) information regarding specific cultural issues that affect supervision;

1 2	(1) models of culture-specific oral and written communication with supervisees regarding consultation, mentoring, support and evaluation regarding competencies
3	and administrative performance; and
4	(2) [RESERVED]
5	$\begin{array}{c} (2) & [RESERVED] \\ (3) & [RESERVED] \end{array}$
6	$\begin{array}{c} (5) & [RESERVED] \\ (4) & [RESERVED] \end{array}$
7	(5)  [RESERVED]
8	
9	(b) [RESERVED]
10	
11	History: June 3, 2021, Section 8.20.485 was amended. June 18, 2008, Section 8.20.485 was
12	added.
13	
14	Sec. 8.20.490. Principles and Practice of Clinical Supervision. This course, which shall
15	be 40 contact hours, will provide:
16	(a) philosophy and practical application approaches to clinical supervision;
17	(b) strategies for facilitating effective participation by supervisees in individualized
18	clinical supervision sessions;
19	(c) information regarding the use of technology (telehealth, real-time interactive e-mail,
20	and other developing capacities) and how it modifies the clinical supervision relationship;
21	(d) guidance regarding how to delineate the difference between mentorship, clinical and
22	administrative supervision, and to identify potential ethical "boundary" issues with supervisees;
23	(e) strategies for providing expectations to the supervisee on how to present client cases
24	to a supervisor in a way that is effective for case review, consultation, and supervision;
25 26	(f) application exercises in which each trainee will develop a clinical supervision plan
26 27	<ul><li>that can be used within their individual work environment;</li><li>(g) evaluating work-related competencies, including</li></ul>
27	(1) improving supervisees' self-assessment skills
28 29	<ul><li>(1) improving supervisees sen-assessment skins</li><li>(2) practice providing feedback both informally, and formally for evaluation of</li></ul>
29 30	supervisee work performance, and behavior.
31	(h) documentation of supervision to meet ethical, and credentialing requirements.
32	(ii) documentation of supervision to meet ennear, and eredentianing requirements.
33	History: June 3, 2021, Section 8.20.490 was amended. June 18, 2008, Section 8.20.490 was
34	added.
35	
36	Sec. 8.20.495. Child Centered Interventions. This course, which shall be 20 contact
37	hours, will provide:
38	(a) [RESERVED]
39	(1) [RESERVED]
40	(2) [RESERVED]
41	(3) [RESERVED]
42	(4) [RESERVED]
43	(5) [RESERVED]
44	(6) [RESERVED] (7) [RESERVED]
45	(7) [RESERVED]
46	(b) applied exercises to:
47	(1) define the counselor role in the playroom;

1				
1	(2) practice therapeutic approaches to counseling children and interventions for			
2	preverbal trauma;			
3	(3) conduct crisis intervention appropriate to children and youth;			
4	(4) increase culturally competent skills;			
5	(5) increase skills associated with assessment and diagnosis and consultation with a			
6	treatment team and the client's family;			
7	(6) effectively engage and counsel children, youth, and their parents/legal			
8	guardians.			
9 10	History Lung 2, 2021 Section 8,20,405 was amonded Lung 12, 2014 Section 8,20,405 was			
10	<b>History:</b> June 3, 2021, Section 8.20.495 was amended. June 12, 2014, Section 8.20.495 was added.			
12				
13	Article 30. Certification of BHA/P Training Curriculum			
14				
15	Sec. 8.30.010. Curriculum Approval. Behavioral health aide and practitioner training			
16	curriculum may be approved by the Board generally or on a class by class basis provided each			
17	course curriculum meets the minimum content requirements set forth in article 20 of this chapter			
18	and has been reviewed and is recommended by the Behavioral Health Academic Review			
19	Committee (BHARC) described under section 8.30.100 [BHARC].			
20				
21	History: June 18, 2008, Section 8.30.010 was added.			
22				
23	Sec. 8.30.100. Behavioral Health Academic Review Committee.			
24				
25	(a) Membership. The behavioral health academic review committee satisfies these			
26	Standards if it includes:			
27	(1) the following voting members:			
28	(A) three licensed behavioral health clinicians as defined in section			
29	1.20.010(32) [licensed behavioral health clinician], or behavioral health professionals, as defined			
30	in section 1.20.010(4) [behavioral health professional], who are employed by the IHS, a tribe or			
31	tribal organization, provided that at least			
32	(i) one must be actively involved in clinical supervision of BHA/Ps at			
33	their organization,			
34	(ii) one must be actively licensed in the field of behavioral health; and			
35	(iii) one must be actively engaged in clinical practice;			
36	(B) one CHAP Certification Board Member Representative, appointed by the			
37	Tribal Behavioral Health Directors Committee (TBHDC); and			
38	(C) three behavioral health aides employed by the Indian Health Service, a			
39	tribe, or tribal organization; and			
40	(2) The following invited non-voting members that are actively involved in BHA/P			
41	training, including:			
42	(A) training and development staff from the ANTHC Behavioral Health			
43	Department;			
44	(B) the Tribal Liaison representing the State of Alaska Department of			
45	Behavioral Health and/or a State designee to the BHARC;			

1 2 3	(C) faculty, instructors, or other staff representing academic institutions, training entities or tribal health organizations hosting trainings for use towards BHA/P certification; and				
4 5 6 7 8 9 10	(D) other members might include those that serve similar clinical or community populations as BHA/Ps.				
	(b) Quorum. Recommendations for approval of curriculum under section 8.30.010 [curriculum approval] may only be made by the BHARC if a quorum was first established. A quorum shall consist of a minimum of four members at least two of whom must be licensed behavioral health clinicians or behavioral health professionals.				
11 12 13	<b>History:</b> January 13, 2021, Section 8.30.100(a) was amended. June 12, 2014, Section 8.30.100 was amended. June 18, 2008, Section 8.30.100 was added.				
13 14 15	Sec. 8.30.200. Development and Transition.				
16	(a) Development. The Board shall use IHS training and work guidelines, standardized				
17	materials accepted in the behavioral health practice community, materials developed by				
18	BHARC, applicable materials and standards developed by committees of the Community Health				
19	Aide Directors Association, including ARC, RAC, CHAM, and other appropriate resource				
20	material until fully integrated behavioral health aide program center and curriculum standards are				
21	developed and reviewed and approved by the Board.				
22					
23	(b) Transition. The absence of a fully developed behavioral health aide or				
24	practitioner training program and behavioral health aide or practitioner curriculum standards				
25	shall not be justification for the Board deferring the review and approval of curriculum				
26	recommended by BHARC or for denying certification to an individual who has otherwise met				
27	the requirements of Chapter 2 [certification of CHA/Ps, DHAs, BHA/Ps] Article 40 [standards				
28	for BHA/Ps].				
29					
30	History: June 18, 2008, Section 8.30.200 was added.				
31					
32	Chapter 9.				
33	Hearings, Requests for Reconsideration, and Appeals				
34					
35	History: June 18, 2008, Chapter 8 was renumbered Chapter 9. November 26, 2002, Chapter 7				
36	was renumbered Chapter 8.				
37	Auticle 10 Heavings				
38	Article 10. Hearings				
39 40	See 0 10 010 Hearings Upon written request made under section 0 10 020 [request for				
40 41	<b>Sec. 9.10.010. Hearings.</b> Upon written request made under section 9.10.030 [request for hearing], the Board must conduct a hearing				
42	(1) prior to the imposition of any sanction, except a summary suspension;				
42 43	<ul><li>(1) phot to the imposition of any saletion, except a summary suspension,</li><li>(2) within 10 working days after a summary suspension; and</li></ul>				
44	<ul><li>(2) within 10 working days after a summary suspension, and</li><li>(3) within 30 days after the Board receives a request from a person or training</li></ul>				
45	center denied				
46	(A) certification;				

1	(B) renewal;			
2	(C) reinstatement; or			
3	(D) a waiver of requirements based on credentials.			
4				
5	History: June 18, 2008, Section 8.10.010 was renumbered as Section 9.10.010 and the			
6	introductory paragraph was amended. November 26, 2002, Section 7.10.010 was renumbered as			
7	Section 8.10.010 and the introductory paragraph was amended.			
8 9				
9 10	Sec. 9.10.020. Scheduling and Telephonic Participation.			
11	(a) Convenience of the Parties. To the extent possible, hearings must be scheduled at a			
12	time and place convenient to the parties. Telephonic participation by any participant is permitted.			
12	une une place convenient to the parties. Perephonie participation of any participant is permitted.			
14	(b) Delay. At the request of, or with the consent of the person requesting a hearing, the			
15	hearing may be delayed to a date mutually agreed upon.			
17				
16 17	<b>History:</b> June 18, 2008, Section 8.10.020 was renumbered as Section 9.10.010. November 26, 2002, Section 7.10.020 was renumbered as Section 8.10.020 and titles were added to subsections			
18	(a) and (b).			
19				
20	Sec. 9.10.030. Request for Hearing.			
21				
22	(a) Written Request. A party requesting a hearing must notify the Board and other			
23	interested parties by submitting a written request for a hearing within 30 days of the date upon			
24	which the party received notice of the action being appealed. The request must include a			
25	statement identifying the action being appealed, the remedy sought and a statement explaining			
26	the facts and points of law that support the requested Board action.			
27 28	(b) Notice of Proceeding. At least five working days prior to a hearing under section			
28 29	9.10.010(2) [hearings] and ten days prior to other hearings, all parties shall receive notice of			
29 30	(1) the time and place of the hearing;			
31	(1) the time and place of the hearing, (2) their rights to			
32	(A) respond to assertions of facts and law;			
33	<ul><li>(B) present evidence, arguments and/or mitigating circumstances; and</li></ul>			
34	(C) be accompanied and/or assisted by an attorney or another person.			
35				
36	History: June 18, 2008, Section 8.10.030 was renumbered as Section 9.10.030 and subsection (b)			
37	was amended. November 26, 2002, Section 7.10.030 was renumbered as Section 8.10.030, titles			
38 39	were added to (a) and (b) and (b)(2)(C) was amended. September 25, 1998, Section 7.10.030(a) was amended.			
40	wus unionada.			
41	Sec. 9.10.040. Information Regarding Hearing. Parties subject to disciplinary action also			
42	receive notice of			
43	(1) the nature of the hearing;			
44	(2) the legal authority and jurisdiction under which the hearing may be held; and			
45	(3) the matters of fact and law asserted.			
46				

1 2	<b>History:</b> June 18, 2008, Section 8.10.040 was renumbered as Section 9.10.040. November 26, 2002, Section 7.10.040 was renumbered as Section 8.10.040.
3 4 5	<b>Sec. 9.10.050. Written Presentation.</b> Parties subject to disciplinary action may submit a written response any time up to and including the date of the hearing.
	written response any time up to and including the date of the hearing.
6 7 8	<b>History:</b> June 18, 2008, Section 8.10.050 was renumbered as Section 9.10.050. November 26, 2002, Section 7.10.050 was renumbered as Section 8.10.050.
9	
10	Sec. 9.10.060. Conduct of Hearing. Hearings may be conducted by the Board or a hearing
11 12 13	officer or panel selected by the Board. Individuals who have a conflict of interest or who cannot otherwise be fair and impartial must notify the Board of their disqualification.
13 14	History: June 18, 2008, Section 8.10.060 was renumbered as Section 9.10.090. November 26,
15	2002, Section 7.10.060 was renumbered as Section 8.10.060.
16	
17	Sec. 9.10.070. Evidence.
18	
19	(a) <b>Presentation.</b> A party may present oral or documentary evidence, submit rebuttal
20	evidence, and conduct cross-examination.
21	
22	(b) Subpoena. Upon request of a party or its own motion, the Board, hearing officer or
23	panel may issue a subpoena to secure testimony or other evidence reasonably necessary for a full
24	and fair determination of the matter in dispute.
25	I
26	(c) Telephonic Participation. Telephonic testimony shall be accepted unless there is
27	good cause to doubt the identity of the witness.
28	
29	History: June 18, 2008, Section 8.10.070 was renumbered as Section 9.10.070. November 26,
30	2002, Section 7.10.070 was renumbered as Section 8.10.070 and titles were added to
31	subsections (a), (b) and (c).
32	
33	Sec. 9.10.080. Recommendation. If the hearing is conducted by an Inquiry Panel, a written
34	recommendation along with all evidence collected will be submitted to the Board for its
35	consideration. The recommendation will include
36	(1) proposed findings and conclusions;
37	(2) evidence and other reasons;
38	(3) a recommendation for Board action specifying the proposed rule, order,
39	sanction, relief, denial or conditions or limitations on certification.
40	History Langer 12, 2022, Section 0, 10,000 and smalled lange 18, 2008, Section 8, 10,080
41 42	<b>History:</b> January 12, 2023, Section 9.10.080 was amended. June 18, 2008, Section 8.10.080 was renumbered as Section 9.10.080. November 26, 2002, Section 7.10.080 was renumbered
43	as Section 8.10.080.
44	
45	Sec. 9.10.090. Decision.
46	
47	(a) Action by Board. Unless the Board adopts the recommendation of the hearing
48	officer or panel "in toto," it must issue a separate written decision that contains an explanation of
49	the grounds for the decision.

49 the grounds for the decision.

1				
2	(b) Notice of Decision. In any case, parties must be notified in writing of the decision			
3	within a reasonable time.			
4 5 6 7 8	<b>History:</b> January 12, 2023, Sec. 9.10.090(a) was amended. June 18, 2008, Section 8.10.090 was renumbered as Section 9.10.090. November 26, 2002, Section 7.10.090 was renumbered as Section 8.10.090 and titles were added to subsections (a) and (b).			
9	Article 20. Reconsideration			
10				
11	Sec. 9.20.010. Requests for Reconsideration.			
12				
13	(a) Generally. Upon request or upon its own motion, the Board may reconsider all or			
14	part of a decision.			
15				
16	(b) Timing of Request. A request for reconsideration must be filed with the Board			
17	within 15 days of receipt of the decision and must include			
18	(1) a statement of the law, facts and/or mitigating circumstances that support the			
19	Board action requested; and			
20	(2) notice of any additional argument or evidence the requesting party intends to			
21	submit for consideration.			
22				
23	(c) Additional Argument and Evidence. The Board may consider additional argument			
24	or evidence provided all parties are notified and afforded			
25	(1) a chance to respond to new argument and/or evidence; and			
26	(2) a chance to submit additional argument and/or evidence.			
27	(1) $\mathbf{M}^{\mathbf{H}} = \mathbf{L}^{\mathbf{H}} = \mathbf{C}^{\mathbf{H}}$			
28	(d) Mitigating Circumstances. The Board may consider mitigating circumstances.			
29 30	(a) <b>Deadling for Action</b> If the Poard does not get on the request for reconsideration			
30 31	(e) <b>Deadline for Action.</b> If the Board does not act on the request for reconsideration within 30 days after receipt, the request is deemed denied.			
32	within 50 days after receipt, the request is deemed defied.			
33	History: June 18, 2008, Section 8.20.010 was renumbered as Section 9.20.010. November 26,			
34	2002, Section 7.20.010 was renumbered as Section 8.20.010 and titles were added to			
35	subsections (a) - (e).			
36				
37	Article 30. Appeals			
38				
39	Sec. 9.30.010. Notice of Right of Appeal by Community Health Aides, Community			
40	Health Practitioners, Dental Health Aides, Behavioral Health Aides, Behavioral Health			
41	Practitioners, CHA/P Training Centers, DHA Course Providers and Training Programs,			
42	and BHA/P Course Providers and Training Programs. The Board shall provide notice to each			
43	person entitled, under draft AANHS Circular 98-150, to appeal an adverse decision made under			
44	Article 20 of this chapter about their right of appeal and the conditions under which it may be			
45	exercised.			
46 47	History: June 18, 2008, Section 8.30.010 was renumbered as Section 9.30.010. November 26,			
48	2002, Section 7.30.010 was renumbered as Section 8.30.010 and amended.			

1 2	Sec. 9.30.020. Notice of Appeal to the Board. A person, including a Board member, who			
3 4	appeals a decision of the Board shall provide notice of the appeal to the Board.			
5 6	History: November 26, 2002, Section 7.30.020 was renumbered as Section 8.30.020.			
7	Chapter 10			
8	Chapter 10. Transitional and Temporary Cartification			
9 10	Transitional and Temporary Certification			
11 12	<b>History:</b> November 26, 2002, Chapter 8 was renumbered Chapter 9 and Section 8.10.010 was repealed.			
13 14	See 10.10.015 Prestice Panding Cartification An individual who has completed the			
14 15 16	<b>Sec. 10.10.015. Practice Pending Certification.</b> An individual who has completed the training, education and clinical practice or preceptorship as a community health aide or practitioner, dental health aide, or behavioral health aide or practitioner may continue to provide			
17	services on the same basis as during his or her training period while final action to approve or			
18 19	deny the application for certification is pending.			
20 21 22	<b>History:</b> June 18, 2008, Section 9.10.015 was renumbered as Section 10.10.015. November 26, 2002, Section 9.10.015 was added.			
23	Sec. 10.10.020. Between Board Meetings. Under rules developed by the Board, staff			
24	assigned to the Board may issue temporary certifications between Board meetings provided the			
25	staff has fully evaluated the application and has determined that the staff would recommend			
26	approval of the application to the Board. Such temporary certification is effective only until			
27	formal action is taken by the Board on the application.			
28				
29	History: June 18, 2008, Section 9.10.020 was renumbered as Section 10.10.020. November			
30	26, 2002, Section 8.10.020 was renumbered as Section 9.10.020.			
31				
32				
33	Chapter 11. Board Procedure			
34	•			
35	History: November 26, 2002, Chapter 9 was renumbered as Chapter 10.			
36				
37	Sec. 11.10.010. Officers. The Board shall at its first meeting elect a chair, vice-chair and			
38	a secretary from among its members to terms of one year. Thereafter, annually the Board shall			
39	elect a vice-chair and secretary. At the end of the one year term of the chair, the vice-chair shall			
40	succeed to the office of chair.			
41				
42 43	<b>History:</b> June 18, 2008, Section 10.10.010 was renumbered as Section 11.10.010. November 26, 2002, Section 9.10.010 was renumbered as Section 10.10.010.			
44 45	See 11 10 020 Querum A growing shall consist of a mainter of the members of the			
45 46	<b>Sec. 11.10.020. Quorum.</b> A quorum shall consist of a majority of the members of the Board.			
46 47	Dualu.			
48 49	<b>History:</b> June 18, 2008, Section 10.10.020 was renumbered as Section 11.10.020. November 26, 2002, Section 9.10.020 was renumbered as Section 10.10.020.			

1

1 2	Sec. 11.10.030. Meetings.
2 3 4 5 6	<ul> <li>(a) Regular and Special. The Board shall meet no less than twice annually and may hold special meetings at the call of the chair or on the written request of five Board members. Special meetings may be held by teleconference.</li> <li>(b) Public and Executive Sessions. Meetings of the Board shall be public, except when</li> </ul>
7 8 9	the Board goes into an executive session. Executive sessions may be convened only when necessary to protect the privacy of a person or as otherwise authorized under federal law.
9 10 11 12 13	<b>History:</b> June 18, 2008, Section 10.10.030 was renumbered as Section 11.10.030. November 26, 2002, Section 9.10.030 was renumbered as Section 10.10.030 and titles were added to subsections (a) and (b).
14 15	Sec. 11.10.040. Committees.
16 17 18	(a) Executive Committee. The officers shall serve as an Executive Committee. The Executive Committee shall have the authority to take actions between meetings only to the extent authorized by the Board.
19 20 21 22	(b) Other Committees. The Board may appoint such committees, or rely on committees of the Association of Community Health Aide Program Directors, as may be helpful to the Board in carrying out any of its responsibilities. Such committees may include Board members and non-Board members.
23 24 25 26 27	<b>History:</b> June 18, 2008, Section 10.10.040 was renumbered as Section 11.10.010. November 26, 2002, Section 9.10.040 was renumbered as Section 10.10.040.
27 28 29	Chapter 12. Amendments
30 31	History: November 26, 2002, Chapter 10 was renumbered as Chapter 11.
32 33 34 35	<b>Sec. 12.10.010. Effective Date.</b> Amendments to these Standards and Procedures may be adopted by this Board and shall become effective on the later of the effective date adopted by the Board or thirty days after the date upon which the amendment was adopted by the Board, unless stayed by the AANHS Area Director under draft AANHS Circular 98-150.
36 37 38 39	<b>History:</b> June 18, 2008, Section 11.10.010 was renumbered as Section 12.10.010. November 26, 2002, Section 10.10.010 was renumbered as Section 11.10.010 and amended.
<ol> <li>40</li> <li>41</li> <li>42</li> <li>43</li> <li>44</li> <li>45</li> <li>46</li> <li>47</li> <li>48</li> </ol>	<ul> <li>Sec. 12.10.020. Consideration at More Than One Meeting. The Board shall not take action on a proposed amendment to these Standards and Procedures at the first meeting at which the amendment was proposed unless it first determines that <ul> <li>(1) an emergency or other exigent circumstance exists;</li> <li>(2) the amendment is necessary to correct an error in the Standards and Procedures;</li> <li>(3) the amendment does not have a substantive effect; or</li> <li>(4) the amendment is necessary to assure compliance with law or regulation to which tribal health programs are subject.</li> </ul> </li> </ul>

1 2 3 4	<b>History:</b> June 18, 2008, Section 11.10.020 was renumbered as Section 12.10.020. October 3, 2006, Section 11.10.020 was amended by adding paragraphs (2) - (4). November 26, 2002, Section 10.10.020 was renumbered as Section 11.10.020.
5	
6	<b>Chapter 13. Temporary Emergency Guidance</b>
7	
8	Sec. 13.10.010. Consistent with the authority set forth under CB 1.10.010, this Board, with
9	the approval of the AANHS Area Director, may issue temporary emergency guidance or non-
10	statutory waivers regarding the community health aide program and related processes, when the
11	Secretary has declared a public health emergency, or the President has declared a major disaster
12	or emergency.
13	
14	History: April 24, 2020, Chapter 13 was added.
15	
16	

1

1	Detailed History of	
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3		
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10	January 12, 2023	
11	June 8, 2023	

1 2	July 29, 1998, Standards and Procedures adopted by the CHAP Certification Board.
2 3 4 5	September 25, 1998, Section 4.10.010(i)(15) was amended; a new paragraph (16) was added; and paragraph (16) was renumbered as paragraph (17), as follows:
6 7 8 9 10 11 12 13	<ul> <li>(15) been found guilty of, or entered a plea of nolo contendere or guilty to, any offense under Federal, State or Tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons within the meaning of section 408 failed to comply with the intent or requirements of the Indian Child Protection and Family Violence Prevention Act, P.L. 101-630, 25 U.S.C. § <u>3207 3201 et seq.</u>, or</li> <li>(16) failed to comply with applicable mandatory reporting laws of the State of Alaska; or</li> <li>(17) failed to respond to a request for services where a duty to respond existed.</li> </ul>
13 14 15	September 25, 1998, Section 7.10.030(a) was amended, as follows:
13 16 17 18 19 20 21	(a) A party requesting a hearing must notify the Board and other interested parties by submitting a written request for a hearing within 30 days of the date upon which the party received notice of the action being appealed. The request, which must include, a statement identifying the action being appealed, the remedy sought and a statement explaining the facts and points of law that support the requested Board action.
22 23	October 23, 1998, Section 2.10.010(4) was repealed. The repealed subsection read, as follows:
24 25 26 27	(4) furnishes evidence satisfactory to the Board that the applicant meets the standards of character required under 25 U.S.C. § 3207 [Section 408 of the Indian Child Protection and Family Violence Prevention Act] and other applicable federal or state law;
28 29	February 26, 1999, Section 2.20.600 was amended, as follows:
29 30 31 32 33 34 35 36 37	The Board may waive one or more of the requirements of sections 2.20.100 through 2.20.510 for a person who provides evidence satisfactory to the Board that the person is a licensed health care provider in Alaska or another state with licensing requirements at least equivalent in scope, quality, and difficulty to those imposed under these sections, provided the applicant demonstrates to the satisfaction of the Board that the applicant is adequately familiar with the CHA/P program and will limit his or her practice to the scope of practice of a community health aide or community health practitioner operating under the community health aide program.
38	June 12, 2002, multiple sections were amended, as described below:
39 40	Section 2.10.010 was amended by adding a new paragraph (10), as follows:
41 42 43 44 45	(10) effective January 1, 2003, furnishes evidence satisfactory to the Board that the person meets continuing education requirements as defined in sections 3.10.010 and 3.10.100 for the two-year period preceding initial certification.
46	Section 3.10.010 was amended, as follows:
47 48 49 50 51 52 53 54 55	<ul> <li>Sec. 3.10.010. Requirements. (a) An applicant <ul> <li>(1) for <u>initial or</u> renewal of a certificate as a community health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification or <u>the two years preceding initial certification</u> or</li> <li>(2) for <u>initial or</u> renewal of a certificate as a community health practitioner</li> <li>(b) must provide evidence satisfactory to the Board that he or she has completed no fewer than 48 contact hours of continuing education approved by the Board during the concluding two-year certification period <u>or two years preceding initial certification</u>. No more than 24 contact hours <del>must</del> may be regarding</li> </ul> </li> </ul>

emergency care. No fewer than 24 of the required contact hours <del>must</del> may be in the competencies listed in sections 2.20.100 through .510.

## Section 5.10.035(a)(3) was amended, as follows, although the change was not reflected in the *Standards* until the November 26, 2002 amendments were completed.

(3) Session III. <u>Ten Twelve</u> encounters under the following conditions: the trainee will be the primary provider in at least <u>six</u> eight patient encounters with particular emphasis on the patient problems delineated in the Curriculum, as outlined below, and at least four additional encounters with the trainee as active participant.

1 November 26, 2002, the Standards were substantially amended to incorporate standards for certification of dental health aides and to make certain other amendments to the Standards applicable to community health aides.

A copy of the Standards showing all of the amendments is available from the CHAP Certification Board. These

amendments required many new sections, which then required substantial renumbering. The table below identifies

2 3 4 5 6 7 the section number as of the November 26, 2002, amendments, the prior section number (if any), and whether a

section found in the June 12, 2002, Standards was amended.

9 10	Table Comparing 11/26/02 Amendments to 6/12/02 Standards		
10	11/26/02	6/12/02	Amended
12	1.10.010	1.10.010	Yes
13	1.20.010(1)-(3)		n/a
14	1.20.010(4)	1.20.010(1)	No
15 16	1.20.010(1)	1.20.010(1)	Yes
17	. ,		
18	1.20.010(6)	1.20.010(2)	No
19	1.20.010(7)	1.20.010(3)	Yes
20 21	1.20.010(8)-(16)		n/a
21 22	1.20.010(17)-(18)	1.20.010(4)-(5)	Yes
22	1.20.010(1 9)		n/a
24	1.20.010(20)	1.20.010(7)	Yes
25	1.20.010(21)	1.20.010(8)	No
26 27	1.20.010(22)	1.20.010(9)	Yes
28	1.30.010	1.30.010	No
29	1.40.010		n/a
30	2.10.010	2.10.010	Yes - (a), (a)(5), (7), (8), (9), (10), (b) [new]
31 32	2.10.010	2.10.010	n/a
32		2 20 100	
34	2.20.100	2.20.100	No
35	2.20.110	2.20.110	yes - (a), (c)(1), (c)(6)(A)
36	2.20.120	2.20.120	yes - (b)(3)
37 38	2.20.200	2.20.200	No
39	2.20.210	2.20.210	yes - (a), (c)(2),
40	2.20.300	2.20.300	No
41	2.20.310	2.20.310	yes - (a)
42 43	2.20.400	2.20.400	No
43	2.20.410	2.20.410	yes - (a)
45	2.20.500	2.20.500	$\frac{Yes - (3)}{Yes - (3)}$
46	2.20.600	2.20.600	Yes
47 48		2.20.000	
49	2.30.010 - 610		n/a
50	2.40.010	2.30.010	yes

11/26/02	6/12/02	Amended
2.40.020 - 100	2.30.020 - 100	No
2.40.200	2.30.200	Yes
2.40.300	2.30.300	Yes
3.10.010	3.10.010	Yes – [(a)(2) and (b) are new]
3.10.050		n/a
3.10.100	3.10.100	Yes
3.10.200		n/a
4.10.010	4.10.010	Yes – intro, (b), (d)-(f), (h), (i)(1), (i)(2)(C)-(E) (i)(3), (i)(6)-(&), (i)(10)-(11)
4.10.100	4.10.100	Yes – intro
4.10.110	4.10.110	No
4.10.120	4.10.120	Yes
4.10.130	4.10.130	No
5.10.010 - 020	4.10.010 - 020	No
5.10.025	5.10.025	Yes – (a)(2)-(4), (c)
5.10.030	5.10.030	No
5.10.035	5.10.035	Yes – intro, (a)(1)-(4)
5.10.040	5.10.040	Yes – (a)
5.10.045	5.10.045	No
5.10.050	5.10.050	Yes – (a), (b), (d)
5.10.055	5.10.055	No
5.10.060	5.10.060	Yes – (c)
5.10.065	5.10.065	Yes
5.10.070	5.10.070	No
5.20.010 - 030	5.20.010 - 030	No
5.30.010	5.30.010	Yes - (4)
5.30.020	5.30.020	No
5.40.010	5.40.010	No
6.10.010	6.10.010	Yes
6.10.900	6.10.900	Yes
7.10.010 - 7.30.200	7.10.010 - 7.30.200	n/a
8.10.010	7.10.010	Yes - intro
8.10.020	7.10.020	Yes

2 3 4 5 6 7 8 9 10 12 13 14 15  $\begin{array}{c} 16\\ 17\\ 18\\ 19\\ 20\\ 21\\ 22\\ 23\\ 24\\ 25\\ 26\\ 27\\ 28\\ 29\\ 30\\ 31\\ 32\\ 33\\ 34\\ 35\\ 36\\ 37\\ 38\\ 39\\ 40\\ \end{array}$ 43 44 45 46 49 51 52 53 54 55

1 40		02 Amendments to 6/12/02 Standards
11/26/02	6/12/02	Amended
8.10.030	7.10.030	Yes
8.10.040-060	7.10.040-060	No
8.10.070	7.10.070	Yes
8.10.080	7.10.080	No
8.10.090	7.10.090	Yes
8.20.010	7.20.010	Yes
8.30.010	7.30.010	Yes
8.30.020	7.30.020	No
	9.10.010	Repealed
9.10.015		n/a
9.10.020	8.10.020	No
10.10.010-040	9.10.010-040	No
11.10.010-010	10.10.010-020	No

# October 8, 2003, the *Standards* were amended to eliminate the PDHA II, rename PDHA III as PDHA II, add requirements to the EFDHA I, and to make certain other amendments to the *Standards* applicable to community health aides. These amendments are detailed below.

#### Section 1.20.010(10) was amended, as follows:

(10) "DHA" means Dental Health Aide and, except as used in Article 30 of Chapter 2 regarding requirements for special classes of dental health aides, shall include primary dental health aides I, and II and III, dental health aide hygienists, expanded function dental health aides I and II and dental health aide therapists;

#### Section 2.10.010(a)(5)(B) was amended, as follows:

(B) for a dental health aide the requirements are those under section 2.30.100, <del>2.30.150,</del> 2.30.200, 2.30.220(c), 2.30.230(c) and (d), 2.30.240(c), 2.30.250(c), 2.30.260(c) and (d), 2.30.300, 2.30.400, 2.30.500, 2.30.550(c) and (d) and 2.30.600;

#### Section 2.10.010(a)(8)(B) was amended, as follows:

(B) for a dental health aide the scopes of practice are defined in sections 2.30.110(b), 2.30.160(b), 2.30.210(b), 2.30.220(d), 2.30.230(e), 2.30.240(d), 2.30.250(c), 2.30.260(e), 2.30.310(b), 2.30.410(b), 2.30.510(b), 2.30.550(e), and 2.30.610(b), and

#### Section 2.20.110(c)(9)(D)(ii) was amended, as follows:

(ii)(II) oral suction;

#### Section 2.30.010 was amended, as follows:

(a) Generally. The supervision of a dental health aide may be general, indirect or direct, as defined in <u>section</u> 2.30.020(b), provided that

1	Section 2.30.150 was deleted. It read:		
2 3	Sec. 2.30.150. Primary Dental Health Aide II Training and Education Requirements. A		
4	person meets the training and education requirements to be a certified primary dental health aide II		
5	upon successful completion of:		
6	(1) (A) all requirements under sections 2.30.100 through 2.30.110;		
7	(B) a Board approved DHA Advanced Dental Procedures training session that		
8 9	satisfies the requirements of section 7.20.040; and		
9 10	(C) one or more certifications under 2.30.220 (sealants), 2.30.230 (prophylaxis), 2.30.240 (dental radiology) or 2.30.260 (ART); or		
10	(2) the requirements of section $2.30.300(b)(1)$ and (2).		
12	(2) the requirements of section 2.50.500(0)(1) and (2).		
13	Section 2.30.160 was deleted. It read:		
14			
15	Sec. 2.30.160. Primary Dental Health Aide II Supervision and Competencies.		
16			
17	(a) <b>Dental Supervision.</b> A certified primary dental health aide II may provide the services $1 + (1)(2) = 1 + (1 + 1) + (1 +$		
18 19	under paragraph (b)(2) under the direct or indirect supervision of a dentist or dental health aide therapist.		
20	uncrapist.		
21	(b) <b>Competencies</b> . In addition to meeting the requirements of section 2.30.110, a certified		
22	dental health aide II must successfully demonstrate and maintain:		
23	(1) (A) understanding and knowledge of dental anatomy,		
24	(B) understanding and knowledge of caries and the periodontal disease process;		
25	(C) identification and knowledge of dental instruments and equipment;		
26	<ul> <li>(D) understanding telemedicine technology;</li> <li>(D) location telemedicine technology;</li> </ul>		
27 28	<ul><li>(E) dental charting;</li><li>(F) problem-specific medical and dental history taking;</li></ul>		
20	(G) basic management of dental emergencies;		
30	<ul><li>(H) proper handling and sterilization of instruments;</li></ul>		
31	(I) disinfection of the operatory; and		
32	(2) satisfactory performance of the following skills:		
33	(A) problem -specific medical and dental history taking;		
34	(B) recognition of medical and dental conditions that may require direct dental		
35 36	supervision or services; (C) dental charting and patient record documentation;		
30 37	<ul><li>(C) dental charting and patient record documentation;</li><li>(D) instrument handling and sterilization procedures;</li></ul>		
38	(E) intra- and extra-oral photographs, if equipment is available;		
39	(3) meeting the requirements of one or more of the following sections:		
40	(A) $2.30.220$ (sealants);		
41	(B) 2.30.230 (prophylaxis);		
42	(C) 2.30.240 (dental radiology); or		
43	(D) 2.30.260 (ART).		
44 45	Section 2.30.200 was amended, as follows:		
46	Section 2.50.200 was amenueu, as follows.		
47	Sec. 2.30.200. Primary Dental Health Aide II III Training and Education Requirements. A		
48	person meets the training and education requirements to be a certified primary dental health aide II III up		
49	on successful completion of:		
50			
51	(a) (1) (A) all requirements under sections 2.30.100 through 2.30.110;		
52 53	(B) a Board approved DHA Advanced Dental Procedures training session that		
55 54	satisfies the requirements of section 7.20 .040; and (C) one or more certifications under 2.30.220 (sealants), 2.30.230 (prophylaxis),		
55	2.30.240 (dental radiology) or 2.30.260 (ART); or		
56			

1	
1	(2) the requirements of sections 2.30.150 and 160; or
2	(3)—the requirements of section 2.30.300(b)(1) and (2); and
3	
4	(b) a Board approved DHA village-based dental practice course that satisfies the
5	requirements of section 7.20.050.
6	
7	Section 2.30.210, Title and subsections (a) and (b) were amended, as follows:
8	
9	Sec. 2.30.210. Primary Dental Health Aide II III Supervision and Competencies.
10	
11	(a) <b>Dental Supervision.</b> A certified primary dental health aide <u>II</u> <del>III</del> may provide the services
12	under paragraph (b)(2) under the general supervision of a dentist or dental health aide therapist.
13	
14	(b) <b>Competencies.</b> In addition to meeting the requirements of section 2.30.110, a certified
15	dental health aide II III-must successfully demonstrate and maintain
16	_ ,
17	Section 2.30.220(a) was amended, as follows:
18	
19	(a) <b>Prerequisites.</b> A dental health aide may be certified under this section to perform sealants
20	under the conditions set forth in subsections (b) through (d) of this section provided the dental health
21	aide satisfies the requirements of sections:
22	(1) $\frac{2.30.150 \text{ and } 2.30.160 \text{ (PDHA II)}}{2.30.160 \text{ (PDHA II)}}$
23	(1) 2.30.100 and 2.30.100 (PDHA II), (2) 2.30.200 and 2.30.210 (PDHA II III),
24	$(2)^{-2.50.200}$ and 2.30.410 (FDHA I), or
25	(3)(4) 2.30.500 and 2.30.510 (EFDHA II).
26	(5) $(-1)$ 2.50.500 and 2.50.510 (EI DITA II).
20 27	Section 2.30.230(a) was amended, as follows:
28	Section 2.50.250(a) was amenueu, as follows.
28 29	(a) <b>Prerequisites</b> . A dental health aide may be certified under this section to perform dental
29 30	
30 31	prophylaxis under the conditions set forth in subsections (b) through (d) of this section provided the
32	dental health aide satisfies the requirements of: (1) $220150 \text{ m} d 220160$ (DDUA H)
	(1) $2.30.150 \text{ and } 2.30.160 \text{ (PDHA II)},$ (2) $2.20.200 \text{ m} 12.20.210 \text{ (PDHA II)},$
33	(2) 2.30.200 and 2.30.210 (PDHA II III),
34	(2)(3) 2.30.400 and 2.30.410 (EFDHA I), or
35	(3)(4) 2.30.500 and 2.30.510 (EFDHA II).
36	
37	Section 2.30.240(a) was amended, as follows:
38	
39	(a) <b>Prerequisites</b> . A dental health aide may be certified under this section to perform dental
40	radiology under the conditions set forth in subsections (b) through (d) of this section provided the
41	dental health aide satisfies the requirements of:
42	(1) $2.30.150 \text{ and } 2.30.160 \text{ (PDHA II)},$
43	(2) 2.30.200 and 2.30.210 (PDHA II III),
44	(2)(3)-2.30.400 and 2.30.410 (EFDHA I), or
45	<u>(3)(4)</u> -2.30.500 and 2.30.510 (EFDHA II).
46	
47	Section 2.30.250(a)(5) was amended, as follows:
48	
49	(5) a primary dental health aide II <del>or III</del> or expanded function dental health aide I or II
50	who is performing procedures under the general supervision of a dentist.
51	
52	Section 2.30.260(a)(1) was amended, as follows:
53	
54	(1) (A) <del>2.30.150 and 2.30.160 (PDHA II)</del>
55	( <del>B)</del> —2.30.200 and 2.30.210 (PDHA <u>II</u> <del>III)</del> ,
56	<u>(B)(C)</u> 2.30.300 and 2.30.310 (DHAH),

<u>(C)(D)</u>	2.30.400 and 2.30.410 (EFDHA I), or
<u>(D)(E)</u>	2.30.500 and 2.30.510 (EFDHA II), and

#### Section 2.30.310(b) was amended, as follows:

(b) Competencies. In addition to demonstrating the competencies identified in section 2.30.110(b) (PDHA I), 2.30.210(b) (PDHA <u>II</u> <del>III)</del>, 2.30.220(d) (sealants), 2.30.230(e) (prophylaxis), 2.30.240(d) (dental radiology), and after satisfying the requirements of 2.30.300 (DHAH), a certified dental health aide hygienist must successfully demonstrate and maintain satisfactory performance of the following skills:

#### Section 2.30.400(a)(2) was amended, as follows:

(2) (A) (i) a Board approved course in basic restorative functions that satisfies the requirements of section 7.20.200;

(ii)(B) a course in basic restorative functions offered by an accredited school of higher education; or

(iii)(C) a course in basic restorative functions offered or approved by IHS, including "Restorative Functions -- Basic"; <u>or</u>

(B) certification under section 2.30.230 (prophylaxis); and

#### Section 2.30.400(b) was amended, as follows:

(b) **Preceptorship.** An expanded function dental health aide I who has satisfied the requirements of subsection (a)(2)(A) must, after completion of the <u>other</u> requirements in subsection (a) of this section, satisfactorily complete a preceptorship, which must:

#### Section 2.30.400(b)(2) was amended, as follows:

29	
30	(2) (A) for an expanded function dental health aide I who has satisfied the
31	requirements of section 2.30.400(a)(2)(A) and (b),
32	(i) understanding of
33	(I)(A) advanced understanding of tooth morphology, structure and
34	function; and
34 35 36 37	(II)(B) an ability to discriminate between acceptable and unacceptable
36	restoration; and
38	(ii)(3) competency in and satisfactory performance of the following skills: (I)(A) placement and finishing of Class I, II and V dental amalgams
39	(simple fillings) after preparation by the dentist or dental health aide therapist; and
40	(II)(B) dental composite placement Class I, III and V (simple
41	fillings) after preparation by a dentist or dental health aide therapist; and
42	(III)(C) provide appropriate post-procedure instructions;
43	(B) for an expanded function dental health aide I who has satisfied the
44	requirements of section 2.30.400(a)(2)(B), the requirements of section 2.30.230(e).
45	$\frac{1}{2} \frac{1}{2} \frac{1}$
46	Section 2.30.410(b)(1)(B) and (C) were amended, as follows:
40 47	Section 2.50.410( $D$ )(1)( $D$ ) and ( $C$ ) were amended, as follows:
48	(D) 2 20 1602 20 210(b)(1)(A) (C) (E) (C) and (U) and (D)(b)(2)(C) and
	(B) $2.30.1602.30.210(b)(1)(A), (C), (E), (G), and (H), and (I) and (B)(b)(2)(C) and (D) (DDUA H) = 1$
49	(D) (PDHA II); and
50	(C) $2.30.250$ (c)(d) (dental assistant); and
51	
52	Section 2.30.500(a)(1) was amended, as follows:
53	
54	(1) all requirements under sections $2.30.100(a)(1)$ and $(a)(4)$ , and
55	2.30.400(a)(1),(a)(2)(A), (a)(3), and (b), and 2.30.410;
56	
57	Section 2.30.510(b)(1)(B) was amended , as follows:
58	

1 2 3	(B) $\underline{2.30.210} \ \underline{2.30.160}(b)(1)(A), (C), (E), (G), \underline{and}(H), \underline{and}(I) and (\underline{B})(\underline{b})(2)(C)$ and (D) (PDHA $\underline{II} \underline{II}$ );
3 4 5	Section 2.30.510(b)(1)(D) was amended, as follows:
5 6 7	(D) $2.30.250(\underline{c})(\underline{d})$ (dental assistant);
8 9	Section 2.30.550(a)(1)and(2) was amended, as follows:
10 11 12	(1) <u>sections</u> $2.30.400(a)(1),(a)(2)(A),(a)(3)$ , and (b and $2.30.410$ (EFDHA I) or (2) <u>sections</u> $2.30.500$ and $2.30.510$ (EFDHA II).
13 14 15	Section 2.30.550(c)(1) was amended, as follows:
16 17	(1) all requirements under sections 2.30.400(a)(1), (a)(2)(A), (a)(3), and (b) and 2.30.410 (EFDHA I) or 2.30.500 and 2.30.510 (EFDHA II);
18 19 20	Section 2.30.610(b)(3) was amended, as follows:
21 22 23 24	(A) all of the skills identified in sections 2.30.110 (PDHA I), 2.30.210 (PDHA II), 2.30.210 (PDHA II), 2.30.220 (sealants), 2.30.230 (prophylaxis), 2.30.240 (dental radiology), 2.30.260 (ART), 2.30.310 (DHAH), 2.30.410 (EFDHA I), 2.30.510 (EFDHA II), and 2.30.550 (stainless steel crown);
25 26	Section 3.10.050(a)(3)(A) and (C) were amended, as follows:
27 28	(A) 24 contact hours of continuing education approved by the Board, <del>or</del>
29 30	(C) some combination of (A) and (B) adding up to 24 hours.
31 <b>June</b> 2 32	24, 2004, multiple sections were amended, as described below:
33 34	Section 2.20.110(b), was amended by deleting paragraph (15), which read:
35 36	(15) introductory clinic management; and
37 38 39 40	Corresponding technical changes were made to reserve the number (15) rather than renumber paragraph (16) and to move "and" to the end of paragraph (14). Changes to these two paragraphs, thus, are, as follow s:
41 42	(14) introductory pharmacology, including identification and treatment of severe allergic reactions; and
43 44	(15) [RESERVED] introductory clinic management; and
45 46	Section 2.20.310(b) was amended by deleting paragraphs (13) and (15) and reserving those numbers. These paragraphs read:
47 48 49	<ul> <li>(13) adult health surveillance;</li> <li>(15) introduction to smoking cessation training;</li> </ul>
50 51	Section 2.20.410(b) was amended by adding two new paragraphs, as follows:
52 53	<ul> <li>(8) adult health surveillance;</li> <li>(9) introduction to smoking cessation training.</li> </ul>
54 55 56	Section 2.20.410(c)(2) was amending by deleting subparagraph (A) and reserving that number. Subparagraph (A) read:

1 2 3	(A) eye: tonometry;			
4 5	October 14, 2004, multiple sections were amended, as described below:			
5 6 7	Section 2.30.310(a) was amended, as follows:			
8 9 10 11 12	(a) <b>Dental Supervision.</b> Dental hygiene services may be performed under this section by a dental health aide hygienist under the general supervision of a dentist <del>or dental health aide therapist</del> provided the dental health aide hygienist has met the requirements of all of the requirements of this section.			
12 13 14	Section 2.30.610(b)(3)(B) was amended, as follows:			
14 15 16 17	(B) diagnosis and treatment of caries <del>, including placement of pins</del> and performance of pulpotomies on deciduous teeth;			
18	January 31, 2005, Section 7.20.010(c) was deleted and new language inserted, as follows:			
19 20 21 22 23 24 25	<ul> <li>(c) <u>Training</u>. The training will include didactic instruction and hands-on practice in a lab setting sufficient to demonstrate competency of the subject matter listed in sub section (a) of this section. Hours of Training. The course in which the topics listed in subsection (a) are addressed must include a minimum of:         <ul> <li>(1) 18 hours of didactic instruction and</li> <li>(2) 4 hours of hand s on practice in a lab setting.</li> </ul> </li> </ul>			
26 27	In the <i>Standards</i> amended January 31, 2005, two sections were amended to correct a cross-citation, as follows:			
28 29 30	Section 2.30.410(a)(1) was amended, as follows:			
31 32 33 34	(1) An expanded function dental health aide I may perform the functions identified for a dental assistant under sections $2.30.250(\underline{c})(\underline{d})$ and $2.30.410(b)$ (EFDHA I) only under the direct or indirect supervision of a dentist or dental health aide therapist.			
34 35 36	Section 2.30.510(a)(1) was amended, as follows:			
37 38 39 40	(1) An expanded function dental health aide II may perform the functions identified for a dental assistant under sections $2.30.250(\underline{c})(\underline{c})$ and $2.30.510(b)$ (EFDHA I) only under the direct or indirect supervision of a dentist or dental health aide therapist.			
40 41 42	October 3, 2006, multiple sections were amended, as described below:			
43 44	Section 1.20.010(5) was amended, as follows:			
45 46 47	(5) "CHAM" means the Alaska Community Health Aide/Practitioner Manual, <u>2006</u> <del>1998 Revised</del> Edition, <u>as revised</u> , or its successor if approved by this Board;			
48 49	Section 1.20.010(22) was repealed. The repealed subsection read, as follows:			
50 51 52	(22) "VMR" means Village Medicine Reference, revised April, 1997, or its successor if approved by this Board.			
53 54	Section 1.20.010 was amended by adding a new paragraph (23), as follows:			
55 56 57	(23) "ISDEAA" means the Indian Self-Determination and Education Assistance Act, Pub. L. 93-638, as amended, 25 U.S.C. § 450 et seq.			

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Section 2.10.010(a)(6) and (7) were amended, as follows: furnishes evidence satisfactory to the Board that at the time of consideration of (6) the application the person is employed by the Indian Health Service or a tribe or tribal health program operating a community health aide program in Alaska under the ISDEAA Indian Self Determination and Education Assistance Act [P.L. 93 638, 25 U.S.C. § 450 et seq .]; furnishes evidence satisfactory to the Board that the person will practice as a (7)community health aide, community health practitioner or dental health aide only when employed by the Indian Health Service or a tribe or tribal health program operating a community health aide program in Alaska under the ISDEAA Indian Self Determination and Education Assistance Act [P.L. 93 638, 25 U.S.C. § 450 et seq.]; Section 2.10.010(a)(9)(B) was amended, as follows: (B) as a community health aide, or community health practitioner only under the medical supervision of a licensed physician, who is familiar with the CHA/P program and CHAM and is employed by the federal government or employed by or under contract with a tribal health program operating a community health aide program in Alaska under the ISDEAA-licensed in the State of Alaska. This requirement does not preclude other physicians, dentists, and mid-level providers directing the day-to-day activities of a community health aide or community health practitioner under the direction of the physician providing medical supervision. Section 2.20.110(c)(8)(D) was amended, as follows: (D) CHAM Medicine Handbook VMR for medicine instructions; Section 2.20.120(b)(1) was amended, as follows: be employed by the Indian Health Service or a tribe or tribal health program (1)operating a community health aide program in Alaska under the ISDEAA-Indian Self Determination and Education Assistance Act; Section 2.30.010 was amended by adding a footnote to the title of the section, as follows: The supervision (at what ever level is required) of a dental health aide who provides services for which a Medicaid claim will be made must be provided by a dentist. Section 2.30.010(a) was amended to correct a typographical error, as follows: (a) Generally. The supervision of a dental health aide may be general, indirect or direct, as defined in section 2.30.010(b) 2.30.020(b), provided that Section 2.30.020 was amended, as follows: (a) Minimum Requirements. A person who satisfies the requirements of subsection 2.30.020(b) may perform services of a certified dental health aide prior to being certified under this article to the extent the services are performed as part of training required for certification; (1)being performed as part of a required preceptorship under sections 2.30.100(b), (2)2.30.220(c)(1)(B) or (c)(2), 2.30.230(d), 2.30.240(c)(1)(D) or (c)(2), 2.30.260(d), 2.30.400(b), 2.30.500(b), 2.30.550(d), 2.30.600(3), or are performed while an application for certification is pending before the Board after (2)successful completion of all required training and preceptorship.

(b) Employment. To be eligible to perform services under subsection 2.30.020(a), the person must be employed by the Indian Health Service or a tribe or tribal program operating a community

1 2	health aide program in Alaska under the <u>ISDEAA</u> - <del>Indian Self Determination and Education</del>
$\overline{3}$	
4 5	Section 6.10.900 was amended, as follows:
6 7 8 9 10	<b>Sec. 6.10.900. Transition</b> . The Board shall use the CHA/P Curriculum, field work guidelines, and other materials and standard s developed by committees of the Community Health Aide Directors Association, including the Academic Review Committee (ARC), Review and Approval Committee (RAC), Community Health Aide Manual/Village Medicine Reference (CHAM/VMR) <u>Revision</u> Committee, until such time as it can review and adopt such materials under this section.
11 12	Section 7.30.200(a) was amended, as follows:
13	
14	(a) <b>Development.</b> The Board shall use IHS training and work guidelines, standardized materials
15 16	accepted in the dental practice community, materials developed by DARC, applicable materials and standard s developed by committees of the Community Health Aide Directors Association, including
17 18	ARC, RAC, CHAM, <del>VMR</del> and other appropriate resource material until fully integrated DHA program center and curriculum standard s are developed and reviewed and approved by the Board.
19 20 21	June 20, 2007, two sections were amended, as described below:
21 22 23	Section 2.30.600(3) was amended by adding a new sentence at the end, as follows:
23	The preceptorship should encompass all competencies all competencies required of a dental health aide
25	therapist outlined in section $2.30.610(b)(1)$ , (2) and (3), and students should demonstrate each
26	procedure or service independently to the satisfaction of the preceptor dentist.
27	
28 29	Section 3.10.050(a) was amended, as follows:
30	Sec. 3.10.050. DHA Continuing Education Requirements.
31 32 33	(a) Unlapsed Certificate.
33 34	(1) An applicant for renewal of a certificate under article 30 of chapter 2 whose certificate
35	has not lapsed must meet: (A)(1) any specific recertification requirements set forth therein;
36	(B)(2) satisfactory performance under the direct supervision of a dentist, dental
37	hygienist, or dental health aide therapist of a minimum of 8 of each procedure for which the dental
38	health aide is certified; and
39	$\frac{(C)}{(C)}$ if the dental health aide has not completed the requirements for another level
40	of certification or module during the concluding two-year certification period, satisfactory completion
41	of:
42	(i) 24 contact hours of continuing education approved by the Board,
43 44	(ii)(B) an additional 24 hours of patient contact under direct supervision of a dentist, dental hygienist, or dental health aide therapist; or
45	(iii) some combination of (i)(A) and (ii)(B) adding up to 24 hours.
46	(2) If the direct supervision required under subsections $(1)(B)$ or $(1)(C)(i)$ of this section
47	is provided by anyone other than a dentist, the supervisor must have been authorized to supervise the
48 49	preceptorship of the procedures being performed under the applicable provision of chapter 2, article 30
49 50	[Standards for Dental Health Aides].
51	January 31, 2008, one section was amended, as follows:
52	January 51, 2008, one section was amended, as follows.
53 54	Section 2.30.020(b) was amended, as follows:
54 55	(b) <b>Employment.</b> To be eligible to perform services under subsection 2.30.020(a) [minimum
55 56	requirements], the person must be employed or sponsored by the Indian Health Service or a tribe or
	tribal program operating a community health aide program in Alaska under the ISDEAA.
57 58	arour program operating a community nearen arde program in Aldoka under the 10DLAA.

- 1 June 18, 2008, the *Standards* were substantially amended to incorporate standards for certification of
- 2 behavioral health aides and practitioners and to make certain other amendments to the *Standards* applicable 3 to community health aides and practitioners and dontal health aides
- 3 to community health aides and practitioners and dental health aides.
- 5 Bracketed citations to other sections of the Standards were corrected and expanded throughout without editorial
- 6 markings. A copy of the *Standards* showing all of the amendments, except those in which only the citation was
- 7 corrected or expanded, is available from the CHAP Certification Board. These amendments required many new
- 8 sections, which then required substantial renumbering. The table below identified the section number as of June 19,
- 9 2008, amendments, the prior section number (if any), and whether a section found in the January 31, 2008,
- 10 *Standards* was amended.
- 11 12

Table Comparing 6/19/08 Amendments to 1/31/08 Standards			
6/18/08	1/31/08	Amended	
Chapter 1, Article 10	Chapter 1, Article 10	yes - title	
1.10.010	1.10.010	no	
1.10.020		new	
1.20.010(1)	1.20.010(1)	yes	
1.20.010(2)	1.20.010(2)	no	
1.20.010(3)-(7)		new	
1.20.010(8)-(12)	1.20.010(3)-(7)	renumbered only	
1.20.010(13)-(16)		new	
1.20.010(17)	1.20.010(8)	yes	
1.20.010(18)	1.20.010(9)	yes	
1.20.010(19)	1.20.010(10)	yes	
1.20.010(20), (21), (23), (24)	1.20.010(12), (11), (13), (14)	renumbered only	
1.20.010(25)	1.20.010(22)	no	
1.20.010(25)-(28) & (29)	1.20.010(15)-(18) & (23)	no	

6/18/08	1/31/08	Amended
1.20.010(30)		new
1.20.010(31)	1.20.010(19)	no
1.20.010(33)	1.20.010(20)	yes
1.20.010(31)	1.20.010(21)	yes
1.30.010	1.30.010	no
1.40.010 intro, (2) & (5)	1.40.010 intro, (2) & (5)	yes
1.40.010 (3)-(4), (6)-(10)	1.40.010 (3)-(4), (6)-(10)	no
1.40.010 (11)-(20)		new
Chapter 2, Title	Chapter 2, Title	yes
2.10.010	2.10.010	yes - (a), (a)(5)(C), (a)(7), (a)(8), (a)(8)(C) [new (a)(9) & (a)(10), (b)(2) [new], (b)(3) & (b)(3)(B)
2.10.015	2.10.015	yes
2.20.100	2.20.100	no
2.20.110	2.20.110	yes - (b)(1), (b)(2) & (b)(4)
2.20.120	2.20.120	yes - (b)(3)
2.20.200	2.20.200	no
2.20.210	2.20.210	yes - (b)(4)
2.20.300	2.20.300	no
2.20.310	2.20.310	no
2.20.400	2.30.400	no
2.20.410	2.20.410	Yes – (b)(1)
2.20.500	2.20.500	Yes – (b)(3)
2.20.510	2.20.510	no
2.20.600	2.20.600	no
2.30.010	2.30.010	Yes – (a)(1)
2.30.020	2.30.020	no
2.30.030	2.30.030	no
2.30.050	2.30.050	no
2.30.100	2.30.100	no
2.30.110	2.30.110	no
2.30.150	2.30.150	no
2.30.160	2.30.160	no
2.30.200	2.30.200	no
2.30.210	2.30.210	no
2.30.220	2.30.220	no

6/18/08	Table Comparing 6/19/08 Am 1/31/08	Amended
2.30.230	2.30.230	no
2.30.240	2.30.240	no
2.30.250	2.30.250	no
2.30.260	2.30.260	no
2.30.300	2.30.300	no
2.30.310	2.30.310	no
2.30.400	2.30.400	no
2.30.410	2.30.410	yes - (b)(2)(ii)(III)
2.30.500	2.30.500	no
2.30.510	2.30.510	no
2.30.550	2.30.550	no
2.30.600	2.30.600	no
2.30.610	2.30.610	yes – (a), (b)
2.40.010	2.40.010	new
2.40.020		new
2.40.030		new
2.40.100		new
2.40.110		new
2.40.200		new
2.40.210		new
2.40.300		new
2.40.310		new
2.40.310		new
2.40.400		new
2.40.500		new
2.40.510		new
		new
2.40.515		new
2.40.520		new
2.40.525		new
2.40.530		
2.40.535		new
2.40.540 2.40.545		new
		new
2.40.550		new

6/18/08	1/31/08	Amended
2.40.560		new
2.40.565		new
2.50.010	2.40.010	yes & renumbered
2.50.020	2.40.020	yes
2.50.100	2.40.100	yes & renumbered
2.50.200	2.40.200	yes - (a) & (b) & renumbered
2.50.300	2.40.300	yes & renumbered
3.10.005		new
3.10.010	3.10.010	yes
3.10.050	3.10.050	yes - (a)(1)(C)(i)
3.10.070		new
3.10.100	3.10.100	yes - (c)
3.10.200	3.10.200	yes - (c)
3.10.300		new
Chapter 4 - Title	Chapter 4 - Title	yes
4.10.010	4.10.010	yes - (d), (e), (f), (i)(2)(C), (i)(2)(D), (i)(2)(E) (i)(3), (i)(6), (i)(10), (i)(11)
4.10.100	4.10.100	yes - title & introduction
4.10.110	4.10.110	no
4.10.120	4.10.120	no
4.10.130	4.10.130	no
5.10.010	5.10.010	no
5.10.015	5.10.015	no
5.10.020	5.10.020	no
5.10.025	5.10.025	no
5.10.030	5.10.030	yes - (a)
5.10.035	5.10.035	no
5.10.040	5.10.040	no
5.10.045	5.10.045	no
5.10.050	5.10.050	yes – (d)
5.10.055	5.10.055	no
5.10.060	5.10.060	no
5.10.065	5.10.065	no
5.10.070	5.10.070	no
5.20.010	5.20.010	no

 $\begin{array}{c} 32\\ 33\\ 35\\ 36\\ 37\\ 38\\ 39\\ 41\\ 42\\ 44\\ 44\\ 45\\ 61\\ 52\\ 53\\ 55\\ 56\\ \end{array}$ 

6/18/08	1/31/08	Amended
5.20.020	5.20.020	no
5.20.030	5.20.030	no
5.30.010	5.30.010	no
5.30.020	5.30.020	no
5.40.010	5.40.010	no
5.40.020	5.40.020	no
6.10.010	6.10.010	no
6.10.900	6.10.900	no
7.10.010	7.10.010	no
7.10.020	7.10.020	no
7.10.030	7.10.030	no
7.20.010	7.20.010	yes - (a)(1)
7.20.020	7.20.020	no
7.20.030	7.20.030	no
2.20.040	7.20.040	no
7.20.050	7.20.050	no
7.20.100	7.20.100	no
7.20.110	7.20.110	no
7.20.120	7.20.120	no
7.20.130	7.20.130	no
7.20.140	7.20.140	no
7.20.200	7.20.200	no
7.20.210	7.20.210	no
7.20.220	7.20.220	no
7.20.300	7.20.300	no
7.20.400	7.20.400	no
7.20.500	7.20.500	no
7.30.010	7.30.010	no
7.30.100	7.30.100	yes - (a)
7.30.200	7.30.200	no
3.10.010		new
3.10.020		new
3.10.030		new

6/18/08 1/31/08	Amended
8.20.010	new
8.20.050	new
8.20.100	new
8.20.110	new
8.20.115	new
8.20.125	new
3.20.135	new
3.20.140	new
3.20.145	new
8.20.150	new
3.20.155	new
3.20.160	new
3.20.165	new
3.20.170	new
.20.175	new
.20.180	new
.20.220	new
3.20.225	
.20.228	new
3.20.230	new
3.20.235	
.20.235	new
3.20.245	new
	new
3.20.250	new
3.20.260	new
	new
.20.270	new
3.20.275	new
3.20.325	new
3.20.335	new
3.20.340	new
3.20.345	new
3.20.350	new

		Amendments to 1/31/08 <i>Standards</i>
6/18/08	1/31/08	Amended
8.20.385		new
8.20.400		new
8.20.425		new
8.20.485		new
8.20.490		new
8.30.010		new
8.30.100		new
8.30.200		new
9.10.010	8.10.010	renumbered
9.10.020	8.10.020	renumbered
9.10.030	8.10.030	renumbered
9.10.040	8.10.040	renumbered
9.10.050	8.10.050	renumbered
9.10.060	8.10.060	renumbered
9.10.070	8.10.070	renumbered
9.10.080	8.10.080	renumbered
9.10.090	8.10.090	renumbered
9.20.010	8.20.010	renumbered
9.30.010	8.30.010	renumbered
9.30.020	8.30.020	renumbered
10.10.015	9.10.015	renumbered
10.10.020	9.10.020	renumbered
11.10.010	10.10.010	renumbered
11.10.020	10.10.020	renumbered
11.10.030	10.10.030	renumbered
11.10.040	10.10.040	renumbered
12.10.010	11.10.010	renumbered
12.10.020	11.10.020	renumbered
	11.10.020	

#### June 19, 2008, two sections were amended, as follows:

#### Section 2.20.100(b) was amended, as follows:

(a) an EMT or ETT training course approved by the State of Alaska, or its equivalent <u>as</u> determined by the Board;

Section 2.20.200(2) was amended, as follows:

(2) current ETT or EMT certification or its equivalent, as determined by the Board;

#### January 16, 2009, four sections were amended, as follows:

Section 5.10.025(a)(2) was amended, as follows:

#### **Qualifications and Roles. (a)**

(2) Instructor. CHA/P Training Center instructors must consist of a majority of fulltime equivalent mid-level practitioner or physician instructors who are employees of the federal government or licensed by the State of Alaska. Additional instructors should be certified or licensed and have formal training in the knowledge and skills that they are teaching. All These additional instructors will be monitored to assure compliance with the CHA/P Curriculum and competence in subject being taught.

#### Section 5.10.025(d) was amended, as follows:

(d) Faculty Turnover. In order to maintain the quality of instruction, the Board must be notified if during any twelve three month period 50 percent of the instructor staff of a CHA/P Training Center resigns and whenever a CHA/P Training Center Director resigns. Documentation of new employee orientation, peer review and student evaluation and examination must be available for review for each new instructor.

#### Section 5.10.035(c)(2) and (c)(4) was amended, as follows:

Distribution of Clinical Hours The distribution of clinical hours must be available in the (c) following kinds of patient encounters:

21		
22	(2) Session II.	
23	Encounter Type	Hours
24	Acute care	12
25	Lab	1
26	Ear	
27	Respiratory	1
28	Circulatory	1
29	Digestive system	1
30	Prenatal	2
31	Mental illness	4
32	Sick child	4
33	Screening physical exam	1
34	Approach to child (observe)	4
35	Immunizations	
36	Total Hours	<u>31-<del>33</del></u>
37		
38	(4) Session IV.	
39	Encounter Type	Hours
40	Acute care	8
41	Ear	1
42	Respiratory	1
43	Circulatory	1
44	Digestive	1
45	Female reproductive	4
46	Prenatal	3
47	Sick child	4
48	Well child	3.5
49	Newborn	1
50	Chronic disease	4 <del>2</del>
51	Н&Р	2.5
52	Total Hours	<u>34</u> 32

1	Section 5.10.040(a) was amended, as follows:
2 3	
	(a) Qualifications for Trainees and Application Process. The CHA/P Training Center will
4 5	have a policy for selection of trainees. The selection process will include requiring applicants for trainee slots to file a completed statewide application form recommended no less than four two-weeks
6	prior to the start of the training session, unless extraordinary circumstances are present. The policy for
7	selection must include requirements that the training applicants have no less than sixth grade math and
8	reading skills and that they have completed Pre-Session, unless the applicant satisfies one of the
9	exceptions to these requirements adopted under section 5.10.040(c).
10	
11 12	June 24, 2009, three sections were amended, as follows:
12	Section 5.10.050(c) was amended, as follows:
13	Section 5.10.050(c) was amended, as follows.
15	(c) Faculty/Trainee Ratio. Due to the short, intensive nature of CHA/P courses, the
16	following faculty/trainee ratios for clinical instruction during complete patient encounters must be done
17	on a one-to-one basis may not be exceeded. For all other clinical instruction the following
18	faculty/trainee ratios may not be exceeded:
19	
20 21	<ol> <li>Sessions I and II: one to one;</li> <li>Sessions III and IV: one to two depending on the independence of the trainees.</li> </ol>
22	(2) <b>Sessions in and iv.</b> one to two depending on the independence of the trainces.
${23}$	Section 5.10.055 was amended as follows:
24	
25	(a) The CHA/P Training Center staff must evaluate each trainee at the end of each session
26	and prepare a Post Session Learning Needs (PSLN) form plan to reinforce training and help the trainee
27 28	to gain further competency during the 200 hours of village clinical experience between sessions.
28 29	(b) CHA/P Training Center staff must review the Post Session Field <u>Training</u> Follow-up <u>Plan</u>
30	as a component in the application and approval process for selection of trainees. (Ref: Field
31	Component Guidelines.) for completion of the field training requirements of Basic training for
32	placement in the next session.
33	
34 35	Section 5.20.030 was amended, as follows:
36	Sec. 5.20.030. Provisional Certification. The Board may grant provisional certification to a
37	CHA/P Training Center with Start-up Certification that is not eligible for full certification under
38	section 5.20.020 provided it meets all the requirements for full certification, except that it is required to
39	score only a minimum of 80% 121 points on the Review and Approval Committee CHA Education
40	Program Evaluation Checklist evaluation. Provisional certification shall be effective for only six
41 42	months and may be renewed only one time for a total of no more than one year.
42 43	October 7, 2009, five sections were amended, as follows:
44	October 7, 2002, five sections were amended, as follows.
45	Section 2.30.500(a)(1) was amended, as follows:
46	
47	(a) <b>Training and Education.</b> A person meets the training and education requirements to be a
48	certified expanded function dental health aide II upon successful completion of
49 50	(1) all requirements under sections 2.30.100(a)(1) and (a)(4) [PDHA I training & education requirements; training; (presession) & (BLS)], and 2.30.400(a)(1),(a)(2)(A), (a)(3), and (b)
51	[CHA IV EFDHA I supervision, training & education requirements; training & education; (PDHA I
52	requirements), (basic restorative functions), & (preceptorship)], and 2.30.410 [EFDHA I supervision &
53	competencies];
54	
55	Section 5.10.050(d)(3) was amended, as follows:
56	

1	(d) Classroom and Clinical Instruction. The intent in instruction for each session is to
2 3 4 5 6	integrate the CHA/P Curriculum, the CHAM, and the training and skill of the community health
3	aide/practitioner, with consideration to the "Role of the Community Health Aide/Practitioner."
4	(1) The CHA/P Curriculum objectives must be followed as a minimum standard.
5	(2) The CHAM must be used as a reference book for teaching community health aides
6	and practitioners, as a minimum standard.
7	(3) The instructional materials for faculty must consist <u>the Curriculum</u> of course
0	
8	objectives with either lesson plans, lecture notes, or student learning notes. Instructional materials
9	must be updated every three years.
0	
1	Section 5.10.055(a) and (b) were amended, as follows:
2 3	
3	(a) The CHA/P Training Center staff must evaluate each trainee at the end of each session
	and prepare a Post Session Learning Needs (PSLN) form to reinforce training and help the trainee to
5	gain further competency during the 200 hours of village clinical experience between sessions.
4 5 6	(b) CHA/P Training Center staff must review the Post Session Field Training Follow-up Plan
7	for completion of the field training requirements of Basic Training for placement in the next session.
	for completion of the field training requirements of basic framming for placement in the fiext session.
8	
9	Section 5.20.020 was amended, as follows:
0	
1	Sec. 5.20.020. Full Certification. The Board shall grant full certification to a CHA/P Training
2 3	Center that demonstrates substantial compliance with the requirements of sections 5.10.010 [full
3	certification] through 5.10.070 [faculty continuing education], through evidence satisfactory to the
4	Board. Such evidence shall include submission of required materials, satisfactory performance during
5	the on-site review and satisfactory completion of at least one training session. "Substantial
6	compliance" shall require a minimum of <u>90%</u> 136 points on the Review and Approval Committee
4 5 6 7	CHA Education Program Evaluation Checklist to include meeting all essential items evaluation.
8	<u>OTH Fladdulon Program Evaluation Checknist to molde moeting an essential terms</u> evaluation.
9	Section 5.30.010 was amended, as follows:
0	Section 3.50.010 was amenucu, as follows.
1	See 5 20.010 Devicitie Schwieging and Devices A CUA/D Taviain Conten falls actived
1	Sec. 5.30.010. Periodic Submissions and Reviews. A CHA/P Training Center fully certified
2 3	under section 5.20.020 [full certification] shall submit a CHA Training Center Annual Self-Evaluation
	Checklist each year - CHA/P Training Center Evaluation no less often than once every two years and
4 5	shall be subject to on-site reviews, upon reasonable notice, at the discretion of the Board, provided that
5	an on-site review must occur no less often than once every five years. Such a CHA/P Training Center
6 7	must notify the Board if a change in any of the following occurs:
7	(1) the person responsible for coordination of the training within the center;
8	(2) 50 percent or more of the staff within a 12 month period;
9	(3) Medical Advisor;
0	(4) methods of CHA/P Curriculum delivery;
1	<ul><li>(5) facilities used for training; or</li></ul>
2	(6) administration or finance that affects the viability of the training program.
$\frac{2}{3}$	(b) administration of mance that affects the viability of the training program.
3 4	June 8 2010 thirtoon sections were amonded as follows:
	June 8, 2010, thirteen sections were amended, as follows:
5	
6	Section 2.30.210(b)(1)(2) was amended, as follows:
7	
8	(b) Competencies. In addition to meeting the requirements of section 2.30.110 [PDHA I
9	supervision & competencies], a certified primary dental health aide II must successfully demonstrate
0	and maintain:
1	(1) (A) understanding and knowledge of dental anatomy,
	(B) understanding and knowledge of caries and the periodontal disease process;
2 3	(C) identification and knowledge of dental instruments and equipment;
4	(D) understanding telemedicine technology;
4 5	(E) dental charting;
5 6	
U	(F) problem-specific medical and dental history taking;

1		(G) basic knowledge of relationship between medical conditions and oral health;
2		(H) basic management of dental emergencies;
$\frac{1}{3}$		(I) proper handling and sterilization of instruments;
4		(J) disinfection of the operatory; and
5		(2) satisfactory performance of the following skills:
6		(A) problem-specific medical and dental history taking;
7		(B) recognition of medical and dental conditions that may require direct dental
8		supervision or services;
9		(C) recognition of relationship between medical conditions and oral health;
10		(D) dental charting and patient record documentation;
11		(E) instrument handling and sterilization procedures;
12		(F) intra- and extra-oral photographs, if equipment is available.
13		(1) muta and exita oral photographis, it equipment is available.
14		Section 2.30.230(e) Dental Prophylaxis Requirements was amended, as follows:
15		sector <b>200120</b> ((4) Dentur Proprijunis Requirements was amenaea, as tonows:
16		(e) Competencies. In addition to meeting all other requirements of this section, the dental
17		health aide must understand and successfully demonstrate and maintain the following competencies
18		and skills:
19		(1) understanding and following dental orders;
20		(2) reviewing medical history and identifying contraindications for performing
21		prophylaxis;
22		(3) understanding when the patient should be referred to a dentist prior to carrying
23		out prophylaxis;
24		(4) explaining prophylaxis procedure and respond to questions from patient
25		regarding prophylaxis;
26		(5) proper patient and provider safety procedures;
27		(A) proper use <u>of</u> dental instruments for safety of patient and provider;
28		(B) proper use of ultrasonic <u>or</u> piezoelectric scalers;
29		(6) scaling and polishing to remove calcereous deposits, accretions, and stains from
30		the coronal or exposed surface of the tooth; and
31		(7) consistent with direct orders from the dentist after a dental examination, sulcular
32		irrigation.
33		
34		Section 2.30.240(d)(3) was amended as follows:
35		
36		(d) Competencies. In addition to meeting all other requirements of this section, a dental health
37		aide may only perform dental radiology, if the dental health aide successfully demonstrates and
38		maintains:
39		(3) satisfactory performance of the following skills:
40		(A) radiological protection of operator and patient;
41		(B) use and storage of the lead apron and thyroid collar;
42		(C) review medical history and identify contraindications for performing x-
43	rays;	
44		(D) dosimeter (film badge) and radiology reports;
45		(E) recognition and correction of:
46		(i) distortion,
47		(ii) overlap,
48		(iii) cone-cutting
49		(iv) automatic processing problems;
50		(F) use of film holding devices
51		(G) positioning and exposing intra-oral radiographs;
52		(H) troubleshooting
53		(i) technique errors
54		(ii) processing errors;
55		(I) film handling during processing;
56		(J) film labeling;

1	(K) use of landmarks to mount film;
2	(L) use of daylight loader; and
3	(M) <u>basic knowledge of digital radiography.</u>
3 4	
5	Section 2.30.250(c) was amended, as follows:
6	
7 8	(c) Competencies. In addition to meeting all other requirements of this section, the dental
	health aide must understand and successfully demonstrate and maintain the ability to satisfactorily
9	perform the following functions:
10	(1) taking impressions for study or working casts;
11	(2) removing sutures and dressing;
12	(13) applying topical anesthetic agents;
13	(4) removing excess cement from coronal surfaces;
14	(52) placing and removing rubber dams;
15	(6) placing and removing matrices;
16	(73) knowledge of dental procedures and use of instruments appropriate for the
17	procedures basic knowledge of dental materials, instruments, and procedures; and
18	(84) four-handed instrument transfer.
19	
20	Section 2.30.260(e)(3) was amended, as follows:
21	
22	(e) Competencies. In addition to meeting all other requirements of this section, a dental health
23	aide may only perform ART, if the dental health aide successfully demonstrates and maintains:
24	(3) identify cases appropriate for referral for ART;
25	(1, 1)
26 27	Section 2.30.610(b)(3) was amended, as follows:
27	(b) Competencies. In addition to meeting the requirements of section 2.30.100(a)(1) and
28	(a)(4) [PDHA I training & education requirements; training; (presession) & (BLS)] and 2.30.600
30	[DHAT training & education requirements], a certified dental health aide therapist must successfully
31	demonstrate and maintain:
32	(3) satisfactory performance under general supervision of a dentist of:
33	(A) all of the skills identified in sections 2.30.110 [PDHA I supervision &
34	competencies], 2.30.210 [PDHA II supervision & competencies], 2.30.220 [sealant requirements],
35	2.30.230 [dental prophylaxis requirements], 2.30.240 [dental radiology requirements], 2.30.260 [ART
36	requirements], 2.30.310 [DHAH supervision & competencies], 2.30.410 [EFDHA I supervision &
37	competencies], 2.30.510 [EFDHA II supervision & competencies], and 2.30.550 [stainless steel crown
38	placement requirements];
39	(B) diagnosis and treatment of caries; and performance of pulpotomies on
40	deciduous teeth
41	(C) performance of uncomplicated extractions of primary and permanent teeth;
42	(D) response to emergencies to alleviate pain and infection;
43	(E) administration of local anesthetic;
44	(F) recognition of and referring conditions needing space maintenance;
45	(G) maintenance of and repair of dental equipment;
46	(H) development of and carrying out community health prevention and education
47	program;
48	(I) performance of pulpotomies on primary teeth.
49	
50	Section 5.10.065 was amended and reformatted, as follows:
51	
52 53	Sec. 5.10.065. CHA/P Training Center Self-Evaluation. A CHA/P Training Center must have a
53 54	policy on quality assurance $(QA)$ /continuous quality improvement $(CQI)$ . This policy must include documentation of post against motions for staff avaluation of training against and at least quarterly
54 55	documentation of post-session meetings for staff evaluation of training sessions and <u>at least</u> quarterly program reviews, evaluation <u>of CHA tools for CHA/P</u> clinical encounters, <u>Patient Encounter Form</u>
55 56	(PEF) patient care component evaluation tool for quality and appropriateness of patient care as
50	$\frac{1}{1}$ $\frac{1}{2}$ parton cure component evaluation too for quanty and appropriateness of patient care as

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delineated by the CHAM, weekly on going classroom evaluation of the CHA/P in a learner role, and a summary evaluation of the trainee as well as CHA/P, CHA evaluations of training sessions and individual instructors, and faculty peer review of didactic and clinical instruction. The QA/CQI quality assurance/continuous quality improvement process must be in effect, documenting that evaluation tools are in use, trends are identified and the continuous quality improvement process is being implemented to address and modify those identified trends. Completed QA evaluation tools must be on file and available for review by RAC. Sec. 5.10.065. CHA/P Training Center Self-Evaluation. (a) A CHA/P Training Center must have a policy on quality assurance (QA)/continuous quality improvement (CQI). This policy must include: (1) documentation of post-session meetings for staff evaluation of training sessions and quarterly program reviews, (2) evaluation of CHA clinical encounters, Patient Encounter Form (PEF) evaluation for quality and appropriateness of patient (3) care as delineated by the CHAM, (4) weekly evaluation of the CHA in a learner role, (5) a summary evaluation of the CHA, (6) CHA evaluations of training sessions and individual instructors, and faculty peer review of didactic and clinical instruction. (7) (b) The QA/CQI process must be in effect, documenting that evaluation tools are in use, trends are identified and the continuous quality improvement process is being implemented to address and modify those identified trends. Section 7.20.050(a) was amended, as follows: Subject Matter. A Village-Based Dental Practice course must address the following **(a)** topics: use of telemedicine technology, including use of intra- and extra-oral cameras; (1)problem specific medical and dental history taking; (2)recognition of medical and dental conditions; (3) recognition of relationship between medical conditions and oral health. (4) Section 7.20.110(a) and (b) were amended, as follows: (a) Subject Matter. A course in dental prophylaxis must address the following topics: understanding and following dental orders if any; (1)reviewing medical history and identify contraindications for performing prophylaxis; (2)understanding when the patient should be referred to a dentist prior to carrying out (3) prophylaxis; (4)explaining prophylaxis procedure and respond to questions from patient regarding prophylaxis; (5) proper patient and provider safety procedures, including: (A) proper use of dental instruments for safety of patient and provider and (B) proper use of ultrasonic or and piezoelectric scalers; scaling and polishing to remove calcereous deposits, accretions, and stains from the (6) coronal or exposed surface of the tooth; and (7) consistent with direct orders from the dentist after a dental examination, sulcular irrigation. (b) Hours of Training. The course in which the topics listed in subsection (a) are addressed must include a minimum of: (1)  $\underline{8}$  4 hours of didactic instruction and (2) 16 14 hours of clinical encounters.

Section 7.20.120(a) was amended by adding paragraph 31, as follows:

1	(a) <b>Subject Matter.</b> A course in dental radiology must address the following topics:
2	(31) basic knowledge of digital radiography.
$\frac{2}{3}$	(31) <u>basic knowledge of digital fadiography</u> .
4	Section 7.20.130(a) was amended by deleting paragraphs and renumbered, as follows:
5	Section (120100(u)) was amenated by detering paragraphs and renambered, as follows:
6	(a) Subject Matter. A course in dental assisting must address the following topics:
7	(1) taking impressions for study or working casts;
8	(2) removing sutures and dressing;
9	$(\underline{1} 3)$ applying topical anesthetic agents;
10	(4) removing excess cement from coronal surfaces;
11	(2.5) placing and removing rubber dams;
12	(6) placing and removing matrices;
13	(37) basic knowledge of dental materials, instruments, and procedures knowledge of
14	dental procedures and use of instruments appropriate for the procedures; and
15	(48) four-handed instrument transfer.
16	
17	Section 7.20.140(a)(3) was amended, as follows:
18	
19	(a) Subject Matter. A course in atraumatic restorative treatment must address the following
20	topics:
21	(3) identify cases appropriate for referral for ART;
22	
23 24	Section 7.20.300 was amended, as follows:
24 25	Sec. 7.20.300. Dental Health Aide Hygienist Training Program. A DHA hygienist training
26	program must provide instruction and clinical training equivalent to that required for accreditation by
27	the <u>Commission on Dental Accreditation of the American Dental Association Commission on</u>
28	Accreditation of Dental and Dental Auxiliary Education Programs of the American dental Association.
29	Reconcernation of Donar and Donar Maximary Education Programs of the American donar Association.
30	Section 7.20.400(b) was amended, as follows:
31	
32	(b) Hours of Training. The course in which the topics listed in subsection (a) are addressed
33	must include a minimum of:
34	(1) <u>16</u> 14 hours of didactic instruction;
35	(2) <u>8</u> 7 hours of laboratory instruction during which time 3 injections each of the
36	maxillary infiltration, palatal, inferior alveolar, long buccal, and posterior superior alveolar injections
37	anterior palatine, incisive palatine, anterior and middle superior alveolar, posterior superior are
38	administered; and
39	(3) clinical experience sufficient to establish the dental health aide's ability to
40	adequately anesthetize the entire dentition and supporting structures in a clinical setting, requiring a
41	minimum of 6 hours of clinical encounters under direct supervision of faculty during which time each
42	patient receiving an injection receives a dental service; and including a minimum of 4 each of the
43	injections listed above.
44 45	
45	January 13, 2011, five sections were amended, as follows:
47	Sandary 15, 2011, net sections were amended, as follows.
48	Section 1.40.010. Findings, paragraph (2) was amended, as follows:
49	Section 10001001 manigs, paragraph (2) was amenaed, as tonows:
50	(2) The community health aide program was authorized by Congress to promote the
51	achievement of the health status objectives in the Indian Health Care Improvement Act in rural Alaska.
52	These objectives are broad in scope and address virtually every aspect of health care, access, delivery,
53	and status. Specialized training (medical, dental and behavioral health) and certification furthers those
54	objectives by creating opportunities for community health aides to focus their training and practice on
55	particular health issues and delivery strategies. Regardless of the specific title everyone certified under

1 2	the community health aide program has the same basic responsibility: to improve health status among Alaska Natives living in rural Alaska.
3	Section 5.10.050(a) may amonded as follows:
4 5	Section 5.10.050(c) was amended, as follows:
6 7 8 9 10	<ul> <li>(c) Faculty/Trainee Ratio. Due to the short, intensive nature of CHA/P courses, faculty/trainee ratios for clinical instruction during patient encounters, in which the trainee is the primary provider, as defined Sec.5.10.035(b)(1), must be done on a one-to one basis. For all other clinical instruction the following faculty/trainee ratios may not be exceeded:         <ul> <li>(1) Session I and II: one to one;</li> </ul> </li> </ul>
11	(2) Sessions III and IV: one to two depending on the independence of the trainees.
12 13 14	Section 5.10.050(d)(3) was amended, as follows:
15	(d) <b>Classroom and Clinical Instruction.</b> The intent in instruction for each session is to
16 17 18	<ul> <li>(d) Classroom and Clinical Instruction. The intent in instruction for each session is to integrate the CHA/P Curriculum, the CHAM, and the training and skill of the community health aide/practitioner, with consideration to the "Role of the Community Health Aide/Practitioner."</li> <li>(3) The instructional materials for faculty must consist of the <u>CHA/P</u> Curriculum</li> </ul>
19	course objectives and lesson plans. Instructional materials must be updated every three years.
20	
21	Section 5.20.020 was amended, as follows:
22	
23	Sec. 5.20.020. Full Certification. The Board shall grant full certification to a CHA/P Training
24	Center that demonstrates substantial compliance with the requirements of sections 5.10.010 [full
25 26	certification] through 5.10.070 [faculty continuing education], through evidence satisfactory to the
20 27	Board. Such evidence shall include submission of required materials, satisfactory performance during the on-site review and satisfactory completion of at least one training session. "Substantial
28	compliance" shall require a minimum score of $90\%$ on the Review and Approval Committee CHA
28	Education Program Evaluation Checklist to include meeting all essential items as defined in the
30	checklist.
31	<u>checklist</u> .
32	Section 7.20.400(b)(3) was amended, as follows:
33	Section 7.20. 100(b)(b) was amenaed, as follows:
34	(b) Hours of Training. The course in which the topics listed in subsection (a) are addressed
35	must include a minimum of:
36	(3) clinical experience sufficient to establish the dental health aide's ability to
37	adequately anesthetize the entire dentition and supporting structures in a clinical setting, requiring a
38	minimum of 6 hours of clinical encounters under direct supervision of faculty during which time each
39	patient receiving an injection receives a dental service; which must include and including a minimum
40	of 4 each of the injections listed above.
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43	October 12, 2011, eight sections were amended, as follows:
44	
45	Section 1.10.010 Authority was amended, as follows:
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47 48	Sec. 1.10.010. Authority. The Community Health Aide Program Certification Board is
48 49	established under the authority of the Act of November 2, 1921 (25 U.S.C. § 13, popularly known as the Snyder Act) pursuant to 25 U.S.C. § 1616 <i>l</i> (Section 119 of Pub. L. 94-437), the Indian Health Care
50	Improvement Act, as amended, including the permanent reauthorization and amendments in Section
51	10221 of the Patient Protection and Affordable Care Act, Pub. L. 111-148, which incorporated by
52	reference, as amended by Section 10221, S. 1790 as reported by the Senate Committee on Indian
53	Affairs in December 2009 and directives and circulars of the United States Department of Health and
54	Human Services, Public Health Service, Indian Health Service, Alaska Area Native Health Service.
55	
56	Section 1.40.010. Findings. paragraphs (2) and (19) were amended, as follows:

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2 3 4	(2) The community health aide program was authorized by Congress to promote the
3	achievement of the health status objectives in the Indian Health Care Improvement Act in rural Alaska.
4	These objectives are broad in scope and address virtually every aspect of health care, access, delivery,
5	and status. Specialized training (medical, dental and behavioral health) and certification furthers those
6	objectives by creating opportunities for community health aides to focus their training and practice on
7	particular health issues and delivery strategies. Regardless of the specific title everyone certified under
7 8	the community health aide program has the same basic responsibility: to improve health status among
9	Alaska Natives living in rural Alaska.
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	(19) <u>The Healthy People 2020 objectives, broadly and deeply address behavioral health</u>
11	issues including injury and violence prevention, mental health, quality of life and well-being, social
12	determinants of health, substance abuse and tobacco, along with behavioral health considerations for
13	each stage of life.
14	
15	Section 2.30.310. Dental Health Aide Hygienist Supervision and Competencies was amended, as
16	follows:
17	
18	(a) Dental Supervision.
19	(1) Dental hygiene services may be performed under this section by a dental health aide
20	hygienist under the general supervision of a dentist provided the dental health aide hygienist has met
21	the requirements of all of the requirements of this section.
22	(2) a dental health aide hygienist may perform services identified in section 2.30.260
23	[ART requirements] under general supervision of a dentist upon successful completion of all of the
24	requirements of the applicable section and requirements of section 2.30.200 (b) [PDHA II training and
25	education requirements]
26	(b) Competencies. In addition to demonstrating the competencies identified in section
20 27	
	2.30.110(b) [PDHA I supervision & competencies; competencies], 2.30.210(b) [PDHA II supervision
28	& competencies; competencies], 2.30.220(d) [sealant requirements; competencies], 2.30.230(e) [dental
29	prophylaxis requirements; competencies], 2.30.240(d) [dental radiology requirements; competencies],
30	and after satisfying the requirements of 2.30.300 [DHAH training & education requirements], a
31	certified dental health aide hygienist must successfully demonstrate and maintain satisfactory
32	performance of the following skills:
33	(1) removing calculus deposits, accretions and stains from the surfaces of teeth by
34	scaling and polishing techniques;
35	(2) <u>non-surgical periodontal therapy root planing and periodontal soft tissue curettae;</u>
36	(3) placing sulcular medicinal or therapeutic materials;
37	(4) peridontal probing; and
38	(5) administration of local anesthetics and identification and responding to the side
39	effects of local anesthetics.
40	
41	Section 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education
42	Requirements was amended, as follows:
43	requirements (fus unendeu) us fono (fs)
44	(a) Training and Education. A person meets the training and education requirements to be a
45	certified expanded function dental health aide I upon successful completion of
46	(1) all requirements under sections 2.30.100(a)(1) and (a)(4) [PDHA I training &
47	
	education requirements; (presession) & (BLS)];
48	(2) (A) (i) a Board approved course in basic restorative functions that satisfies the mention of contact $7.20,200$ [here: not entire functional]
49	the requirements of section 7.20.200 [basic restorative functions];
50	(ii) a course in basic restorative functions offered by an accredited school of
51	high education; or
52	(iii) a course in basic restorative functions offered or approved by IHS,
53	including "Restorative Functions – Basic"; or
54	(B) <u>training that meets the requirements</u> certification under section 2.30.230 [dental
55	prophylaxis requirements]; and

(3) a preceptorship that satisfies the requirements in subsection (b) [EFDHA I preceptorship] of this section.

#### (b) Preceptorship.

An expanded function dental health aide I who has satisfied the requirements of

(1) subsection (a)(2)(A) [EFDHA I training & education; (basis restorative functions course)] must, after completion of the other requirements in subsection (a) [EFDHA I training and education] of this section, satisfactorily complete a preceptorship, which must:

 $(\underline{A1})$  be under the direct supervision of a dentist;

 $(\underline{B2})$  continue after completion of the training under subsection (a)(2) for a minimum of six months or 800 hours, which ever is longer; and

(<u>C</u>3) include satisfactory performance in the dental health aide's clinical setting under direct supervision of a dentist of a minimum of 50 restorations of which a minimum of 5 must be in each classification of amalgam class I, class II, and class V and composite class I, class III and class  $V_{\underline{:} \text{ or.}}$ 

(2) subsection (a)(2)(B) [EFDHA I training and education (dental prophylaxis course)] must, after the completion of the other requirements in subsection (a) [EFDHA I training and education] of this section, satisfactorily complete a preceptorship as required under section 2.30.230 [dental prophylaxis requirements].

## Section 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies was amended, as follows:

#### (a) Dental Supervision.

(1) An expanded function dental health aide I may perform the functions identified for a dental assistant under sections 2.30.250(c) [dental assistant function requirements; competencies] and 2.30.410(b) [EFDHA I supervision & competencies; competencies] only under the direct or indirect supervision of a dentist or dental health aide therapist.

(2) An expanded function dental health aide I may perform the services identified in section 2.30.550 [stainless steel crown placement requirements] under the direct or indirect supervision of a dentist or dental health aide therapist upon successful completion of all the requirements of the applicable section.

(3) <u>An expanded function dental health aide I may perform the services identified in</u> <u>section 2.30.410 (b)(1) [EFDHA I supervision & competencies; competencies] 2.30.110(b)(1)(B), (C),</u> (F) and (G), (b)(2)(A) through (C), and (b)(3)(D) [PDHA I supervision & competencies] under general supervision of a dentist or dental health aide therapist upon completion of the requirements of section 2.30.200(b) [PDHA II training & education requirements; (village-based dental practice course)].

(43) An expanded function dental health aide I may perform services as provided for under sections 2.30.220 [sealant requirements], 2.30.230 [dental prophylaxis requirements], 2.30.240 [dental radiology requirements], and 2.30.260 [ART requirements] under the general supervision of a dentist or dental health aide therapist, upon successful completion of all of the requirements of the applicable section and the requirements of section 2.30.200(b) [PDHA II training & education requirements; (village-based dental practice course)].

(b) Competencies. In addition to satisfying the requirements of 2.30.400 [EFDHA I supervision-training & education requirements], a certified expanded function dental health aide must successfully demonstrate and maintain the following:

(1) (A) understanding of:

	(i) basic dental anatomy;
	(ii) caries disease process;
	(iii) periodontal disease process;
	(iv) infection control;
	(iv) health care system access, including access to Medicaid and other third-
party resource	<u>s;</u>
	(v) <u>scheduling;</u>

•	
1	(vi) theory of prevention;
	(vii) <u>fluoride as a drug and related issues;</u>
2 3	(ix) dental charting and patient record documentation;
4	(B) competency in the following subjects:
5	(i) topical fluoride treatment(s)
6	(ii) oral hygiene instruction;
7	(iii) identification of potential dental problems and appropriate referrals;
8	(iv) recognition of medical and dental conditions that may require direct
9	dental supervision or services;
10	(v) those provided for under sections 2.20.110(b)(1), (3) through (12), and
11	(14) [CHA I competencies; (competencies)];
12	(vi) <u>dental health aide's general scope of work;</u>
13	(vii) basic life support and basic management of dental emergencies;
14	(C) satisfactory performance of the following skills:
15	(i) use of CHAM;
16	(ii) general medical history taking;
17	(iii) patient education including the explanation of prevention strategies,
18	including fluoride and sealants;
19	(iv) toothbrush prophylaxis;
20	(v) clean/sterile techniques
21	(I) proper handling and sterilization of instruments;
22	(II) disinfection of the operatory
23	(vi) universal precautions; and
24	(vii)handwashing;
25	(viii) basic knowledge of dental materials, instruments and
26	procedures;
27	(ix) four-handed instrument transfer;
28	(x) applying topical anesthetic agents;
29	(xi) placing and removing rubber dams; and
30	(1) the satisfactory performance of the competencies identified in sections (A)
31	2.30.110(b)(1)(A), (D) and (E), (b)(2)(A), (E) through (G), and (b)(3)(A) and (E) through (H) [PDHA I
32	supervision & competencies];
33	(B) 2.30.210(b)(1)(A), (C), (E), (G), (H), and (I) and (b)(2)(C) and (D)
34	[PDHA II supervision & competencies; competencies]; and
35	(C) 2.30.250(c) [dental assistant function requirements; competencies]; and
36	
37	(2) (A) for an expanded function dental health aide I who has satisfied the
38	requirements of section 2.30.400(a)(2)(A) [EFDHA I supervision training & education requirements;
39	training & education; (basic restorative functions course)] and (b) [EFDHA I supervision, training &
40	education requirements; preceptorship],
41	(i) (I) advanced understanding of tooth morphology, structure and
42	function; and
43	(II) an ability to discriminate between acceptable and unacceptable
44	restoration; and
45	(ii) competency in and satisfactory performance of the following skills:
46	(I) placement and finishing of Class I, II and V dental amalgams
47	(simple fillings) after preparation by the dentist or dental health aide therapist; and
48	(II) dental composite placement Class I, III and V (simple fillings)
49	after preparation by a dentist or dental health aide therapist; and
50	(III) provide appropriate post-procedure instructions; (B) for an
51	expanded function dental health aide I who has satisfied the requirements of section 2.30.400(a)(2)(B)
52	[EFDHA I supervision, training & education requirements; training and education; (prophylaxis
53	training certification)], the requirements of section 2.30.230(e) [dental prophylaxis requirements;
54	competencies].
55	

Section 2.30.500. Expanded Function Dental Health Aide II Training and Education Requirements

(a) Trai	ning of	ad Education A person meets the training and education requirements
		<b>nd Education.</b> A person meets the training and education requirements on dental health aide II upon successful completion of
		quirements under sections 2.30.100(a)(1) and (a)(4) [PDHA I training a
(-)		raining; (presession) & (BLS)], and $2.30.400\frac{(a)(4)}{(a)(4)}$ ,(a)(2)(A), (a)(3), and
		raining & education requirements; training & education; (PDHA I
		orative functions), & (preceptorship)], and 2.30.410 [EFDHA I supervi
competencies];	510 1051	orative functions), & (preceptorsinp)], and 2.50.410 [EI DTIA I supervi
	anded	Function Dental Health Aide II Supervision and Competencies was
amended, as follows:		
	-	ervision.
(1)		xpanded function dental health aide II may perform the functions identi
		er sections 2.30.250(c) [dental assistant function requirements; compete
		II supervision & competencies; competencies] only under the direct of
-		dentist or dental health aide therapist.
(2)	<u>An e</u>	xpanded function dental health aide II may perform the services identif
		s steel crown placement requirements] under the direct or indirect supe
		th aide therapist upon successful completion of all of the requirements of
applicable section.		
		xpanded function dental health aide II may perform the services identifi
		<u>EFDHA I supervision &amp; competencies; competencies</u> under general
1		r dental health aide therapist upon completion of the requirements of se
		<u>ining &amp; education requirements;</u> (village-based dental practice course)]
$(\underline{4})$		xpanded function dental health aide II may perform services as provide sealant requirements], 2.30.230 [dental prophylaxis requirements], 2.30
		ments], and 2.30.260 [ART requirements] under the general supervision
		de therapist, upon successful completion of all of the requirements of th
		e requirements of section 2.30.200(b) [PDHA II training & education
		ed dental practice].
<u></u>		
		ies. In addition to satisfying the requirements of 2.30.500 [EFDHA II
		irements], a certified expanded function dental health aide must demon
and maintain of the		
(1)		atisfactory performance of the competencies identified in sections
		-2.30.110(b)(1)(A), (D) and (E), (b)(2)(A), (E) through (G), and (b)(3)
<del>and (E) through (E</del>		IA I supervision & competencies; competencies];
	<del>(B)</del>	-2.30.210(b)(1)(A), (C), (E), (G), (H), and (I) and (b)(2)(C) and (D) [P
II supervision & co		ncies; competencies];
		2.30.240(d) [dental radiology requirements; competencies];
		2.30.250(c) [dental assistant function requirements; competencies];
		2.30.410(b) [EFDHA I supervision & competencies; competencies]; a
	unde	rstanding of
(2)	( • >	the basics of occlusion as they apply to restorative deptistry and
(2)	(A)	the basics of occlusion as they apply to restorative dentistry and
	(B)	current state-of-the-art dentinal bonding agents;
(2) (3)	(B) comp	current state-of-the-art dentinal bonding agents; betency in and satisfactory performance of the following skills:
(3)	(B) comp (A)	current state-of-the-art dentinal bonding agents; betency in and satisfactory performance of the following skills: placement and finishing of cusp protected amalgam and complex Class
	(B) comp (A) ex fillir	current state-of-the-art dentinal bonding agents; betency in and satisfactory performance of the following skills: placement and finishing of cusp protected amalgam and complex Class ngs);
(3) amalgams (comple	(B) comp (A)	current state-of-the-art dentinal bonding agents; betency in and satisfactory performance of the following skills: placement and finishing of cusp protected amalgam and complex Class
(3)	(B) comp (A) ex fillin (B)	current state-of-the-art dentinal bonding agents; betency in and satisfactory performance of the following skills: placement and finishing of cusp protected amalgam and complex Class igs); placement and finishing of dental composite Class II and IV (complex
(3) amalgams (comple	(B) comp (A) ex fillir	current state-of-the-art dentinal bonding agents; betency in and satisfactory performance of the following skills: placement and finishing of cusp protected amalgam and complex Clangs);
(3) amalgams (comple fillings); and	(B) comp (A) ex fillin (B) (C)	current state-of-the-art dentinal bonding agents; betency in and satisfactory performance of the following skills: placement and finishing of cusp protected amalgam and complex Cla ags); placement and finishing of dental composite Class II and IV (complex

1	
2 3	(a) <b>Prerequisites.</b> An expanded function dental health aide may be certified under this
3	section to place stainless steel crowns under the conditions set forth in subsections (b) through (e) of
	this section provided the expanded function dental health aide satisfies the requirements of:
5	(1) sections 2.30.400(a)(1),(a)(2)(A), (a)(3), and (b) [EFDHA I supervision training &
6	
07	education requirements; training & education & preceptorship] and 2.30.410 [EFDHA I supervision &
4 5 6 7 8 9	competencies] or
8	(b) <b>Dental Supervision.</b> An expanded function dental health aide I or II may perform
9	stainless steel crown placement only under the direct or indirect supervision of a dentist or dental
10	health aide therapist.
11	(c) <b>Training and Education.</b> A person meets the training and education requirements to
12	place stainless steel crowns upon successful completion of:
13	(1) all requirements under sections 2.30.400(a)(1),(a)(2)(A), (a)(3), and (b) [EFDHA I
14	supervision, training & education requirements; training & education & preceptorship] and 2.30.410
15	[EFDHA I supervision & competencies] or 2.30.500 [EFDHA I training & education requirements]
16	and 2.30.510 [EFDHA II supervision & competencies];
17	מונע 2.30.310 [בדרדות וו supervision & competencies],
18	
19	January 11, 2012, two sections were amended, as follows:
20	
21	Section 2.30.230(d) was amended, as follows:
22	
23	(d) <b>Preceptorship</b> . A dental health aide must, after completion of the requirements in
24	subsection (c) of this section, under the direct supervision of a dentist, dental health aide therapist,
25	licensed dental hygienist or dental health aide hygienist, satisfactorily complete a preceptorship during
26	which the dental health aide satisfactorily performs a minimum of <u>40</u> 20 dental prophylaxis of which:
27	(1) a minimum of $10.5$ must be performed on children under 8 years of age and
28	(1) a minimum of $\underline{10}$ 5 must be performed on adults with supra-gingival calculus.
29	$(2)$ a minimum of <u>10</u> $\neq$ must be performed on addits with supra-gingival calculus.
30	Section 2 20 (10(h)(2) was amonded as follows:
	Section 2.30.610(b)(3) was amended, as follows:
31	
32	(b) <b>Competencies.</b> In addition to meeting the requirements of section 2.30.100(a)(1) and
33	(a)(4) [PDHA I training & education requirements; training; (presession) & (BLS)] and 2.30.600
34	[DHAT training & education requirements], a certified dental health aide therapist must successfully
35	demonstrate and maintain:
36	(3) satisfactory performance under general supervision of a dentist of:
37	(A) all of the skills identified in sections 2.30.110 [PDHA I supervision &
38	competencies], 2.30.210 [PDHA II supervision & competencies], 2.30.220 [sealant requirements],
39	2.30.230 [dental prophylaxis requirements], 2.30.240 [dental radiology requirements], 2.30.260 [ART
40	requirements], 2.30.310 [DHAH supervision & competencies], 2.30.410 [EFDHA I supervision &
41	competencies], 2.30.510 [EFDHA II supervision & competencies], and 2.30.550 [stainless steel crown
42	placement requirements];
43	(B) diagnosis and treatment of caries;
44	(C) performance of uncomplicated extractions of primary and permanent teeth;
45	(D) response to emergencies to alleviate pain and infection;
46	(E) administration of local anesthetic;
47	(F) recognition of and referring conditions needing space maintenance;
48	(G) maintenance of and repair of dental equipment;
49	(H) development of and carrying out community health prevention and
50	education program.
51	(I) performance of pulpotomies on primary teeth.
52	(1) performance of pulpotonics on primary teem.
52 53	
	June 12 2012 two sections were amonded as follows:
54	June 13, 2012, two sections were amended, as follows:
55	

1	Section 2.30.610. Dental Health Aide Therapist Supervision and Competencies was amended, as
$\frac{1}{2}$	follows:
$\frac{2}{3}$	10110 10 5.
4	(a) <b>Dental Supervision.</b> Dental health aide therapist services may be performed under this
5	section by a dental health aide therapist under the general supervision of a dentist provided the dental
6	health aide therapist has met the requirements of this section. <u>Pulpal therapy (not including</u>
7	pulpotomies on deciduous teeth) or extraction of adult teeth can be performed by a dental health aide
6 7 8	therapist only after consultation with a licensed dentist who determines that the procedure is a medical
9	emergency that cannot be resolved with palliative treatment.
10	
11	Section 2.40.030. Behavioral Health Aide/Practitioner Trial Examination was deleted. It read:
12	
13	Sec. 2.40.030. Behavioral Health Aide/Practitioner Trial Examination.
14	
15	(a) Findings. Standardized assessment measures, which may include written or oral testing
16	and other standardized practice activities such as role playing, may be useful devices for evaluating the
17	knowledge and skills of candidates for certification. Such tests need to be validated to assure that they
18	are testing accurately for the knowledge and skills required. This requires that the tests be culturally
19	sensitive and not biased towards unrelated skills, such as reading in English (except when that is the
20	skill being tested). Requiring candidates for certification who have been practicing for some time to
21	take the tests will allow measuring the outcomes of the tests against the assessment of the actual
22	practice skills of the candidates.
23	$\mathbf{T}_{\mathbf{A}} = \mathbf{T}_{\mathbf{A}} \begin{bmatrix} \mathbf{A}_{1} \\ \mathbf{A}_{2} \end{bmatrix} \begin{bmatrix} \mathbf{A}_{1} \\ \mathbf{A}_{2} \end{bmatrix} \begin{bmatrix} \mathbf{A}_{1} \\ \mathbf{A}_{2} \end{bmatrix} \begin{bmatrix} \mathbf{A}_{2} \\ \mathbf{A}_{2} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \mathbf{A}_{2} \\ \mathbf{A}_{2} \end{bmatrix} \begin{bmatrix} \mathbf{A}_{2} \\ \mathbf{A}_{2} \end{bmatrix} \begin{bmatrix} \mathbf{A}_{2} \\ \mathbf{A}_{2} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \mathbf{A}_{2} \\ \mathbf{A}_{2} \end{bmatrix} \begin{bmatrix} \mathbf{A}_{2} \\ \mathbf{A}_{2} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \mathbf{A}_{2} \\ \mathbf{A}_{2} \end{bmatrix} \begin{bmatrix} \mathbf{A}_{2} \\ \mathbf{A}_{2} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \mathbf{A}_{2} \\ \mathbf{A}_{2} \end{bmatrix} \begin{bmatrix} \mathbf{A}_{2} \\ \mathbf{A}_{2} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \mathbf{A}_{2} \\ \mathbf{A}_{2} \end{bmatrix} \begin{bmatrix} \mathbf{A}_{2} \\ \mathbf{A}_{2} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \mathbf{A}_{$
24 25	(b) Requirements. All applicants for certification as a behavioral health aide or practitioner
23 26	must take the Trial Behavioral Health Aide/Practitioner examination applicable to the level of certification for which the applicant is applying, provided that
20	(1) if the trial examination has not been approved by the Board prior to application for
$\frac{27}{28}$	certification this requirement will not apply;
29	(2) if a behavioral health aide or practitioner is certified without having taken the trial
30	examination, the aide or practitioner will take the trial examination, upon request of the Board; and
31	(3) the results of the trial examination shall not be considered when evaluating the
32	applicant's application for certification.
33	
34	
35	October 4, 2012, three sections were amended, as follows:
36	
37	Section 3.10.100. Approved Continuing Education Programs for CHA/P was renumbered and
38	amended, as follows:
39	
40	(a) <b>Competencies.</b> To be approved by the Board, a continuing education program must:
41	(1) cover one or more of the course of study subjects or competencies listed in sections
42	2.20.100 [CHA I training & education requirements] through .510 [CHP competencies], the CHA/P
43	Curriculum, or the CHAM; <del>and</del>
44 45	(2) directly relate to the clinical practice of a community health aide or community
45	health practitioner; and, (3) be no less than 1 hour in length.
47	(5) de no less man 1 nour in lengui.
48	Section 3.10.200. Approved Continuing Education Programs for DHA was renumbered and
49	amended, as follows:
50	(a) <b>Competencies.</b> To be approved by the Board, a continuing education program for a
51	dental health aide must:
52	(1) cover one or more of the course of study subjects or competencies listed in sections
53	2.30.100 [PDHA I training & education requirements] through .610 [DHAT supervision &
54	competencies]; and
55	(2) directly relate to the clinical practice of a dental health aide; and
56	(3) be no less than 1 hour in length.

1	
1 2	Section 2.10.200 Annuousd Continuing Education Descences for DUA/D was renumbered and
$\frac{2}{3}$	Section 3.10.300. Approved Continuing Education Programs for BHA/P was renumbered and amended, as follows:
4	amended, as follows:
5	(a) <b>Competencies.</b> To be approved by the Board, a continuing education program must:
6	(1) contribute to the knowledge or skills described in section 2.40.500 [BHA/P
6 7	knowledge, skills, and scope of practice] or expand on content or subject matter described in chapter 8
8	[BHA curricula] and;
9	(2) directly relate to the clinical practice of a behavioral health aide or practitioner,
10	which shall include courses related to the effects of tobacco use and tobacco use assessment and
11	treatment; and
12	(3) <u>be no less than 1 hour in length.</u>
13	(5) <u>be no less than 1 nour in length.</u>
14	
15	January 11, 2013, one section was amended, as follows:
16	bandary 11, 2015, one section was amended, as follows.
17	Section 3.10.050. DHA Continuing Education Requirements was amended, as follows:
18	Section environment Continuing Education requirements was amenaday as fonows:
19	(a) Unlapsed Certificate.
20	(1) An applicant for renewal of a certificate under article 30 of chapter 2 whose
21	certificate has not lapsed must meet:
22	(A) any specific recertification requirements set forth therein;
23	(B) satisfactory performance under the direct supervision of a dentist, dental
24	hygienist, or dental health aide therapist of a minimum of: 8 of each procedure for which the dental
25	health aide is certified; and
26	(i) 80 hours, demonstrating competence in each procedure for which the dental
27	health aide is certified, or
28	(ii) 8 of each procedure for which the dental health aide is certified; and
29	(C) if the dental health aide has not completed the requirements for another level of
30	certification or module during the concluding two-year certification period, satisfactory completion of
31	24 contact hours of continuing education approved by the Board on varied or updated topics.:
32	(i) 24 contact hours of continuing education approved by the Board on varied
33	or updated topics,
34	(ii) an additional 24 hours of patient contact under direct supervision of a
35	dentist, dental hygienist, or dental health aide therapist; or
36	(iii) some combination of (i) and (ii) adding up to 24 hours.
37	(2) If the direct supervision required under subsections $(1)(B)$ or $(1)(C)(ii)$ of this section
38	is provided by anyone other than a dentist, the supervisor must have been authorized to supervise the
39	preceptorship of the procedures being performed under the applicable provision of chapter 2, article
40	30 [Standards for Dental Health Aides].
41	
42	
43	October 29, 2013, seven sections were amended, as follows:
44	
45	Section 1.20.010. Definitions (27) was amended, as follows:
46	
47	(27) <u>"eLearning" means formal instruction where students and instructors are separated by</u>
48	geography, time or both for the majority of the instructional period.
49	
50	Section 2.30.260(b). Atraumatic Restorative Treatment (ART) Requirements was amended, as
51	follows:
52	
53	(b) Dental Supervision.
54	(1) The dental health aide may perform <del>non-emergency</del> ART only after consultation
55	with a dentist or dental health aide therapist (exception is the dental health aide hygienist who must be

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supervised by a dentist) who has reviewed appropriate dental records regarding the patient, which may include radiographs and intra-oral photographs, and ART may be performed under this section by a dental health aide under the general (2)supervision of a dentist or dental health aide therapist (exception is the dental health aide hygienist who must be supervised by a dentist) provided the dental health aide has met the requirements of all of the requirements of this section, including successful completion of the requirements of section 2.30.200(b) [PDHA II training & education requirements; (village-based dental practice course)]. Section 2.30.310(b)(2). Dental Health Aide Hygienist Supervision and Competencies was amended, as follows: Competencies. In addition to demonstrating the competencies identified in section (b) 2.30.110(b) [PDHA I supervision & competencies; competencies], 2.30.210(b) [PDHA II supervision & competencies; competencies], 2.30.220(d) [sealant requirements; competencies], 2.30.230(e) [dental prophylaxis requirements; competencies], 2.30.240(d) [dental radiology requirements; competencies], and after satisfying the requirements of 2.30.300 [DHAH training & education requirements], a certified dental health aide hygienist must successfully demonstrate and maintain satisfactory performance of the following skills: removing calculus deposits, accretions and stains from the surfaces of teeth by (1)scaling and polishing techniques; (2) non-surgical periodontal therapy root planing and periodontal soft tissue curettae curettage; Section 5.10.020. Training Facilities was amended, as follows: Sec. 5.10.020. Training Facilities. A CHA/P Training Center facility must provide classroom, or e-classroom and clinical environments that are conducive to a positive learning experience for faculty and community health aide trainees by ensuring that: (1) traditional classrooms have this should include appropriate space and privacy. An environmental health review of the facility must be performed and on file. Specific consideration and evaluation in the areas of safety, adequacy of space, air quality, lighting, heating, and storage and disposal of hazardous waste must be documented. (2) e-classrooms have appropriate policies on Internet safety and privacy, appropriate language, emergency procedures for Internet outages, and recommendations on lighting, noise, and an ergonomic environment. Section 5.10.025(a)(2). Training Staff was amended, as follows: **Oualifications and Roles. (a)** Instructor. CHA/P Training Center instructors must consist of a majority fulltime (2)equivalent mid-level practitioner or physician instructors who are employees of the federal government or licensed by the State of Alaska. Additional instructors should be certified or licensed and have formal training in the knowledge and skills that they are teaching. All instructors will be monitored to assure compliance with the CHA/P Curriculum and competence in subject being taught. Instructors teaching CHA curriculum via eLearning must demonstrate competency in e-teaching by experience, completed coursework, or other approved measure. Section 5.10.045. Trainee Services was amended, as follows: Counseling and Health Services. The CHA/P Training Center must have a system for **(a)** onsite or online initial individual counseling for trainees, which may include assigning faculty members for this purpose. Referral for confidential counseling by mental health professionals must be available to trainees. A system to provide acute care and emergency health services must also be provided.

1	(b) Academic Advising. A CHA/P Training Center must provide <u>an onsite or online</u> system
2	for trainee academic advising, documentation of formative and summative evaluations, and advising
3	pertinent to the role of the community health aide and practitioner and certification.
4 5	(d) Housing, Meals, and Transportation. Housing, meals and transportation should be
6	<ul> <li>available, affordable, and conveniently located to <u>face-to-face or traditional</u> trainees.</li> <li>(e) Internet Connectivity. A workstation with Internet connectivity must be <del>conveniently</del></li> </ul>
7	accessible as an alternate to an eLearning students' own Internet service.
8	accessione as an alternate to an elleanning statemes "own internet service.
9	Section 5.10.050. Community Health Aide Curriculum and Teaching Guidelines was amended, as
10	follows:
11	
12	(a) <b>Duration of Training and Attendance.</b> The length of Sessions I, II, III and IV training
13	sessions must meet the minimum standards delineated in the CHA/P Curriculum are based on the
14	competencies as stated in Sec. 2.20.110, CHA I; Sec. 2.20.210, CHA II; Sec. 2.20.310, CHA III; and
15	Sec. 2.20.410, CHA IV. The CHAP Training Center must establish and enforce an attendance policy,
16 17	<ul><li>which assures that each training participant fully satisfies all conditions of the training.</li><li>(b) Class Size. The size of classes must allow for faculty/trainee ratios under section</li></ul>
17	(b) Class Size. The size of classes must allow for faculty/trainee ratios under section 5.10.050(c). [CHA/P Curriculum and teaching guidelines; faculty/trainee ratio], and otherwise be
19	determined by the number of exam rooms available for clinical experience, the size of the classroom
20	for onsite didactic instruction, course content, past trends identified in the particular class and the
21	CHA/P Curriculum requirements for lab skills instruction.
22	d) Classroom and Clinical Instruction. The intent in instruction for each session is to
23	integrate the CHA/P Curriculum, the CHAM, and the training and skill of the community health
24	aide/practitioner, with consideration to the "Role of the Community Health Aide/Practitioner."
25	(3) The instructional materials for faculty must consist of the CHA/P Curriculum course
26 27	objectives and lesson plans. Instructional materials must be updated every three years. <u>Additionally, for</u>
27	eLearning classes externally linked content not created by the CHA/P instructor must be checked for accuracy prior to every session.
29	(4) For each training session the percentage of classroom/clinical time must meet the
30	requirements of the CHA/P Curriculum, skills practice and clinical hours will meet the requirements of
31	the CHA/P Curriculum.
32	(45) Learning objectives and course expectations must be clearly defined for each trainee.
33	
34	
35	January 17, 2014, two sections were amended, as follows:
36 37	Section 1.20.010. Definitions (4) was amended, as follows:
38	Section 1.20.010. Demittons (4) was amended, as follows:
39	(4) "Behavioral health professional" means a person who
40	(A) has $\frac{1}{4}$ at least a master's degree in psychology, social work, counseling,
41	marriage and family therapy, substance abuse or addiction, nursing with a psychiatric mental health
42	specialty, or a related field; and
43	
44	Section 1.20.010. Definitions (6) was amended, as follows:
45	(() "DIIAM"
46 47	(6) "BHAM" means the Behavioral Health Aide Manual, as revised, or its successor if approved by this Board;
48	approved by this board,
49	Section 2.10.010(b)(2). Initial Qualifications was amended, as follows:
50	
51	(b) Special Conditions
52	(2) <b>Behavioral Health Aide's or Practitioner's Prior Practice</b> . A person who
53	applies for certification as a behavioral health aide or behavioral health practitioner within 24 months
54	after June 18, 2008 June 18, 2009 may be certified as a behavioral health aide or behavioral health
55 56	practitioner without having met all of the applicable requirements of section 2.40.100 [BHA I training,
50	practicum, and experience requirements], 2.40.200 [BHA II training, practicum, and experience

1 2 3 4 5	requirements], 2.40.300 [BHA III training, practicum, and experience requirements], or 2.40.400 [BHP training, practicum, and experience requirements], provided the applicant provides evidence satisfactory to the Board that he or she
6 7	May 15, 2014, twelve sections were amended, as follows:
8 9	Section 2.30.240(c). Dental Radiology Requirements was amended, as follows:
10 11	(c) <b>Training, Education and Preceptorship.</b> The dental health aide must have satisfactorily completed one of the following:
12	(1) (A) a Board approved course in dental radiology that satisfies the requirements
13 14	of section 7.20.120 [dental radiology]; (B) a course in dental radiology offered by an accredited school of higher
15	education;
16 17	(C) a course in dental radiology offered or approved by IHS, including "Basic Radiology for Dental Staff"; or
18	(D) satisfactory performance in exposing and developing a minimum of 75
19 20	dental radiographs under the direct supervision of a dentist, <del>or</del> dental health aide therapist, <u>dental health</u> aide hygienist, or dental hygienist including:
20	(i) a minimum of 10 sets of bitewing radiographs, provided that a
22	minimum of 5 sets of the bitewings must be on children under 7 years of age, and
23	(ii) a minimum of 20 periapicals and 3 occulsals.
24	(2) If in the course under $(1)(A)$ through (C) the dental health aide did not
25 26	satisfactorily expose radiographs on at least 10 patients, then after the completion of the course, the
20 27	dental health aide must complete, under direct supervision of a dentist <del>or</del> dental health aide therapist, <u>dental health aide hygienist</u> , or dental hygienist enough additional radiographs to have satisfactorily
28	completed exposures on no less than 10 patients.
29	
30	Section 2.30.300. Dental Health Aide Hygienist Training and Education was amended, as follows:
31	
32 33	Sec. 2.30.300. Dental Health Aide Hygienist Training, Education, and <u>Licensure</u>
33 34	<b>Requirements.</b> A person meets the training, education, and licensure requirements to be a certified dental health aide hygienist upon successful completion of
35	(a) all requirements under sections 2.30.100(a)(1) [PDHA I training & education
36	requirements; training (presession)] and (4) [PDHA I training & education requirements; training;
37	(BLS)];
38	(b) (1) an accredited school of dental hygiene or
39	(2) a dental hygiene training and education program approved by the Board; and
40	(c) if not covered in the training under $(b)(1)$ or $(2)$ of this section or if the training
41 42	has not been kept up-to-date through practice or continuing education, a course in local anesthetic that
42 43	is: (3) approved by the Board that satisfies the requirements of section 7.20.400 [local
43 44	(3) approved by the Board that satisfies the requirements of section 7.20.400 [local anesthetic administration];
45	(4) offered by an accredited school of higher education; or
46	(5) offered or approved by IHS; and
47	(d) is licensed as a dental hygienist in Alaska under AS 08.32.10 or a dental hygienist in
48	the employ of the federal government in the discharge of official duties who is a dental hygienist
49	licensed in one of the states or territories of the United States.
50 51	Section 2 40 010 Supervision of Debasianal Health Aides and Debasianal Health Duratition on the
51 52	Section 2.40.010. Supervision of Behavioral Health Aides and Behavioral Health Practitioners was amended, as follows:
53	amenaea, as 10110 ws.
54	(a) Clinical Oversight.

1	(1) Program Responsibility. A behavioral health aide or practitioner may only
	practice in a program in which clinical oversight of the behavioral health program is provided and
2 3	
	responsibility is taken by a licensed behavioral health clinician who This person must be: (A) $= \int_{a} \int_$
4 5	(A) <u>familiar with the BHA/P program, the Standards and the BHAM; and</u>
5	(B) <u>employed by the federal government or employed by or under contract</u>
6	with a tribal health program operating a community health aide program in Alaska under the ISDEAA.
7	
8	Section 2.40.300. Behavioral Health Aide III Training, Practicum, and Experience Requirements:
9	(b) Behavioral Health Aide III Specialized Training Program. The behavioral health
10	aide III specialized training program is comprised of Board approved courses, or their equivalent, that
11	satisfy the requirements of sections:
12	(1) 8.20.325 [treatment of co-occurring disorders],;
12	
	(2) 8.20.335 [advanced behavioral health clinical care];
14	(3) 8.20.340 [documentation and quality assurance];
15	(4) 8.20.345 [introduction to case management supervision];
16	(5) 8.20.350 [applied case studies in Alaska Native culture based issues];
17	(6) 8.20.370 [behavioral health clinical team building]; and
18	(7) 8.20.385 [introduction to supervision]; and
19	(8) <u>8.20.390 [child development].</u>
20	
21	Section 8.20.140. Introduction to Documentation. This course, which shall be 12 contact hours,
22	will provide
23	(a) foundational information regarding
24	(1) the establishment and maintenance of a quality client record, including the
25	essential components of clinical/counseling records, including assessments, treatment plans, progress
26	notes, discharge summaries, and authorizations for disclosure;
20	
	(2) the purpose and elements of case narrative recording, including using data,
28	assessment, and plan ("DAP"); subjective, objective, assessment and plan ("SOAP"); and other formats
29	for case narrative recording;
30	(b) an introduction to
31	(1) the use of standardized information management systems and screening tools
32	widely used by Alaska behavioral health programs;
33	(2) using criteria contained in the Diagnostic and Statistical Manual and American
34	Society of Addiction Medicine ("ASAM") Patient Placement Criteria ("PCC") to standardize
35	documentation in relation to treatment and service planning (problem list, goals, objectives, and
36	interventions);
37	(3) documentation requirements specific to prevalent payers and accrediting bodies,
38	such as Medicaid, Medicare, Commission on the Accreditation of Rehabilitation Facilities ("CARF"),
39	and The Joint Commission; and
40	(4) special documentation issues arising
41	(A) in family and group counseling;
42	(B) when recording information subject to special confidentiality conditions,
43	
	such as information about infectious diseases; and
44	(5) administrative record keeping; and
45	(d)(c) applied exercises in which trainees practice documenting client related work and
46	consider the effect of confidentiality rules on the application of documentation requirements.
47	
48	Section 8.20.150. Working with Diverse Populations was amended, as follows:
49	
50	Sec. 8.20.150. Working with Diverse Populations: This course, which shall be 12 contact
51	hours, will provide
52	(1) foundational and practice information regarding working with clients of different
53	ethnic or racial heritage, age, gender, life style lifestyle, sexual orientation, spirituality, and
54	socioeconomic status;
55	(2) an introduction to beliefs, attitudes, knowledge and skills generally maintained by an
56	effective multi-culturally aware counselor;
20	

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1	(3) applied exercises to develop skills associated with respectfully assessing client
2	needs;
3	(4) strategies for working in Alaska Native community with other prominent
4	minority/cultural groups in rural Alaska; and
5 6	(5) information regarding the implications of personal and cultural historical trauma.
7 8	Section 8.20.335. Advanced Behavioral Health Clinical Care was amended, as follows:
9	Sec. 8.20.335. Advanced Behavioral Health Clinical Care: This course, which shall be 40
10	20 contact hours, will provide, in a seminar format, an opportunity for trainees to
1	(1) analyze and discuss the philosophical and practice basis of the major counseling
2	theories (e.g. psychoanalytic, Adlerian, existential, person-centered, gestalt, transactional, behavioral,
3	rational-emotive, and other cognitive-behavioral) in behavioral health;
4	(2) present approaches having value and application within village-based behavioral
5	health services targeting individuals affected by multiple disorders; and
6	(3) participate in exercises to support applied use of "Best Practice" models.
.7	
8	Section 8.20.340. Documentation and Quality Assurance Care was amended, as follows:
9 0	Son 8 20 340 Documentation and Quality Assurance. This source which shall be 16
1	<b>Sec. 8.20.340. Documentation and Quality Assurance.</b> This course, which shall be 16 contact hours, will provide
22	(1) advanced information regarding clinical/counseling records;
3	(1) advanced information regarding chinical coursening records, (2) an introduction to quality assurance and how to evaluate:
24	(A) the quality of clinical record documentation;
25	(B) documentation to determine compliance with payer requirements and grant
26	conditions, including how to conduct chart audits and compile information necessary to respond to
27	external reviews and audits;
28	$\frac{(2)(3)}{(2)}$ applied exercises in evaluating record documentation and potential remediation 50
29	for record deficits.
60	
51	Section 8.20.385. Introduction to Supervision was amended, as follows:
52	
3	Sec. 8.20.385. Introduction to Supervision. This course, which shall be 8 contact hours, will
4	provide
5	(1) introduction to philosophy and practical application of functions of 45 supervision,
6	including coach/mentor, tutor/teacher, consultant, role model, evaluator, and administrator;
7	(2) guidance in developing a vision for supervisory relationships and defining
8	expectations;
9 0	(3) skill development in nurturing counselor development, promoting development of skills and competencies, and achieving accountability;
1	(4) introduction to ethics of supervision; 6t0
-2	<ul><li>(5) introduction to administrative requirements and related supervision; and</li></ul>
3	(5) introduction to administrative requirements and related supervision, and $(5)(6)$ guidance in managing conflicting functions expected of supervisors; and
4	(b) (7) application exercises to assist trainees to practice various functions of supervision
5	and begin developing their own supervisory approaches.
46	and begin developing then own supervisory approaches.
17	Section 8.20.400. Introduction to Supervision was amended, as follows:
8	sector of a stroot introduction to super vision was unrended, as fonotist
.9	Sec. 8.20.400. Issues in Village-Based Behavioral Health. This course, which shall be 40 20
0	contact hours and be conducted in a seminar format, will require participants to
1	(1) analyze and discuss contemporary problems and issues associated with providing
2	village-based behavioral health services, including emerging clinical issues, funding, billable services,
3	staffing levels, manpower development, etc.;
4	(2) present and evaluate the effectiveness of individual and community intervention
5	models in village-based behavioral health services; and
6	(3) analyze how to address practice challenges in a village-based setting,

1	
2	Section 8.20.425. Special Issues in Behavioral Health Services was amended, as follows:
3	Section of on the special issues in Dena for a freaking of frees was amenaed, as follows:
4	Sec. 8.20.425. Special Issues in Behavioral Health Services. This course, which shall be 16
5	contact hours, will provide an opportunity for trainees to
6	(a) analyze and discuss the specialized evaluation, services, treatment, and case management
7	needs of individuals affected by
8	(1) experiences such as
9	(A) child abuse, domestic violence, elder abuse, sexual assault, or other violence,
10	and
11	(B) alcohol related brain disorder and traumatic brain injury,
12	(C) disasters, fires, and other traumatic events; and
13	(2) conditions such as
14	(A) fetal alcohol spectrum disorder (FASD);
15	(B) attention deficit disorder (ADD) and attention deficit hyperactivity disorder
16	(ADHD),
17 18	<ul> <li>(C) developmental disabilities,</li> <li>(D) tabages dependency especially in noticets with modical conditions, such as</li> </ul>
19	(D) tobacco dependency, especially in patients with medical conditions, such as peridontal disease, pregnancy, diabetes, cardiovascular disease, and lung disease that are affected by
20	tobacco use;
20	(E) other health conditions that affect behavior or adjustment; and
22	(3) (2) participate in the development of specialized service planning to address the
23	needs of clients with these clinical issues.
24	needs of energy with these enhied issues.
25	
26	June 12, 2014, ten sections were amended, as follows:
27	
28	Section 2.40.100(b)(c)(d). Behavioral Health Aide I Training, Practicum, and Experience
29	Requirements were amended, as follows:
30	
31	(b) Behavioral Health Aide I Alternative Training.
32	(1) Minimum Required Content. In lieu of completing <u>one or more</u> of the specialized
33	(1) Minimum Required Content. In lieu of completing <u>one or more</u> of the specialized training courses <del>program</del> described in subsection (a) [BHA I specialized training program], a person
33 34	(1) Minimum Required Content. In lieu of completing <u>one or more</u> of the specialized training courses <del>program</del> described in subsection (a) [BHA I specialized training program], a person may satisfy the course training requirements for certification as a behavioral health aide I by
33 34 35	(1) Minimum Required Content. In lieu of completing <u>one or more</u> of the specialized training courses <del>program</del> described in subsection (a) [BHA I specialized training program], a person may satisfy the course <del>training</del> requirements for certification as a behavioral health aide I by successfully completing <u>one of the</u> courses of study determined by the Board <u>under Sec. 8.20.010</u>
33 34 35 36	(1) Minimum Required Content. In lieu of completing <u>one or more</u> of the specialized training courses <del>program</del> described in subsection (a) [BHA I specialized training program], a person may satisfy the course training requirements for certification as a behavioral health aide I by successfully completing <u>one of the</u> courses of study determined by the Board <u>under Sec. 8.20.010</u> [equivalent courses] to be equivalent to those required under subsection (a) [BHA I specialized
33 34 35 36 37	(1) Minimum Required Content. In lieu of completing <u>one or more</u> of the specialized training courses <del>program</del> described in subsection (a) [BHA I specialized training program], a person may satisfy the course training requirements for certification as a behavioral health aide I by successfully completing <u>one of the</u> courses of study determined by the Board <u>under Sec. 8.20.010</u> [equivalent courses] to be equivalent to those required under subsection (a) [BHA I specialized training]. identified in paragraph (2) [alternate courses of study] of this subsection, provided.
33 34 35 36 37 38	(1) Minimum Required Content. In lieu of completing <u>one or more</u> of the specialized training courses program described in subsection (a) [BHA I specialized training program], a person may satisfy the course training requirements for certification as a behavioral health aide I by successfully completing <u>one of the</u> courses of study determined by the Board <u>under Sec. 8.20.010</u> [equivalent courses] to be equivalent to those required under subsection (a) [BHA I specialized training]. identified in paragraph (2) [alternate courses of study] of this subsection, provided. (A) — such course of study must have included content equivalent to that described
33 34 35 36 37 38 39	(1) Minimum Required Content. In lieu of completing <u>one or more</u> of the specialized training courses program described in subsection (a) [BHA I specialized training program], a person may satisfy the course training requirements for certification as a behavioral health aide I by successfully completing <u>one of the</u> courses of study determined by the Board <u>under Sec. 8.20.010</u> [equivalent courses] to be equivalent to those required under subsection (a) [BHA I specialized training]. identified in paragraph (2) [alternate courses of study] of this subsection, provided. (A) — such course of study must have included content equivalent to that described in subsection (a) [specialized BHA I training program] or
33 34 35 36 37 38 39 40	(1) Minimum Required Content. In lieu of completing <u>one or more</u> of the specialized training courses <del>program</del> described in subsection (a) [BHA I specialized training program], a person may satisfy the course training requirements for certification as a behavioral health aide I by successfully completing <u>one of the</u> courses of study determined by the Board <u>under Sec. 8.20.010</u> [equivalent courses] to be equivalent to those required under subsection (a) [BHA I specialized training]. identified in paragraph (2) [alternate courses of study] of this subsection, provided. (A) — such course of study must have included content equivalent to that described in subsection (a) [specialized BHA I training program] or (B) — to the extent it did not, the person successfully completed those courses listed
33 34 35 36 37 38 39 40 41	(1) Minimum Required Content. In lieu of completing <u>one or more</u> of the specialized training courses program described in subsection (a) [BHA I specialized training program], a person may satisfy the course training requirements for certification as a behavioral health aide I by successfully completing <u>one of the</u> courses of study determined by the Board <u>under Sec. 8.20.010</u> [equivalent courses] to be equivalent to those required under subsection (a) [BHA I specialized training]. identified in paragraph (2) [alternate courses of study] of this subsection, provided. (A) — such course of study must have included content equivalent to that described in subsection (a) [specialized BHA I training program] or (B) — to the extent it did not, the person successfully completed those courses listed in subsection (a)(1) as necessary to fill any gaps.
33 34 35 36 37 38 39 40 41 42	<ul> <li>(1) Minimum Required Content. In lieu of completing <u>one or more</u> of the specialized training courses program described in subsection (a) [BHA I specialized training program], a person may satisfy the course training requirements for certification as a behavioral health aide I by successfully completing <u>one of the</u> courses of study determined by the Board <u>under Sec. 8.20.010</u> [equivalent courses] to be equivalent to those required under subsection (a) [BHA I specialized training]. identified in paragraph (2) [alternate courses of study] of this subsection, provided.         <ul> <li>(A) — such course of study must have included content equivalent to that described in subsection (a) [specialized BHA I training program] or</li> <li>(B) — to the extent it did not, the person successfully completed those courses listed in subsection (a)(1) as necessary to fill any gaps.</li> <li>(2) — Alternate Courses of Study. Alternate courses of study are:</li> </ul> </li></ul>
33 34 35 36 37 38 39 40 41 42 43	<ul> <li>(1) Minimum Required Content. In lieu of completing <u>one or more</u> of the specialized training courses program described in subsection (a) [BHA I specialized training program], a person may satisfy the course training requirements for certification as a behavioral health aide I by successfully completing <u>one of the</u> courses of study determined by the Board <u>under Sec. 8.20.010</u> [equivalent courses] to be equivalent to those required under subsection (a) [BHA I specialized training]. identified in paragraph (2) [alternate courses of study] of this subsection, provided.</li></ul>
33 34 35 36 37 38 39 40 41 42 43 44	<ul> <li>(1) Minimum Required Content. In lieu of completing <u>one or more</u> of the specialized training courses program described in subsection (a) [BHA I specialized training program], a person may satisfy the course training requirements for certification as a behavioral health aide I by successfully completing <u>one of the</u> courses of study determined by the Board <u>under Sec. 8.20.010</u> [equivalent courses] to be equivalent to those required under subsection (a) [BHA I specialized training]. identified in paragraph (2) [alternate courses of study] of this subsection, provided.         (A) — such course of study must have included content equivalent to that described in subsection (a) [specialized BHA I training program] or         (B) — to the extent it did not, the person successfully completed those courses listed in subsection (a)(1) as necessary to fill any gaps.         (2) <u>Alternate Courses of Study</u>. Alternate courses of study are:         (A) — the Regional Alcohol and Drug Abuse Counselor Training (RADACT) resulting in Counselor Technician certification from the Alaska Commission for Behavioral Health</li> </ul>
33 34 35 36 37 38 39 40 41 42 43 44 45	<ul> <li>(1) Minimum Required Content. In lieu of completing <u>one or more</u> of the specialized training courses program described in subsection (a) [BHA I specialized training program], a person may satisfy the course training requirements for certification as a behavioral health aide I by successfully completing <u>one of the</u> courses of study determined by the Board <u>under Sec. 8.20.010</u> [equivalent courses] to be equivalent to those required under subsection (a) [BHA I specialized training]. identified in paragraph (2) [alternate courses of study] of this subsection, provided. (A) — such course of study must have included content equivalent to that described in subsection (a) [specialized BHA I training program] or (B) — to the extent it did not, the person successfully completed those courses listed in subsection (a)(1) as necessary to fill any gaps.</li> <li>(A) — the Regional Alcohol and Drug Abuse Counselor Training (RADACT) resulting in Counselor Technician certification from the Alaska Commission for Behavioral Health Certification (ACBHC);</li> </ul>
33 34 35 36 37 38 39 40 41 42 43 44	<ul> <li>(1) Minimum Required Content. In lieu of completing <u>one or more</u> of the specialized training courses program described in subsection (a) [BHA I specialized training program], a person may satisfy the course training requirements for certification as a behavioral health aide I by successfully completing <u>one of the</u> courses of study determined by the Board <u>under Sec. 8.20.010</u> [equivalent courses] to be equivalent to those required under subsection (a) [BHA I specialized training]. identified in paragraph (2) [alternate courses of study] of this subsection, provided.         (A) — such course of study must have included content equivalent to that described in subsection (a) [specialized BHA I training program] or         (B) — to the extent it did not, the person successfully completed those courses listed in subsection (a)(1) as necessary to fill any gaps.         (A) — the Regional Alcohol and Drug Abuse Counselor Training (RADACT) resulting in Counselor Technician certification from the Alaska Commission for Behavioral Health Certification (ACBHC);         (B) — the University of Alaska Rural Human Services Behavioral Health program</li> </ul>
<ul> <li>33</li> <li>34</li> <li>35</li> <li>36</li> <li>37</li> <li>38</li> <li>39</li> <li>40</li> <li>41</li> <li>42</li> <li>43</li> <li>44</li> <li>45</li> <li>46</li> </ul>	<ul> <li>(1) Minimum Required Content. In lieu of completing <u>one or more</u> of the specialized training courses <del>program</del> described in subsection (a) [BHA I specialized training program], a person may satisfy the course training requirements for certification as a behavioral health aide I by successfully completing <u>one of the</u> courses of study determined by the Board <u>under Sec. 8.20.010</u> [equivalent courses] to be equivalent to those required under subsection (a) [BHA I specialized training]. identified in paragraph (2) [alternate courses of study] of this subsection, provided.</li></ul>
<ul> <li>33</li> <li>34</li> <li>35</li> <li>36</li> <li>37</li> <li>38</li> <li>39</li> <li>40</li> <li>41</li> <li>42</li> <li>43</li> <li>44</li> <li>45</li> <li>46</li> <li>47</li> </ul>	<ul> <li>(1) Minimum Required Content. In lieu of completing <u>one or more</u> of the specialized training courses program described in subsection (a) [BHA I specialized training program], a person may satisfy the course training requirements for certification as a behavioral health aide I by successfully completing <u>one of the</u> courses of study determined by the Board <u>under Sec. 8.20.010</u> [equivalent courses] to be equivalent to those required under subsection (a) [BHA I specialized training]. identified in paragraph (2) [alternate courses of study] of this subsection, provided.         (A) — such course of study must have included content equivalent to that described in subsection (a) [specialized BHA I training program] or         (B) — to the extent it did not, the person successfully completed those courses listed in subsection (a)(1) as necessary to fill any gaps.         (A) — the Regional Alcohol and Drug Abuse Counselor Training (RADACT) resulting in Counselor Technician certification from the Alaska Commission for Behavioral Health Certification (ACBHC);         (B) — the University of Alaska Rural Human Services Behavioral Health program</li> </ul>
<ul> <li>33</li> <li>34</li> <li>35</li> <li>36</li> <li>37</li> <li>38</li> <li>39</li> <li>40</li> <li>41</li> <li>42</li> <li>43</li> <li>44</li> <li>45</li> <li>46</li> <li>47</li> <li>48</li> <li>49</li> <li>50</li> </ul>	<ul> <li>(1) Minimum Required Content. In lieu of completing <u>one or more</u> of the specialized training courses program described in subsection (a) [BHA I specialized training program], a person may satisfy the course training requirements for certification as a behavioral health aide I by successfully completing <u>one of the</u> courses of study determined by the Board <u>under Sec. 8.20.010</u> [equivalent courses] to be equivalent to those required under subsection (a) [BHA I specialized training]. identified in paragraph (2) [alternate courses of study] of this subsection, provided.         <ul> <li>(A) — such course of study must have included content equivalent to that described in subsection (a) [specialized BHA I training program] or</li> <li>(B) — to the extent it did not, the person successfully completed those courses listed in subsection (a)(1) as necessary to fill any gaps.</li> <li>(A) — the Regional Alcohol and Drug Abuse Counselor Training (RADACT) resulting in Counselor Technician certification from the Alaska Commission for Behavioral Health Certification (ACBHC);</li> <li>(B) — the University of Alaska Rural Human Services Behavioral Health program resulting in an Occupational Endorsement;</li> <li>(A)(C)those from an accredited college or university resulting in an associate,</li> </ul> </li> </ul>
<ul> <li>33</li> <li>34</li> <li>35</li> <li>36</li> <li>37</li> <li>38</li> <li>39</li> <li>40</li> <li>41</li> <li>42</li> <li>43</li> <li>44</li> <li>45</li> <li>46</li> <li>47</li> <li>48</li> <li>49</li> <li>50</li> <li>51</li> </ul>	<ul> <li>(1) Minimum Required Content. In lieu of completing <u>one or more</u> of the specialized training courses <del>program</del> described in subsection (a) [BHA I specialized training program], a person may satisfy the course training requirements for certification as a behavioral health aide I by successfully completing <u>one of the</u> courses of study determined by the Board <u>under Sec. 8.20.010</u> [equivalent courses] to be equivalent to those required under subsection (a) [BHA I specialized training]. identified in paragraph (2) [alternate courses of study] of this subsection, provided.         (A) — such course of study must have included content equivalent to that described in subsection (a) [specialized BHA I training program] or         (B) — to the extent it did not, the person successfully completed those courses listed in subsection (a)(1) as necessary to fill any gaps.         (2) Alternate Courses of Study. Alternate courses of study are:         (A) — the Regional Alcohol and Drug Abuse Counselor Training (RADACT)     resulting in Counselor Technician certification from the Alaska Commission for Behavioral Health Certification (ACBHC);         (B) — the University of Alaska Rural Human Services Behavioral Health program         resulting in an Occupational Endorsement;         (A)(C) those from an accredited college or university resulting in an associate, bachelor or master of arts, science or social work degree with a major in human services, addictions and chemical dependency, behavioral health, psychology, social work, counseling, marriage and family therapy, or nursing with a behavioral health speciality; or a related field; or</li> </ul>
<ul> <li>33</li> <li>34</li> <li>35</li> <li>36</li> <li>37</li> <li>38</li> <li>39</li> <li>40</li> <li>41</li> <li>42</li> <li>43</li> <li>44</li> <li>45</li> <li>46</li> <li>47</li> <li>48</li> <li>49</li> <li>50</li> <li>51</li> <li>52</li> </ul>	<ul> <li>(1) Minimum Required Content. In lieu of completing <u>one or more</u> of the specialized training courses program described in subsection (a) [BHA I specialized training program], a person may satisfy the course training requirements for certification as a behavioral health aide I by successfully completing <u>one of the</u> courses of study determined by the Board <u>under Sec. 8.20.010</u> [equivalent courses] to be equivalent to those required under subsection (a) [BHA I specialized training]. identified in paragraph (2) [alternate courses of study] of this subsection, provided.</li> <li>(A) — such course of study must have included content equivalent to that described in subsection (a) [specialized BHA I training program] or</li> <li>(B) — to the extent it did not, the person successfully completed those courses listed in subsection (a)(1) as necessary to fill any gaps.</li> <li>(2) Alternate Courses of Study. Alternate courses of study are:</li> <li>(A) — the Regional Alcohol and Drug Abuse Counselor Training (RADACT) resulting in Counselor Technician certification from the Alaska Commission for Behavioral Health Certification (ACBHC);</li> <li>(B) — the University of Alaska Rural Human Services Behavioral Health program resulting in an Occupational Endorsement;</li> <li>(A)(C)those from an accredited college or university resulting in an associate, bachelor or master of arts, science or social work degree with a major in human services, addictions and chemical dependency, behavioral health, psychology, social work, counseling, marriage and family therapy, or nursing with a behavioral health speciality; or a related field; or</li> <li>(B)(D)one determined by the Board to be equivalent to that required under</li> </ul>
<ul> <li>33</li> <li>34</li> <li>35</li> <li>36</li> <li>37</li> <li>38</li> <li>39</li> <li>40</li> <li>41</li> <li>42</li> <li>43</li> <li>44</li> <li>45</li> <li>46</li> <li>47</li> <li>48</li> <li>49</li> <li>50</li> <li>51</li> <li>52</li> <li>53</li> </ul>	<ul> <li>(1) Minimum Required Content. In lieu of completing <u>one or more</u> of the specialized training courses <del>program</del> described in subsection (a) [BHA I specialized training program], a person may satisfy the course training requirements for certification as a behavioral health aide I by successfully completing <u>one of the</u> courses of study determined by the Board <u>under Sec. 8.20.010</u> [equivalent courses] to be equivalent to those required under subsection (a) [BHA I specialized training]. identified in paragraph (2) [alternate courses of study] of this subsection, provided.         <ul> <li>(A) — such course of study must have included content equivalent to that described in subsection (a) [specialized BHA I training program] or</li> <li>(B) — to the extent it did not, the person successfully completed those courses listed in subsection (a)(1) as necessary to fill any gaps.</li> <li>(2) <u>Alternate Courses of Study</u>. Alternate courses of study are:</li></ul></li></ul>
<ul> <li>33</li> <li>34</li> <li>35</li> <li>36</li> <li>37</li> <li>38</li> <li>39</li> <li>40</li> <li>41</li> <li>42</li> <li>43</li> <li>44</li> <li>45</li> <li>46</li> <li>47</li> <li>48</li> <li>49</li> <li>50</li> <li>51</li> <li>52</li> <li>53</li> <li>54</li> </ul>	<ul> <li>(1) Minimum Required Content. In lieu of completing <u>one or more</u> of the specialized training courses program described in subsection (a) [BHA I specialized training program], a person may satisfy the course training requirements for certification as a behavioral health aide I by successfully completing <u>one of the</u> courses of study determined by the Board <u>under Sec. 8.20.010</u> [equivalent courses] to be equivalent to those required under subsection (a) [BHA I specialized training]. identified in paragraph (2) [alternate courses of study] of this subsection, provided. (A) — such course of study must have included content equivalent to that described in subsection (a) [specialized BHA I training program] or (B) — to the extent it did not, the person successfully completed those courses listed in subsection (a)(1) as necessary to fill any gaps.</li> <li>(2) Alternate Courses of Study. Alternate courses of study are: (A) — the Regional Alcohol and Drug Abuse Counselor Training (RADACT) resulting in Counselor Technician certification from the Alaska Commission for Behavioral Health Certification (ACBHC);</li> <li>(B) — the University of Alaska Rural Human Services Behavioral Health program resulting in an Occupational Endorsement; (A)(C) those from an accredited college or university resulting in an associate, bachelor or master of arts, science or social work degree with a major in human services, addictions and chemical dependency, behavioral health, psychology, social work, counseling, marriage and family therapy, or nursing with a behavioral health speciality; or a related field; or (B)(D) one determined by the Board to be equivalent to that required under subsection (a) [BHA I specialized training] or (b)(2)(A) through (B) (C) of this section.</li> <li>(c) Behavioral Health Aide I Practicum. After completion of the training listed in</li> </ul>
<ul> <li>33</li> <li>34</li> <li>35</li> <li>36</li> <li>37</li> <li>38</li> <li>39</li> <li>40</li> <li>41</li> <li>42</li> <li>43</li> <li>44</li> <li>45</li> <li>46</li> <li>47</li> <li>48</li> <li>49</li> <li>50</li> <li>51</li> <li>52</li> <li>53</li> </ul>	<ul> <li>(1) Minimum Required Content. In lieu of completing <u>one or more</u> of the specialized training courses <del>program</del> described in subsection (a) [BHA I specialized training program], a person may satisfy the course training requirements for certification as a behavioral health aide I by successfully completing <u>one of the</u> courses of study determined by the Board <u>under Sec. 8.20.010</u> [equivalent courses] to be equivalent to those required under subsection (a) [BHA I specialized training]. identified in paragraph (2) [alternate courses of study] of this subsection, provided.         <ul> <li>(A) — such course of study must have included content equivalent to that described in subsection (a) [specialized BHA I training program] or</li> <li>(B) — to the extent it did not, the person successfully completed those courses listed in subsection (a)(1) as necessary to fill any gaps.</li> <li>(2) <u>Alternate Courses of Study</u>. Alternate courses of study are:</li></ul></li></ul>

 $\begin{array}{c} 16\\ 17\\ 18\\ 19\\ 20\\ 21\\ 22\\ 23\\ 24\\ 25\\ 26\\ 27\\ 28\\ 29\\ 30\\ 31\\ 32\\ 33\\ 34\\ 35\\ 36\\ 37\\ 38\\ 39\\ 40\\ \end{array}$ 

a licensed behavioral health clinician or behavioral health professional. The applicant must
satisfactorily perform each of the following: fewer than:
(1) <u>no fewer than 25</u> <del>35</del> hours of providing <del>initial intake and</del> client orientation <u>to</u>
services <u>including screening and initial intake</u> , <del>paperwork</del> with appropriate case documentation; (2) no fewer than 25 <del>30</del> hours of providing case management and referral with
appropriate case documentation; <del>and</del> (3) <u>no fewer than 35</u> hours of providing village-based community education, prevention,
and early intervention services with appropriate case documentation; and
(4) the balance of the hours must be related to practicum components listed in
subsections (c)(1) through (c)(3) of this section.
(d) Behavioral Health Aide I Work Experience.
(1) Minimum Experience. Prior to being certified as a behavioral health aide I, a
person, who seeks certification based on training or education described in subsections (a) [BHA I
specialized training] or (b) [BHA I alternative training] (b)(2) [alternate courses of study], must have
provided village-based behavioral health services for no fewer than 1,000 hours under the direct
supervision of a licensed behavioral health clinician or behavioral health professional.
(2) Exceptions and Substitutions. An applicant who demonstrates that he or she
satisfies the applicable requirements of section 2.40.500 [BHA/P knowledge, skills, and scope of
practice] and has the capacity to provide culturally appropriate services in a village setting may
substitute experience, or be exempted from the experience requirement, as provided in subparagraphs
(A) through (C) and (B) of this paragraph.
(A) An applicant who seeks certification as a behavioral health aide I based on
education described in subsection (b)(2)(C) [associates degree] need not have work experience prior to
being certified.
(B) (A) An applicant with experience providing behavioral health services other than
that described in subsection (d)(1) [minimum experience] or who has education and training beyond
that required for this level of certification may substitute such training and education.
(C) (B) Relevant practice experience acquired while obtaining the education or
training required under subsection (a) [BHA I specialized training] or (b) [BHA I alternative training]
subsection (b)(2) [alternate courses of study] may be relied upon to satisfy the requirement under
subsection (d)(1) [minimum experience] on an hour for hour basis.
Section 2.40.200(c)(d)(e). Behavioral Health Aide II Training, Practicum, and Experience
Requirements were amended, as follows:
(c) Behavioral Health Aide II Alternative Training.
(1) <b>Required Content.</b> In lieu of completing <u>one or more</u> of the specialized training
courses program described in subsection (b) [BHA II specialized training program], a person may
satisfy the course training requirements for certification as a behavioral health aide II by successfully
completing one of the courses of study determined by the Board under Sec. 8.20.010 [equivalent
courses] to be equivalent to those required under subsection (b) [BHA II specialized training].
(2) Alternate Commerce of Study, Alternate commerce of study and
(2) Alternate Courses of Study. Alternate courses of study are:
(A) the University of Alaska Rural Human Services program resulting in a Rohavioral Health Cartificate:
Behavioral Health Certificate; (B) those from an accredited college or university resulting in an accessing of 33
(B) those from an accredited college or university resulting in an associate of 33 orts or sciences with a major in human services addictions and chemical dependency, behavioral
arts or sciences with a major in human services, addictions and chemical dependency, behavioral
health, psychology, social work, counseling, marriage and family therapy, or nursing with a behavioral health specialty; or a related field:
health specialty; or a related field; (C) at an accredited university resulting in a bachelor or master of arts, science or
(C) at an accredited university resulting in a bachelor or master of arts, science or social work degree with a major in one of the courses of study listed in subparagraph (2)(B) of this
paragraph; or (D) one determined by the Board to be equivalent to that required under
subsection (b) [BHA II specialized training] or (c)(2)(A) through (C) of this section.

(1) Dehaviousl Health Aids II Presticum After completion of subsection (a) [property isites]
(d) <b>Behavioral Health Aide II Practicum.</b> After completion of <u>subsection (a) [prerequisites]</u>
and completion of the training listed in subsection (b) [BHA II specialized training program] or (c)
[BHA II alternative training] of this section, the applicant must additionally complete a 100 hour
clinical practicum under the direct supervision of a licensed behavioral health clinician or behavioral
health professional. The applicant must satisfactorily perform each of the following:
(1) <u>no fewer than 35 hours of providing client clinical evaluation substance use</u>
assessment and treatment planning using the Diagnostic and Statistical Manual and American Society
of Addiction Medicine patient placement criteria with appropriate case documentation;
(2) <u>no fewer than</u> 30 hours of providing treatment planning and <u>elient</u> rehabilitative
services (e.g., comprehensive community support services or therapeutic behavioral health service)
case management with appropriate case documentation; and
(3) <u>no fewer than 25 <math>\frac{35}{25}</math> hours of providing community readiness evaluation and</u>
prevention plan development with appropriate case documentation; and
(4) the balance of the hours must be related to practicum components listed in $(J_{1})$ through $(J_{2})$ of this section
subsections $(d)(1)$ through $(d)(3)$ of this section.
(e) Behavioral Health Aide II Work Experience.
(1) Minimum Experience. Except as provided in paragraph (2) [exceptions and
substitutions] of this subsection, prior to being certified as a behavioral health aide II, a person, who
seeks certification based on training or education described in subsections (b) [BHA II specialized
training] or (c) [alternative training] (2) [alternate courses of study], must have provided village-based
behavioral health services for no fewer than 2,000 hours under the direct or indirect (as applicable)
supervision of a licensed behavioral health clinician or behavioral health professional.
(2) Exceptions and Substitutions. An applicant who demonstrates that he or she
satisfies the applicable requirements of section 2.40.500 [BHA/P knowledge, skills, & scope of
practice] and has the capacity to provide culturally appropriate services in a village setting may
substitute experience, or be exempted from the experience requirement, as provided in subparagraphs
(A) through (D) and (B) of this paragraph.
(A) unough $(B)$ and $(B)$ of this paragraph. (A) — An applicant who seeks certification as a behavioral health aide II based on
education described in subsection (c)(2)(C) [bachelors degree] need not have work experience prior to
being certified.
(B) An applicant who seeks certification as a behavioral health aide II based on
education described in subsection (c)(2)(A) [RHS behavioral health certificate] or (B) [associates
degree] needs to have only 1000 hours of experience.
(C) (A) An applicant with experience providing behavioral health services other than
that described in subsection $(e)(1)$ [minimum experience] or who has education and training beyond
that required for this level of certification may substitute such training and education.
(D) (B) Relevant practice experience acquired while obtaining the education or
training required under subsections (b) [BHA II specialized training] or (c) [alternative training]
[alternate courses of study] and in meeting the experience requirements for certification as a behavioral
health aide I may be relied upon to satisfy the experience requirement under subsection (e)(1)
[minimum experience] on an hour for hour basis.
Section 2.40.200(h)(a)(d) and (a) Bahavianal Haalth Aida III Tuaining Durations, and Functiones
Section 2.40.300(b)(c)(d) and (e). Behavioral Health Aide III Training, Practicum, and Experience Requirements were amended, as follows:
(b) Behavioral Health Aide III Specialized Training Program. The behavioral health aide
III specialized training program is comprised of Board approved courses, or their equivalent, that
satisfy the requirements of sections
(1) 8.20.325 [treatment of co-occurring disorders],
(2) 8.20.335 [advanced behavioral health clinical care],
(3) 8.20.340 [documentation and quality assurance],
(4) 8.20.345 [introduction to case management supervision],
(5) 8.20.350 [applied case studies in Alaska Native culture based issues],
(6) 8.20.370 [behavioral health clinical team building], and
<ul><li>(7) 8.20.385 [introduction to supervision], and</li></ul>
() end of the and the super enderly <u>and</u>

#### (8) <u>8.20.390 [child development].</u>

#### (c) Behavioral Health Aide III Alternative Training:

(1) Required Content. In lieu of completing the specialized training courses requirements described in subsection (b) [BHA III specialized training program], a person may satisfy the course training requirements for certification as a behavioral health aide III by successfully completing one of the courses of study determined by the Board <u>under Sec. 8.20.010 [equivalent courses]</u> to be equivalent to <u>those</u> required under subsection (b) [BHA III specialized training]. identified in paragraph (2) [alternate courses of study] of this subsection, provided

(A) such course of study must have included the content equivalent to that described in subsection (b) [BHA III specialized training program], or

(B) to the extent it did not, the person successfully completed the courses listed in subsection (b) as necessary to fill any gaps.

(2) Alternate Courses of Study. Alternate courses of study are

(A) those from an accredited college or university resulting in an associate of arts or sciences with a major in human services, addictions and chemical dependency, behavioral health, psychology, social work, counseling, marriage and family therapy, or nursing with a behavioral health specialty; or a related field;

(B) those at an accredited university resulting in a bachelor of arts, science or social work degree with a major in one of the courses of study listed in subparagraph (2)(A) of this paragraph;

(C) those at an accredited university resulting in a master of arts, science or social work degree with a major in one of the courses of study listed in paragraph (2)(A) of this paragraph; or

(D) one determined by the Board to be equivalent to that required under subsection (b) [BHA III specialized training] or (c)(2)(A) through (C) of this section.

(d) Behavioral Health Aide III Practicum: After meeting the requirements of subsection (a) [prerequisites] and completion of the training listed in subsection (b)[BHA III specialized training] or (c) [BHA III alternative training] of this section, the applicant must additionally complete a 100 hour clinical practicum under the direct supervision of a licensed behavioral health clinician or behavioral health professional. The applicant must satisfactorily perform each of the following components: under the direct supervision of a licensed behavioral health clinician or behavioral health professional, the applicant satisfactorily completes a Board approved 100 hour clinical practicum, which must include satisfactory performance of each of the following components of no fewer than:

(1) <u>no fewer than 45 60</u> hours of providing behavioral health clinical <u>evaluation</u> <u>assessment</u>, treatment planning, and <u>rehabilitative services</u> <u>case management</u> for clients with <u>special</u> treatment issues related to <u>domestic violence</u>, <u>sexual assault and alcohol related brain damage (ARBD)</u> or traumatic brain injury (TBI) <u>co-occurring disorders</u>;

(2) <u>no fewer than</u> 20 hours of providing quality assurance case review with documentation of review activity; and;

(3) <u>no fewer than</u> 20 hours of providing clinical team leadership by leading clinical team case reviews<u>; and</u>

(4) the balance of the hours must be related to practicum components listed in subsections (d)(1) through (d)(3) of this section.

#### (e) Behavioral Health Aide III Work Experience:

(1) Minimum Experience. Except as provided in paragraph (2) [exceptions and substitutions] of this subsection, prior to being certified as a behavioral health aide III, a person, who seeks certification based on training or education described in subsections (b) [BHA III specialized training] (c)(2) [alternative training alternate degree program], must have provided village-based behavioral health services for no fewer than 4,000 hours under the direct or indirect supervision (as applicable) of a licensed behavioral health clinician or behavioral health professional.

(2) Exceptions and Substitutions. An applicant who demonstrates that he or she

1	satisfies the applicable requirements of section 2.40.500 [BHA/P knowledge, skills, and scope of
2	practice] and has the capacity to provide culturally appropriate services in a village setting may
2	
3	substitute experience, or be exempted from the experience requirement, as provided in subparagraphs
4	(A) <del>through (E)</del> and (B) of this paragraph.
4 5	(A) An applicant who seeks certification as a behavioral health aide III based on
6	education described in subsection (c)(2)(C) [masters degree] need not have work experience prior to
7	being certified.
8	(B) An applicant who seeks certification as a behavioral health aide III based on
9	education described in subsection (c)(2)(B) [bachelors degree] needs to have only 500 hours of
10	experience.
11	(C) An applicant who seeks certification as a behavioral health aide III based on
12	education described in subsection (c)(2)(A) [associates degree] needs to have only 2000 hours of
13	experience.
14	(D)(A)An applicant with experience providing behavioral health services other than
15	that described in subsection $\frac{(a)}{(d)}(1)$ [minimum experience] or who has education and training beyond
16	that required for this level of certification may substitute such training and education.
17	(E) (B) Relevant practice experience acquired while obtaining the education or
18	training required under subsection (b) [BHA III specialized training] or (c) [alternative training
19	alternate degree program] and in meeting the experience requirements for certification as a behavioral
20	health aide I and II may be relied upon to satisfy the experience requirement under subsection $(e)(1)$
21	[minimum experience] on an hour for hour basis.
	[minimum experience] on an nour for nour basis.
22	
23	Section 2.40.400(b)(c)(d) and (e) Behavioral Health Practitioner Specialized Training Program were
24	amended, as follows: The behavioral health practitioner specialized training program is comprised of
25	Board approved courses, or their equivalent, that satisfy the requirements of sections:
26	(1) 8.20.400 [issues in village-based behavioral health care];
27	(2) 8.20.425 [special issues in behavioral health services];
28	
	(3) 8.20.485 [competencies for village-based supervision], and
29	(4) 8.20.490 [principles and practice of clinical supervision]; and
30	(5) <u>8.20.495 [child-centered interventions]</u> .
31	
	(c) Behavioral Health Practitioner Alternative Training:
32	(1) <b>Required Content.</b> In lieu of completing <u>one or more of the specialized training</u>
33	<u>courses described in the requirements under subsection (b) [BHP specialized training program], a</u>
34	person may satisfy the <u>course</u> training requirements for certification as a behavioral health practitioner
35	by successfully completing one of the courses of study determined by the Board under sec. 8.20.010
36	[equivalent courses] to be equivalent to those required under subsection (b) [BHP specialized
37	training].identified in paragraph (2) [alternate courses of study] of this subsection, provided
38	<u>auming r</u> adentified in paragraph (2) [arternate courses of study] of and subsection, provided
39	(d) Behavioral Health Practitioner Practicum: After meeting the requirements of
40	subsection (a) [prerequisites] and completion of the training listed in subsection (b) [BHP specialized
41	training] or (c) [BHP alternative training] of this section, the applicant must additionally complete a
42	100 hour clinical practicum under the direct supervision of a licensed behavioral health clinician or
43	behavioral health professional. The individual must satisfactorily perform each of the following: The
44	applicant must satisfactorily complete a Board approved 100 hour clinical practicum, which must
45	
	include satisfactory performance of each of the following components:
46	(1) <u>no fewer than <math>60.45</math> hours engaging</u> , mentoring, and supporting, as well as
47	participating in supervision and evaluation of a behavioral health aide I, II, and III based on the
48	understanding of the supervisee's level of knowledge and skills, professional goals, and behavior; on
49	knowledge and skills on the of providing behavioral health clinical supervision mentorship and
50	support, training and professional development, subject to applicable restrictions,;
51	(2) <u>no fewer than</u> 40 <u>25</u> hours of providing clinical team leadership by leading clinical
52	
	team case reviews; and
53	(3) the balance of the hours must be related to practicum components listed in
54	subsections $(d)(1)$ and $(d)(2)$ of this section.
55	(e) Behavioral Health Practitioner Work Experience:
56	
50	(1) Minimum Experience. Except as provided in paragraph (2) [exceptions and

1	substitutions] of this subsection, prior to being certified as a behavioral health aide practitioner, a
2	person, who seeks certification based on training or education described in subsections (b) [BHP
3	specialized training] or (c) (2) [BHP alternative training alternate degree program], must have provided
4	village-based behavioral health services for no fewer than 6,000 hours under the direct or indirect (as
5	applicable) supervision of a licensed behavioral health clinician or behavioral health professional.
5	
0	(2) Exceptions and Substitutions. An applicant who demonstrates that he or she
5 6 7 8	satisfies the applicable requirements of section 2.40.500 [BHA/P knowledge, skills, and scope of
	practice] and has the capacity to provide culturally appropriate services in a village setting may
9	substitute experience, or be exempted from the experience requirement, as provided in subparagraphs
10	(A) <del>through (E)</del> and (B) of this paragraph.
11	(A) An applicant who seeks certification as a behavioral health practitioner based
12	on education described in subsection (c)(2)(C) [masters degree] need not have work experience prior to
13	being certified.
13	(B) An applicant who seeks certification as a behavioral health practitioner based
15	on education described in subsection (c)(2)(B)[ bachelors degree] needs to have only 1000 23 hours of
16	experience.
17	(C) An applicant who seeks certification as a behavioral health practitioner based
18	on education described in subsection (c)(2)(A) [associates degree] needs to have only 4000 hours of
19	experience.
20	(D) (A) An applicant with experience providing behavioral health services other
21	than that described in subsection (e)(1) [minimum experience] or who has education and training
22	beyond that required for this level of certification may substitute such training and education.
23	(E) (B) Relevant practice experience acquired while obtaining the education or
24	training required under subsection (b) [BHP specialized training] or (c) [BHP alternative training
25	alternate degree program] and in meeting the experience requirements for certification as a behavioral
26	health aide I, II and III may be relied upon to satisfy the experience requirement under subsection
27	(e)(1) [minimum experience] on an hour for hour basis.
28	
29	Section 3.10.070. BHA/P Continuing Education Requirements, was amended, as follows:
29 30	Section 3.10.070. BHA/P Continuing Education Requirements, was amended, as follows:
30	
30 31	(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification has
30 31 32	(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of
30 31 32 33	(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]:
30 31 32 33 34	<ul> <li>(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]:         <ul> <li>(1) (A) as a behavioral health aide who has not completed the requirements for the</li> </ul> </li> </ul>
30 31 32 33 34 35	<ul> <li>(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]:         <ul> <li>(1) (A) as a behavioral health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or</li> </ul> </li> </ul>
30 31 32 33 34 35 36	<ul> <li>(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]:         <ul> <li>(1) (A) as a behavioral health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or</li> <li>(B) as a behavioral health practitioner;</li> </ul> </li> </ul>
30 31 32 33 34 35 36 37	<ul> <li>(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]:         <ul> <li>(1) (A) as a behavioral health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or</li> <li>(B) as a behavioral health practitioner;</li> <li>(2) must provide evidence satisfactory to the Board that he or she has completed a</li> </ul> </li> </ul>
30 31 32 33 34 35 36 37 38	<ul> <li>(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]:         <ul> <li>(1) (A) as a behavioral health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or</li> <li>(B) as a behavioral health practitioner;</li> <li>(2) must provide evidence satisfactory to the Board that he or she has completed a minimum of 40 contact hours of continuing education approved by the Board on varied or updated</li> </ul> </li> </ul>
30 31 32 33 34 35 36 37	<ul> <li>(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]:         <ul> <li>(1) (A) as a behavioral health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or</li> <li>(B) as a behavioral health practitioner;</li> <li>(2) must provide evidence satisfactory to the Board that he or she has completed a</li> </ul> </li> </ul>
30 31 32 33 34 35 36 37 38	<ul> <li>(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]:         <ul> <li>(1) (A) as a behavioral health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or</li> <li>(B) as a behavioral health practitioner;</li> <li>(2) must provide evidence satisfactory to the Board that he or she has completed a minimum of 40 contact hours of continuing education approved by the Board on varied or updated</li> </ul> </li> </ul>
30 31 32 33 34 35 36 37 38 39	<ul> <li>(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]:         <ul> <li>(1) (A) as a behavioral health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or</li> <li>(B) as a behavioral health practitioner;</li> <li>(2) must provide evidence satisfactory to the Board that he or she has completed a minimum of 40 contact hours of continuing education approved by the Board on varied or updated topics during the concluding two-year certification period, provided that:</li> </ul> </li> </ul>
30 31 32 33 34 35 36 37 38 39 40 41	<ul> <li>(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]:         <ul> <li>(1) (A) as a behavioral health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or</li> <li>(B) as a behavioral health practitioner;</li> <li>(2) must provide evidence satisfactory to the Board that he or she has completed a minimum of 40 contact hours of continuing education approved by the Board on varied or updated topics during the concluding two-year certification period, provided that:</li></ul></li></ul>
30 31 32 33 34 35 36 37 38 39 40 41 42	<ul> <li>(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]:         <ul> <li>(1) (A) as a behavioral health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or</li> <li>(B) as a behavioral health practitioner;</li> <li>(2) must provide evidence satisfactory to the Board that he or she has completed a minimum of 40 contact hours of continuing education approved by the Board on varied or updated topics during the concluding two-year certification period, provided that:</li></ul></li></ul>
30 31 32 33 34 35 36 37 38 39 40 41 42 43	<ul> <li>(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]: <ul> <li>(1) (A) as a behavioral health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or</li> <li>(B) as a behavioral health practition period, provided that: <ul> <li>(A) no fewer than 4 of the required contact hours must be regarding ethics and consent;</li> </ul> </li> </ul> </li> </ul>
30 31 32 33 34 35 36 37 38 39 40 41 42 43 44	<ul> <li>(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]:         <ul> <li>(1) (A) as a behavioral health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or</li> <li>(B) as a behavioral health practitioner;</li> <li>(2) must provide evidence satisfactory to the Board that he or she has completed a minimum of 40 contact hours of continuing education approved by the Board on varied or updated topics during the concluding two-year certification period, provided that:</li></ul></li></ul>
30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45	<ul> <li>(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]:         <ul> <li>(1) (A) as a behavioral health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or</li> <li>(B) as a behavioral health practitioner;</li> <li>(2) must provide evidence satisfactory to the Board that he or she has completed a minimum of 40 contact hours of continuing education approved by the Board on varied or updated topics during the concluding two-year certification period, provided that:</li></ul></li></ul>
30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46	<ul> <li>(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]: <ul> <li>(1) (A) as a behavioral health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or</li> <li>(B) as a behavioral health practitioner;</li> <li>(2) must provide evidence satisfactory to the Board that he or she has completed a minimum of 40 contact hours of continuing education approved by the Board on varied or updated topics during the concluding two-year certification period, provided that: <ul> <li>(A) no fewer than 4 of the required contact hours must be regarding ethics and consent;</li> <li>(B) no fewer than 4 of the required contact hours must be regarding confidentiality and privacy; and</li> <li>(C) no fewer than 4 of the required contact hours must be regarding cross cultural communication and understanding and working with diverse populations; cross cultural communication and understanding; sensitivities to topics of diversity or diverse cultures, including but</li> </ul> </li> </ul></li></ul>
30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47	<ul> <li>(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]: <ul> <li>(1) (A) as a behavioral health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or</li> <li>(B) as a behavioral health practitioner;</li> <li>(2) must provide evidence satisfactory to the Board that he or she has completed a minimum of 40 contact hours of continuing education approved by the Board on varied or updated topics during the concluding two-year certification period, provided that: <ul> <li>(A) no fewer than 4 of the required contact hours must be regarding ethics and consent;</li> <li>(B) no fewer than 4 of the required contact hours must be regarding confidentiality and privacy; and</li> <li>(C) no fewer than 4 of the required contact hours must be regarding consecultural communication and understanding and working with diverse populations; cross cultural communication and understanding; sensitivities to topics of diversity or diverse cultures, including but not limited to:</li> </ul> </li> </ul></li></ul>
30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48	<ul> <li>(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]: <ul> <li>(1) (A) as a behavioral health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or</li> <li>(B) as a behavioral health practitioner;</li> <li>(2) must provide evidence satisfactory to the Board that he or she has completed a minimum of 40 contact hours of continuing education approved by the Board on varied or updated topics during the concluding two-year certification period, provided that: <ul> <li>(A) no fewer than 4 of the required contact hours must be regarding ethics and consent;</li> <li>(B) no fewer than 4 of the required contact hours must be regarding confidentiality and privacy; and</li> <li>(C) no fewer than 4 of the required contact hours must be regarding confidentiality and privacy; and</li> <li>(C) no fewer than 4 of the required contact hours must be regarding confidentiality and privacy; and</li> </ul> </li> </ul> </li> </ul>
30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49	<ul> <li>(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]: <ul> <li>(1) (A) as a behavioral health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or</li> <li>(B) as a behavioral health practitioner;</li> <li>(2) must provide evidence satisfactory to the Board that he or she has completed a minimum of 40 contact hours of continuing education approved by the Board on varied or updated topics during the concluding two-year certification period, provided that:</li> <li>(A) no fewer than 4 of the required contact hours must be regarding ethics and consent;</li> <li>(B) no fewer than 4 of the required contact hours must be regarding confidentiality and privacy; and</li> <li>(C) no fewer than 4 of the required contact hours must be regarding confidentiality and understanding and working with diverse populations; eross cultural communication and understanding; sensitivities to topics of diversity or diverse cultures, including but not limited to: </li> </ul></li></ul>
30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50	<ul> <li>(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]: <ul> <li>(1) (A) as a behavioral health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or</li> <li>(B) as a behavioral health practitioner;</li> <li>(2) must provide evidence satisfactory to the Board that he or she has completed a minimum of 40 contact hours of continuing education approved by the Board on varied or updated topics during the concluding two-year certification period, provided that: <ul> <li>(A) no fewer than 4 of the required contact hours must be regarding ethics and consent;</li> <li>(B) no fewer than 4 of the required contact hours must be regarding confidentiality and privacy; and</li> <li>(C) no fewer than 4 of the required contact hours must be regarding confidentiality and privacy; and</li> <li>(C) no fewer than 4 of the required contact hours must be regarding confidentiality and privacy; and</li> </ul> </li> </ul> </li> </ul>
30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50	<ul> <li>(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]: <ul> <li>(1) (A) as a behavioral health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or</li> <li>(B) as a behavioral health practitioner;</li> <li>(2) must provide evidence satisfactory to the Board that he or she has completed a minimum of 40 contact hours of continuing education approved by the Board on varied or updated topics during the concluding two-year certification period, provided that: <ul> <li>(A) no fewer than 4 of the required contact hours must be regarding ethics and consent;</li> <li>(B) no fewer than 4 of the required contact hours must be regarding confidentiality and privacy; and</li> <li>(C) no fewer than 4 of the required contact hours must be regarding consecultural communication and understanding; sensitivities to topics of diversity or diverse cultures, including but not limited to:</li> <li>(1) various ethnicities or cultural heritages, age groups, genders, lifestyles, family dynamics, or socioeconomic statuses, or diagnostic categories; or</li> </ul> </li> </ul></li></ul>
30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51	<ul> <li>(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]: <ul> <li>(1) (A) as a behavioral health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or</li> <li>(B) as a behavioral health practitioner;</li> <li>(2) must provide evidence satisfactory to the Board that he or she has completed a minimum of 40 contact hours of continuing education approved by the Board on varied or updated topics during the concluding two-year certification period, provided that: <ul> <li>(A) no fewer than 4 of the required contact hours must be regarding ethics and consent;</li> <li>(B) no fewer than 4 of the required contact hours must be regarding confidentiality and privacy; and</li> <li>(C) no fewer than 4 of the required contact hours must be regarding consecultural communication and understanding; sensitivities to topics of diversity or diverse cultures, including but not limited to: <ul> <li>(1) various ethnicities or cultural heritages, age groups, genders, lifestyles, family dynamics, or socioeconomic statuses, or diagnostic categories; or</li> <li>(2) effective strategies for working with diverse populations, conducting self-assessments and navigating value differences, developing cultural awareness and an understanding of</li> </ul> </li> </ul></li></ul></li></ul>
30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52	<ul> <li>(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]: <ul> <li>(1) (A) as a behavioral health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or</li> <li>(B) as a behavioral health practitioner;</li> <li>(2) must provide evidence satisfactory to the Board that he or she has completed a minimum of 40 contact hours of continuing education approved by the Board on varied or updated topics during the concluding two-year certification period, provided that:</li> <li>(A) no fewer than 4 of the required contact hours must be regarding ethics and consent;</li> <li>(B) no fewer than 4 of the required contact hours must be regarding confidentiality and privacy; and</li> <li>(C) no fewer than 4 of the required contact hours must be regarding confidentiality and understanding and working with diverse populations; cross cultural communication and understanding; sensitivities to topics of diversity or diverse cultures, including but not limited to:</li> <li>(1) various ethnicities or cultural heritages, age groups, genders, lifestyles, family dynamics, or socioeconomic statuses, or diagnostic categories; or</li> <li>(2) effective strategies for working with diverse populations, conducting self-assessments and navigating value differences, developing cultural awareness and an understanding of its' potential influence on a person's behavioral healt); and</li> </ul> </li> </ul>
$\begin{array}{c} 30\\ 31\\ 32\\ 33\\ 34\\ 35\\ 36\\ 37\\ 38\\ 39\\ 40\\ 41\\ 42\\ 43\\ 44\\ 45\\ 46\\ 47\\ 48\\ 49\\ 50\\ 51\\ 52\\ 53\\ \end{array}$	<ul> <li>(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]: <ul> <li>(1) (A) as a behavioral health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or</li> <li>(B) as a behavioral health practitioner;</li> <li>(2) must provide evidence satisfactory to the Board that he or she has completed a minimum of 40 contact hours of continuing education approved by the Board on varied or updated topics during the concluding two-year certification period, provided that:</li> <li>(A) no fewer than 4 of the required contact hours must be regarding ethics and consent;</li> <li>(B) no fewer than 4 of the required contact hours must be regarding confidentiality and privacy; and</li> <li>(C) no fewer than 4 of the required contact hours must be regarding confidentiality and privacy; and</li> <li>(1) various ethnicities or cultural heritages, age groups, genders, lifestyles, family dynamics, or socioeconomic statuses, or diagnostic categories; or</li> <li>(2) effective strategies for working with diverse populations, conducting self-assessments and navigating value differences, developing cultural awareness and an understanding of its' potential influence on a person's behavioral health; and</li> </ul> </li> </ul>
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$\begin{array}{c} 30\\ 31\\ 32\\ 33\\ 34\\ 35\\ 36\\ 37\\ 38\\ 39\\ 40\\ 41\\ 42\\ 43\\ 44\\ 45\\ 46\\ 47\\ 48\\ 49\\ 50\\ 51\\ 52\\ 53\\ \end{array}$	<ul> <li>(a) Unlapsed Certificate. A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]: <ul> <li>(1) (A) as a behavioral health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or</li> <li>(B) as a behavioral health practitioner;</li> <li>(2) must provide evidence satisfactory to the Board that he or she has completed a minimum of 40 contact hours of continuing education approved by the Board on varied or updated topics during the concluding two-year certification period, provided that:</li> <li>(A) no fewer than 4 of the required contact hours must be regarding ethics and consent;</li> <li>(B) no fewer than 4 of the required contact hours must be regarding confidentiality and privacy; and</li> <li>(C) no fewer than 4 of the required contact hours must be regarding confidentiality and privacy; and</li> <li>(1) various ethnicities or cultural heritages, age groups, genders, lifestyles, family dynamics, or socioeconomic statuses, or diagnostic categories; or</li> <li>(2) effective strategies for working with diverse populations, conducting self-assessments and navigating value differences, developing cultural awareness and an understanding of its' potential influence on a person's behavioral health; and</li> </ul> </li> </ul>

Section 8.10.030. BHA/P Training Administration and Records was amended, as follows: Commitment of Administration. The sponsor of Board approved behavioral health **(a)** aide training programs under sections 2.40.100(a) [BHA I training, practicum, & experience requirements; specialized training program], 2.40.200(b) [BHA II training, practicum, & experience requirements; specialized training program, 2.40.300(b) [BHA III training, practicum, & experience; specialized training program], and 2.40.400(b) [BHP training, practicum, & experience requirements; specialized training program] must document have an agreement with the Alaska Behavioral Health Support Center, operated by the Alaska Native Tribal Health Consortium, under which the Support Center will document on-going support of staffing positions and program needs and accept and retain records regarding training and continuing education carried out by the behavioral health aide training program. Secretarial Support. A behavioral health aide or practitioner training program should (b) have administrative and secretarial support sufficient to assure timely and smooth functioning of the program and transmittal of records to the Certification Board, as required. **BHA/P Training Program Files.** (c) (1)A behavioral health aide or practitioner training program must have on file for review, or transmit to the Support Center for retention, training outlines, learning objectives, lesson plans, session quizzes and exams, behavioral health aide or practitioner evaluation records, application forms, student training files, quality assurance/continuous quality improvement files and a training plan for employees. A behavioral health aide or practitioner training program must promptly after the (2)conclusion of each training session, course or continuing education program transmit to Support Center a list of each student who attended the program with information about whether the student completed the course and an evaluation of the student's performance.the Section 8.20.010. Equivalent Courses, was amended as follows: Sec. 8.20.010. Equivalent Courses. The Behavioral Health Academic Review Committee shall maintain and provide to the Board a list of courses offered by publically funded universities in Alaska that the Behavioral Health Academic Review Committee has determined to contain course content equivalent to that required under this Article 20 [BHA curricula]. Applicants who have satisfactorily completed such courses shall be deemed to have met the applicable curricula requirements. Section 8.20.050. General Orientation was amended, as follows: Minimum Hours. This course shall be no fewer than 28 contact hours which must **(a)** include 4 contact hours regarding communication skills identified in section 8.20.050(c) and may be provided as an in-service training program by the employer. Content. This course shall provide an introduction to (b) the Alaska Tribal Health System; (1)(2)the history, statutory authority for, and current status of the Community Health Aide Program;

(3) community health aide program certification and the Community Health Aide Program Certification Board;

## (4) the Alaska Community Health Aide/Practitioner Manual and the Behavioral Health Aide Manual its use and their uses:

- (5) the dental health aide component of the community health aide program;
- (6) the behavioral health care system in Alaska and how individuals may access it; and
- (7) how the Alaska Tribal Health System is structured and the relationship of

behavioral health within the care system, including individual regional differences, as appropriate.

1	Grammar and Formatting Edits for June 12, 2014
2 3	Section 8.20.390. Child Development was amended, as follows. This course, which shall be 20 contact
4	hours, will
5	(a) <u>foundational information regarding</u>
6	(1) <u>developmental needs of youth ages in utero/birth to 17;</u>
7 8	(2) <u>overview of threats to development, including</u>
8	(A) <u>domestic violence, lack of social/family connection, neglect, and related</u>
9	biological, emotional and psychological distress; and
10	(B) role of parenting and social supports;
11	(3) <u>cultural influences of development;</u>
12	(4) <u>adaptive and maladaptive behavior;</u>
13	(5) issues of development related to exposure to alcohol and other substances in utero
14	to age 3; and
15	(6) the impact of trauma on child development, including
16	(A) hyper and hypo physiological responses manifested in maladaptive
17	behaviors, traumatic brain injury (TBI) and fetal alcohol spectrum disorder (FASD);
18	(B) preverbal versus verbal trauma and expression;
19	(C) <u>brain and nervous system functioning; and</u>
20	(D) <u>social functioning</u>
21	
22	Section 8.20.495. Child-centered Interventions. This course, which shall be 20 contact hours, will
23	provide
24	
25	(a) foundational information regarding
26	(1) common legal and ethical issues of counseling children and adolescents in
27 28	school and community settings, including
28 29	(A) children in state custody under the Indian Child Welfare Act or by the Office of Children Services, and
29 30	(B) children of divorced parents;
31	
32	(2) special documentation issues for (A) group counseling sessions;
33	(B) family counseling sessions; and
34	(C) individualized educational plan (IEP) consultations;
35	(3) special populations:
36	(A) counseling children and adolescents with special needs; and
37	(B) treating children with FASDs including the waiver process, resources for
38	parents, and how to attain a diagnosis for the client:
39	(4) defining the counselor role in the playroom;
40	(5) therapeutic approaches to counseling children and adolescents, including
41	<u>Trauma-focused Cognitive Behavioral Therapy (TF-CBT), directive and non-directive child-centered</u>
42	play therapy, Adlerian play therapy, and interventions for preverbal trauma
43	(6) crisis interventions appropriate to youth; and
44	(7) culturally competent skills.
45	(7) Culturally competent skins.
46	Section 8.30.100. Behavioral Health Academic Review Committee was amended, as follows:
47	(a) Membership. The behavioral health academic review committee satisfies these
48	Standards if it includes
49	(1) two licensed behavioral health clinicians as defined in section 1.20.010(30)
50	[licensed behavioral health clinician], who are employed by the IHS, a tribe or tribal organization,
51	provided that at least
51 52	•
52 53	
55 54	behavioral health aide training, (P) and must be the director of a tribal behavioral health programs or and
54 55	<ul> <li>(B) one must be the director of a tribal behavioral health program; or and</li> <li>(C) one must be actively engaged in clinical practice;</li> </ul>
55	(C) one must be actively engaged in clinical practice;

1 2	
	(2) <u>two</u> one behavioral health professionals, as defined in section $1.20.010(4)$
	[behavioral health professional], employed by the IHS, a tribe or tribal organization; and
3	$\frac{(3)  \text{to the extent feasible}}{(A)}$
4 5	(A) one representative of the CHA/P Academic Review Committee; and (B) one CHA/P Training Center representative currently employed by a
6	certified CHA/P Training Center; and one CHAP Certification Board Member Representative;
7	(4) provided that at least one of the members must have community health aide, dental
8	health aide, or behavioral health aide field supervision experience. Four Five behavioral health aides
9	employed by the Indian Health Service, a tribe, or tribal organization will be designated by the Tribal
10	Behavioral Health Directors Committee; and
11 12	<u>(A) One BHA Trainee,</u> (B) One BHA I,
12	( <del>B) One BHA I,</del> ( <del>C) One BHA II,</del>
14	(D) One BHA III, and
15	(E) One Behavioral Health Practitioner.
16	(5) Invited non-voting members that are actively involved in BHA/P training.
17	including:
18 19	(A) Training and development staff from the ANTHC Behavioral Health
20	Department, (B) The Tribal Liaison representing the State of Alaska Department of
21	Behavioral Health and/or a State designee to the BHARC; and
22	(C) Faculty, instructors, or other staff representing academic institutions,
23	training entities or tribal health organizations hosting trainings for use towards BHA/P certification.
24	
25 26	October 17, 2014, Formatting edits for two sections, as follows:
	October 17, 2014, 1 or matting cutts for two sections, as follows.
27	
27 28	Section. 1.40.010. Findings. was reformatted for the renumbering of paragraphs (16)-(20) to (15)-
28 29	Section. 1.40.010. Findings. was reformatted for the renumbering of paragraphs (16)-(20) to (15)-(19).
28 29 30	(19).
28 29 30 31	
28 29 30 31 32 33	(19).
28 29 30 31 32 33 34	<ul> <li>(19).</li> <li>Section 8.10.030. BHA/P Training Administration and Records, was reformatted, as follows:         <ul> <li>(a) Commitment of Administration. The sponsor of Board approved behavioral health aide training programs under sections 2.40.100(a) [BHA I training, practicum, &amp; experience</li> </ul> </li> </ul>
28 29 30 31 32 33 34 35	(19). Section 8.10.030. BHA/P Training Administration and Records, was reformatted, as follows: (a) Commitment of Administration. The sponsor of Board approved behavioral health aide training programs under sections 2.40.100(a) [BHA I training, practicum, & experience requirements; specialized training program], 2.40.200(b) [BHA II training, practicum,, & experience
28 29 30 31 32 33 34 35 36	(19). Section 8.10.030. BHA/P Training Administration and Records, was reformatted, as follows: (a) Commitment of Administration. The sponsor of Board approved behavioral health aide training programs under sections 2.40.100(a) [BHA I training, practicum, & experience requirements; specialized training program], 2.40.200(b) [BHA II training, practicum,, & experience requirements; specialized training program], 2.40.300(b) [BHA II training, practicum, & experience;
28 29 30 31 32 33 34 35 36 37	(19). Section 8.10.030. BHA/P Training Administration and Records, was reformatted, as follows: (a) Commitment of Administration. The sponsor of Board approved behavioral health aide training programs under sections 2.40.100(a) [BHA I training, practicum, & experience requirements; specialized training program], 2.40.200(b) [BHA II training, practicum,, & experience requirements; specialized training program], 2.40.300(b) [BHA III training, practicum, & experience; specialized training program], and 2.40.400(b) [BHP training, practicum, & experience requirements;
28 29 30 31 32 33 34 35 36 37 38	(19). Section 8.10.030. BHA/P Training Administration and Records, was reformatted, as follows: (a) Commitment of Administration. The sponsor of Board approved behavioral health aide training programs under sections 2.40.100(a) [BHA I training, practicum, & experience requirements; specialized training program], 2.40.200(b) [BHA II training, practicum,, & experience requirements; specialized training program], 2.40.300(b) [BHA II training, practicum, & experience; specialized training program], and 2.40.400(b) [BHP training, practicum, & experience requirements; specialized training program], and 2.40.400(b) [BHP training, practicum, & experience requirements; specialized training program] must document on going support of staffing positions and program needs
28 29 30 31 32 33 34 35 36 37	(19). Section 8.10.030. BHA/P Training Administration and Records, was reformatted, as follows: (a) Commitment of Administration. The sponsor of Board approved behavioral health aide training programs under sections 2.40.100(a) [BHA I training, practicum, & experience requirements; specialized training program], 2.40.200(b) [BHA II training, practicum,, & experience requirements; specialized training program], 2.40.300(b) [BHA III training, practicum, & experience; specialized training program], and 2.40.400(b) [BHP training, practicum, & experience requirements;
28 29 30 31 32 33 34 35 36 37 38 39 40 41	(19). Section 8.10.030. BHA/P Training Administration and Records, was reformatted, as follows: (a) Commitment of Administration. The sponsor of Board approved behavioral health aide training programs under sections 2.40.100(a) [BHA I training, practicum, & experience requirements; specialized training program], 2.40.200(b) [BHA II training, practicum, & experience; specialized training program], and 2.40.400(b) [BHP training, practicum, & experience requirements; specialized training program] must document on going support of staffing positions and program needs and accept and retain records regarding training and continuing education carried out by the behavioral health aide training program
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42	<ul> <li>(19).</li> <li>Section 8.10.030. BHA/P Training Administration and Records, was reformatted, as follows:         <ul> <li>(a) — Commitment of Administration. The sponsor of Board approved behavioral health aide training programs under sections 2.40.100(a) [BHA I training, practicum, &amp; experience requirements; specialized training program], 2.40.200(b) [BHA II training, practicum, &amp; experience requirements; specialized training program], 2.40.300(b) [BHA III training, practicum, &amp; experience; specialized training program], and 2.40.400(b) [BHP training, practicum, &amp; experience requirements; specialized training program] must document on going support of staffing positions and program needs and accept and retain records regarding training and continuing education carried out by the behavioral health aide training program.</li> <li>(a) Commitment of Administration. The sponsor of Board approved behavioral health aide</li> </ul> </li> </ul>
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	<ul> <li>(19).</li> <li>Section 8.10.030. BHA/P Training Administration and Records, was reformatted, as follows:         <ul> <li>(a) Commitment of Administration. The sponsor of Board approved behavioral health aide training programs under sections 2.40.100(a) [BHA II training, practicum, &amp; experience requirements; specialized training program], 2.40.200(b) [BHA II training, practicum, &amp; experience; specialized training program], 2.40.300(b) [BHA III training, practicum, &amp; experience; specialized training program], and 2.40.400(b) [BHP training, practicum, &amp; experience requirements; specialized training program], and 2.40.400(b) [BHP training, practicum, &amp; experience requirements; specialized training program] must document on going support of staffing positions and program needs and accept and retain records regarding training and continuing education carried out by the behavioral health aide training program.</li> </ul> </li> <li>(a) Commitment of Administration. The sponsor of Board approved behavioral health aide training programs under sections.</li> </ul>
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44	<ul> <li>(19).</li> <li>Section 8.10.030. BHA/P Training Administration and Records, was reformatted, as follows:         <ul> <li>(a) Commitment of Administration. The sponsor of Board approved behavioral health aide training programs under sections 2.40.100(a) [BHA I training, practicum, &amp; experience requirements; specialized training program], 2.40.200(b) [BHA II training, practicum, &amp; experience; specialized training program], and 2.40.400(b) [BHP training, practicum, &amp; experience requirements; specialized training program] must document on going support of staffing positions and program needs and accept and retain records regarding training and continuing education carried out by the behavioral health aide training program.</li> <li>(a) Commitment of Administration. The sponsor of Board approved behavioral health aide training program.</li> </ul> </li> </ul>
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45	<ul> <li>(19).</li> <li>Section 8.10.030. BHA/P Training Administration and Records, was reformatted, as follows:         <ul> <li>(a) Commitment of Administration. The sponsor of Board approved behavioral health aide training programs under sections 2.40.100(a) [BHA II training, practicum, &amp; experience requirements; specialized training program], 2.40.200(b) [BHA II training, practicum, &amp; experience; specialized training program], and 2.40.400(b) [BHA III training, practicum, &amp; experience; specialized training program] must document on going support of staffing positions and program needs and accept and retain records regarding training and continuing education carried out by the behavioral health aide training program</li> <li>(a) Commitment of Administration. The sponsor of Board approved behavioral health aide training program</li> <li>(a) Commitment of Administration. The sponsor of Board approved behavioral health aide training program</li> <li>(b) Commitment of Administration. The sponsor of Board approved behavioral health aide training program</li> </ul> </li> </ul>
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44	<ul> <li>(19).</li> <li>Section 8.10.030. BHA/P Training Administration and Records, was reformatted, as follows:         <ul> <li>(a) Commitment of Administration. The sponsor of Board approved behavioral health aide training programs under sections 2.40.100(a) [BHA I training, practicum, &amp; experience requirements; specialized training program], 2.40.200(b) [BHA II training, practicum, &amp; experience; specialized training program], and 2.40.400(b) [BHP training, practicum, &amp; experience requirements; specialized training program] must document on going support of staffing positions and program needs and accept and retain records regarding training and continuing education carried out by the behavioral health aide training program.</li> <li>(a) Commitment of Administration. The sponsor of Board approved behavioral health aide training program.</li> </ul> </li> </ul>
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1	
2 3	October 30, 2014, ten sections were amended, as follows:
3 4	Section 2.20.120. Scope of Practice Prior to Certification as Community Health Aide I was amended,
5	as follows:
6	
7	(a) <u>Minimum Requirements</u> . A person who satisfies the requirements of subsection
8	2.20.120(b) [scope of practice prior to certification as CHA I] may perform services of a certified
9 0	community health aide I prior to being certified under section 2.10.010 [initial qualifications] and 2.20.100 [CHA I training & education requirements], provided the person is actively engaged in the
1	process of meeting the requirements under section 2.20.100 [CHA I training & education requirements]
2	through 2.20.110 [CHA I competencies] to become certified as a community health aide I; and
3	(c) A person who satisfies the requirements of subsection 2.20.120(b) [scope of practice
4	prior to certification as CHA I] who has submitted an application for certification as a community
5	health aide I may begin training to become certified as a community health aide II and perform services
6	necessary to satisfy the requirements of subsection 2.20.200(4) [CHA II training & education
7	requirements; (field work)] pending action on the community health aide I application.
8 9	(b) Employment To be eligible to perform services under subsection 2.20.120(s) [second of
9 0	(b) <u>Employment.</u> To be eligible to perform services under subsection 2.20.120(a) [scope of practice prior to certification as CHA I], the person must
1	(1) be employed by the Indian Health Service or a tribe or tribal health program
2	operating a community health aide program in Alaska under the ISDEAA;
3	(2) provide only those services for which the person has been trained and has
4	demonstrated successful performance; and
5	(3) practice as a community health aide only in compliance with the requirements in
6	section 2.10.010(a)(9) [initial requirements; general requirements (supervision & day-to-day
7	direction)].
9	(c) A person who satisfies the requirements of subsection 2.20.120(b) [scope of practice prior
0	to certification as CHA I] who has submitted an application for certification as a community health
1	aide I may begin training to become certified as a community health aide II and perform services
2	necessary to satisfy the requirements of subsection 2.20.200(4) [CHA II training & education
3	requirements; (field work)] pending action on the community health aide I application.
4 5	Section 2.10.010 (a)(5)(B) was amended, as follows:
6	(B) for a dental health aide the requirements are those under section 2.30.100
7	[PDHA I training & education requirements], 2.30.200 [PDHA II training & education requirements],
8	2.30.220(c) [training, education & preceptorship], 2.30.230(c) [dental prophylaxis requirements;
9	training & education] and (d) [preceptorship], 2.30.240(c) [dental radiology requirements; training,
0	education & preceptorship], 2.30.250(c) [dental assistant function requirements; training, education &
1 2	preceptorship competencies], 2.30.260(c) [ART requirements; training & education] and (d)
2 3	[preceptorship], 2.30.300 [DHAH training & education requirements], 2.30.400 [EFDHA I supervision, training and education requirements], 2.30.500 [EFDHA II training & education
, 	requirements], 2.30.550(c) [stainless steel crown placement requirements; training & education] and
5	(d) [preceptorship] and 2.30.600 [DHAT training & education requirements];
5	
7	Section 2.10.010 (a)(8)(B) was amended, as follows:
3	
9	(B) for a dental health aide the scopes of practice are defined in sections 2.30.110(b)
)	[PDHA I competencies], 2.30.210(b) [PDHA II supervision & competencies; competencies], 2.30.220(d) [content requirements; competencies], 3.30.210(d) [content requirements; content requirem
1 2	2.30.220(d) [sealant requirements; competencies], 2.30.230(e) [dental prophylaxis requirements; competencies], 2.30.240(d) [dental radiology requirements; competencies], 2.30.250(ed) [dental
3	assistant function requirements; competencies], 2.30.260(e) [ART requirements; competencies],
4	2.30.310(b) [DHAH supervision & competencies; competencies], 2.30.410(b) [EFDHA I supervision
5	& competencies; competencies], 2.30.510(b) [EFDHA II supervision & competencies; competencies],

1 2 3 4 5	2.30.550(e) [stainless steel crown placement requirements; competencies], and 2.30.610(b) [DHAT supervision & competencies; competencies]; and
4	Section 2.30.020. Scope of Practice Prior to Certification as a Dental Health Aide was amended, as
5	follows:
6	
7 8	(a) Minimum Requirements. A person who satisfies the requirements of subsection 2.30.020(b) [scope of practice prior to certification as a DHA; employment] may perform services of a
9 10	certified dental health aide prior to being certified under this article to the extent the services are performed
10	(1) as part of training required for certification;
12	(2) as part of a required preceptorship under sections 2.30.100(b) [PDHA I training &
13	education requirements; preceptorship], 2.30.220(c)(1)(B) [sealant requirements; training, education &
14	preceptorship; (sealants during training)] or (c)(2) [sealant requirements; training, education &
15 16	preceptorship; (preceptorship)], 2.30.230(d) [dental prophylaxis requirements; preceptorship];
10	2.30.240(c)(1)(D) [dental radiology requirements; training, education & preceptorship; (radiographs during training)] or (c)(2) [dental radiology requirements; training, education & preceptorship;
18	(minimum number radiographs)], 2.30.250 (c) [dental assistant function requirements; training,
19	education & preceptorship], 2.30.260(d) [ART requirements; preceptorship], 2.30.400(b) [EFDHA I
20	supervision, training and education requirements; preceptorship], 2.30.500(b) [EFDHA II training &
21	education requirements; preceptorship], 2.30.550(d) [stainless steel crown placement requirements;
22 23	preceptorship], 2.30.600(3) [DHAT training & education requirements; (preceptorship)]; or (3) while an application for certification is pending before the Board after successful
23 24	completion of all required training and preceptorship.
25	
26	Section 2.30.200 (a)(1)(C) was amended, as follows:
27	
28 29	Sec. 2.30.200. Primary Dental Health Aide II Training and Education Requirements. A person meets the training and education requirements to be a certified primary dental health aide II
30	upon successful completion of
31	(a) (1) (A) all requirements under sections 2.30.100 [PDHA I training & education
32	requirements] through 2.30.110 [PDHA I supervision & competencies];
33	(B) a Board approved DHA Advanced Dental Procedures training session that
34 35	satisfies the requirements of section 7.20.040 [DHA advanced dental procedures]; and (C) one or more certifications under 2.30.220 [sealant requirements], 2.30.230 [dental
36	prophylaxis requirements], 2.30.240 [dental radiology requirements], <u>2.30.250 [dental assistant</u>
37	<u>function requirements], or</u> 2.30.250 [dental assistant function requirements] or 2.30.260 [ART
38	requirements]; or
39	
40 41	Section 2.30.210 (b)(3) was amended, as follows:
42	(b) <b>Competencies.</b> In addition to meeting the requirements of section 2.30.110 [PDHA I
43	supervision & competencies], a certified dental health aide II must successfully demonstrate and
44	maintain
45	(3) meeting the requirements of one or more of the following sections:
46	(A) 2.30.220 [sealant requirements];
47 48	<ul> <li>(B) 2.30.230 [dental prophylaxis requirements];</li> <li>(C) 2.30.240 [dental radiology requirements]; or</li> </ul>
48	(D) <u>2.30.250 [dental assistant function requirements]; or</u>
50	(E) 2.30.260 [ART requirements].
51	
52	Section 2.30.230(e)(6). Dental Prophylaxis Requirements was amended, as follows:
53 54	() Competencies I. (1) $d = 0$ (1) $d = 0$ (1) $d = 0$ (1) $d = 0$
54 55	(e) <b>Competencies.</b> In addition to meeting all other requirements of this section, the dental health aide must understand and successfully demonstrate and maintain the following competencies
56	and skills:

1	<ol> <li>understanding and following dental orders;</li> <li>main indicate bioterman distantificing contacting for particular</li> </ol>
2 3 4	<ul><li>(2) reviewing medical history and identifying contraindications for performing prophylaxis;</li></ul>
4 5	(3) understanding when the patient should be referred to a dentist prior to carrying out prophylaxis;
6	(4) explaining prophylaxis procedure and respond to questions from patient regarding
7 8	prophylaxis; (5) proper patient and provider safety procedures;
9	(A) proper use of dental instruments for safety of patient and provider;
10 11	<ul> <li>(B) proper use of ultrasonic or piezoeletric scalers;</li> <li>(6) scaling and polishing to remove <u>plaque</u>, <u>calculus</u> <del>calcereous deposits</del>, accretions,</li> </ul>
12	and stains from the coronal or exposed surface of the tooth; and
13	(7) consistent with direct orders from the dentist after a dental examination, sulcular
14 15	irrigation.
16	Section 2.30.250. Dental Assistant Function Requirements was amended, as follows:
17	
18 19	(a) <u>Prerequisites.</u> A dental health aide may be certified under this section to perform the functions of a dental assistant under the conditions set forth in subsections (b) through (c) of this
20	section provided the dental health aide satisfies the requirements of:
21	(1) <u>2.30.200 [PDHA II training &amp; education requirements] and 2.30.210 [PDHA II</u>
22 23	<ul> <li><u>supervision &amp; competencies</u>]</li> <li>(ba) Dental Supervision. A dental health aide certified under this article who satisfies the</li> </ul>
24	requirements of this section may perform the functions of a dental assistant only under the direct or
25	indirect supervision of a
26 27	<ul><li>(1) dentist;</li><li>(2) dental health aide therapist;</li></ul>
28	<ul><li>(2) dental health adde merapist,</li><li>(3) licensed dental hygienist;</li></ul>
29	(4) dental health aide hygienist; or
30 31	(5) primary dental health aide II or expanded function dental health aide I or II who is
31 32	performing procedures under the general supervision of a dentist.
33	(cb) Training, and Education and Preceptorship. In addition to performing functions as
34	provided for the level of certification achieved by the dental health aide, a dental health aide may
35 36	perform the functions of a dental assistant, if the dental health aide has successfully completed one of the following:
37	(1) an accredited dental assisting program;
38	(2) a Board approved dental assisting program that satisfies the requirements of section
39 40	<ul><li>7.20.130 [dental assisting]; or</li><li>(3) a program provided by a dentist who directly supervised the person carrying out a</li></ul>
41	sufficient number of patient encounters for the person to develop satisfactory skills, as determined by
42	the supervising dentist, in each of the functions identified in 2.30.250( <u>db</u> ) [dental assistant function
43 44	requirements; competencies training & education].
45	(de) Competencies. In addition to meeting all other requirements of this section, the dental
46	health aide must understand and successfully demonstrate and maintain the ability to satisfactorily
47	perform the following functions:
48 49	<ol> <li>applying topical anesthetic agents;</li> <li>placing and removing rubber dams;</li> </ol>
50	<ul><li>(3) basic knowledge of dental materials, instruments, and procedures; and</li></ul>
51	(4) four-handed instrument transfer.
52 53	Section 2.30.600(3) Dental Health Aide Therapist Training and Education Requirements was amend,
54	as follows:
55	

1	A person meets the training and education requirements to be a certified dental health aide therapist
2 3	upon successful completion of (3) a clinical preceptorship under the direct supervision of a dentist for a minimum of
4	three months or 400 hours whichever is longer. The preceptorship should encompass all competencies
5	all competencies required of a dental health aide therapist outlined in section 2.30.610(b)(1), (2) and
6	(3) [DHAT supervision and competencies; competencies], and students should demonstrate each
7	procedure or service independently to the satisfaction of the preceptor dentist.
8	
9	Section 2.30.610(b)(3)(A). Dental Health Aide Therapist Supervision and Competencies was
10 11	amended, as follows:
12	(b) <b>Competencies.</b> In addition to meeting the requirements of section 2.30.100(a)(1) and
13	(a)(4) [PDHA I training & education requirements; training; (presession) & (BLS)] and 2.30.600
14	[DHAT training & education requirements], a certified dental health aide therapist must successfully
15	demonstrate and maintain
16	(3) satisfactory performance under general supervision of a dentist of
17	(A) all of the skills identified in sections 2.30.110 [PDHA I supervision &
18	competencies], 2.30.210 [PDHA II supervision & competencies], 2.30.220 [sealant requirements],
19	2.30.230 [dental prophylaxis requirements], 2.30.240 [dental radiology requirements], 2.30.250 [dental
20 21	assistant function requirements], 2.30.260 [ART requirements], 2.30.410 [EFDHA I supervision & competencies], 2.30.510 [EFDHA II supervision & competencies], and 2.30.550 [stainless steel crown
22	placement requirements];
23	placement requirements],
24	Section 7.20.110(a)(6). Dental Prophylaxis was amended, as follows:
25	
26	(a) <b>Subject Matter.</b> A course in dental prophylaxis must address the following topics:
27	(1) understanding and following dental orders;
28 29	<ul><li>(2) reviewing medical history and identify contraindications for performing prophylaxis;</li></ul>
30	(3) understanding when the patient should be referred to a dentist prior to carrying out
31	prophylaxis;
32	(4) explaining prophylaxis procedure and respond to questions from patient regarding
33	prophylaxis;
34	(5) proper patient and provider safety procedures, including:
35 36	(A) proper use of dental instruments for safety of patient and provider; and
37	<ul> <li>(B) proper use of ultrasonic or piezoeletric scalers;</li> <li>(6) scaling and polishing to remove <u>plaque, calculus</u> <del>calcereous deposits, accretions</del>,</li> </ul>
38	and stains from the coronal or exposed surface of the tooth; and
39	(7) consistent with direct orders from the dentist after a dental examination, sulcular
40	irrigation.
41	
42	
43 44	January 22, 2015, Chapter 8 was amended and 2 sections were amended, as follows:
45	Amend Article 10. Training Programs, Facilities, and Training Staff, was amended, as follows:
46	
47	Section 8.10.010. Facilities. Behavioral health aide and practitioner training may occur
48	(1) in any certified CHA/P Training Center with facilities appropriate to the training
49	being provided;
50 51	(2) for training not requiring clinical activity, any classroom that generally meets the standards active data set up data section 5, 10, 020 [training facilities].
52	standards set under section 5.10.020 [training facilities]; (3) for training requiring clinical activity, any Federal, State, university, or tribal
	$\sqrt{37}$ for manning requiring enhiber activity, any reaction, state, any ensurements, or intermediate
53	
53 54	facility with space appropriate to assure the client's need for privacy and confidentiality is protected; and
	facility with space appropriate to assure the client's need for privacy and confidentiality is protected;

1	
2	Section 8.10.010. Facilities. A BHA training center facility must provide classroom, or e-classroom and
3	clinical environments that are conducive to a positive learning experience for faculty and behavioral
4	health aide trainees by ensuring that:
5	(1) traditional classrooms have appropriate space and privacy. Specific consideration
6 7	and evaluation in the areas of safety, adequacy of space, air quality, lighting, heating, and storage must
8	be documented; and (2) e-classrooms have appropriate policies on Internet safety and privacy, appropriate
9	(2) <u>e-classrooms have appropriate policies on Internet safety and privacy, appropriate</u> language, emergency procedures for Internet outages, and recommendations on lighting, noise, and an
10	ergonomic environment.
11	
12	Section 8.10.020. Training Staff was amended, as follows:
13	
14	(a) <b>Qualification and Roles.</b> Behavioral health aide and practitioner training may be
15	coordinated and conducted by any person who generally meets the standards of <u>this</u> section.
16	5.10.025(a) [training staff; qualifications & roles] as applicable to the specific training being
17 18	<del>conducted.</del>
18	(b) Behavioral Health Advisor. All behavioral health aide and practitioner training must be
20	conducted under the general supervision of a behavioral health advisor who must be a licensed
21	behavioral health clinician who meets the standards of section 2.40.010(a) [supervision of BHA/Ps;
22	clinical oversight], who is familiar with the community health aide program and with training village-
23	based behavioral health providers. The behavioral health advisor may or may not participate directly in
24	the training, but must be familiar with and have approved the curriculum being taught and the
25	qualifications of the training staff, and be available to consult with training staff during the training
26	session should the need arise. Such consultation may occur telephonically or in person.
27 28	(1) <u>Director/Instructor of Record.</u> The BHA training center Director/Instructor of Record
28	(A) <u>must be a licensed behavioral health clinician or behavioral health</u>
30	professional who will assume responsibilities for course development, evaluation and revision, and the
31	evaluation of students and instructors.
32	(B) should be an individual with a combination of education, research, work,
33	and/or life experience which are relevant to providing leadership in a BHA training center program,
34 35	including an orientation to Alaska Native culture and traditions and be familiar with the CHA Program. (C) may or may not participate directly in the training, but must be familiar with
36	(C) <u>may or may not participate directly in the training, but must be familiar with</u> and have approved the curriculum being taught and the qualifications of the training staff, and be
37	available to consult with training staff during the training session should the need arise. Such
38	consultation may occur telephonically or in person.
39	(D) <u>should have a background in health and education and be able to</u>
40	administrate, serve in a statewide liaison role, uphold the mission of the statewide program, and
41 42	provide program direction, development, and leadership.
42	(2) <b>Instructor</b> . BHA training center instructors must consist of a majority of
44	behavioral health professionals or licensed behavioral health clinicians. All instructors will be
45	monitored to assure compliance with the BHA Curriculum and competence in subject being taught.
46	Instructors teaching BHA curriculum via eLearning must demonstrate competency in e-teaching by
47	experience, completed coursework, or other approved measures. All instructors should be certified,
48 49	licensed, or have other training in the knowledge and skills that they are teaching, including knowledge
49 50	of Alaska Native traditions and culture.
51	Section 8.10.030. BHA/P Training Administration and Records was amended, as follows:
52	
53	(a) Commitment of Administration. The sponsor of Board approved behavioral health aide
54	training programs under sections
55	(1) 2.40.100(a) [BHA I training, practicum, & experience requirements; specialized
56	training program];

1	(2) 2.40.200(b) [BHA II training, practicum, & experience requirements; specialized
2 3	training program]; (3) 2.40.300(b) [BHA III training, practicum, & experience; specialized training
4	program]; and
5	(4) 2.40.400(b) [BHP training, practicum, & experience requirements; specialized
6	training program] must document on going support of staffing positions and program needs and accept
7	and retain records regarding training and continuing education carried out by the behavioral health aide
8	training program.
9	
10	(b) Secretarial Support. A behavioral health aide or practitioner training program should
11	have administrative and secretarial support sufficient to assure timely and smooth functioning of the
12	program and transmittal of records to the Certification Board, as required.
13 14	(a) <b>DIIA/D Training Dragram Files</b>
14	(c) BHA/P Training Program Files.
15	(1) A behavioral health aide or practitioner training program must have on file for review training outlines, learning objectives, lesson plans, session quizzes and exams, behavioral health
10	aide or practitioner evaluation records, application forms, student training files, quality
18	assurance/continuous quality improvement files and a training plan for employees.
19	assurance, continuous quanty improvement mes and a duming plan for employees.
20	(a) Educational Program Philosophy. A BHA training program must have on file a
21	mission statement that reflects the statewide nature of the program, and the goals and objectives, which
22	must include quality health care, competency based instruction, emphasis on clinical instruction and
23	skills, awareness of cultural influences, emphasis on a positive learning environment, and respect for
24	the unique needs of the adult learner.
25	
26	(b) Job Descriptions. Job descriptions must be on file for each member of the training staff
27	which reflect the roles and responsibilities outlined in sec. 8.10.020(a) [Qualifications and Roles].
28 29	(a) Orientation of New Staff A training any group any there is along a written orientation
29 30	(c) <u>Orientation of New Staff. A training program must have in place a written orientation</u> procedure for new employees which will minimally include the BHA mission, goals, and objectives;
30	the BHA Curriculum; the methods of instruction, and function of the statewide program; cultural
32	diversity; the role of the BHA; and the BHA certification process.
33	diversity, the fold of the DTIA, and the DTIA certification process.
34	(d) <u>Commitment of Administration.</u> A training program must document on-going support
35	of staffing positions and program needs and accept and retain records regarding training and
36	continuing education.
37	
38	(e) Secretarial Support. A training program should have administrative and secretarial
39	support sufficient to assure timely and smooth functioning of the program and transmittal of records to
40	the Certification Board, as required.
41 42	() Training Dragner Files A training an event have an file for an initial
42 43	(f) <u>Training Program Files.</u> A training program must have on file for review: training outlines, learning objectives, lesson plans, session quizzes and exams, behavioral health aide or
43 44	practitioner evaluation records, application forms, student training files, quality assurance/continuous
45	quality improvement files and a training plan for employees.
46	quanty improvement mes and a training plan for employees.
47	(g) <b>Continuing Education.</b> A training center must have a policy on continuing
48	education requirements for the Director and Instructors. A plan should be developed annually to
49	meet the policy goals.
50	
51	Section 8.10.040. BHA Training Center Self-Evaluation was amended, as follows:
52	
53	(a) BHA Training Center. A behavioral health aide or practitioner training program must
54	have a policy on quality assurance (QA)/ continuous quality improvement (CQI). This policy must
55	include:
56	(1) <u>BHA evaluations of training sessions and individual instructors, and</u>

1	(2) documentation of meetings for staff evaluation of training sessions and quarterly
	program reviews.
2 3 4 5 6 7 8 9	(b) QA/CQI. The QA/CQI process must be in effect, documenting that evaluation tools are
4	in use, trends are identified and the continuous quality improvement process is being implemented to
5	address and modify those identified trends.
6	
8	Section 8.10.050. Trainee Services was amended, as follows:
9	(a) <b>Counseling and Health Services.</b> A system must be in place to refer trainees to
10	confidential counseling by a behavioral health professional or licensed behavioral health clinician
11	which may include having such persons available during course training. A system to provide acute
12	care and emergency health services must also be provided.
13	
14	(b) Academic Advising. A training center must provide a system for trainee academic
15	advising pertinent to the role and certification of the BHA.
16	
17	(c) <u>Attrition. A system of recording trainee attrition data including the causes and timing of</u>
18	attrition during training must be in place.
19 20	(1) Housing Mools and Transportation Housing mools and transportation should be
20 21	(d) <u>Housing, Meals, and Transportation.</u> Housing, meals and transportation should be available, affordable, and conveniently located to the face-to-face training site.
22	(e) Internet Connectivity. A workstation with Internet connectivity must be accessible as an
$\frac{22}{23}$	alternate to an eLearning students' own Internet service.
24	
25	Section 2.50.200(b). Requirements for Renewal was amended, as follows:
26	(b) An applicant who has not been employed as a community health aide, community health
27	practitioner, dental health aide, or behavioral health aide or behavioral health practitioner an average of
28	at least 15 hours a week for at least six months of the previous 12 months prior to submission of the
29	application must provide evidence satisfactory to the Board that he or she has been or will be
30	monitored in the performance of each required competence until he or she has demonstrated successful
31 32	performance of each.
32 33	Section 2.20.500 was amended, as follows:
34	Section 2.20.500 was amended, as follows. Sec. 2.20.500. Community Health Practitioner Training and Education Requirements. A
35	person meets the training and education requirements to be a certified community health practitioner
36	upon successful completion of
37	(1) all requirements under sections 2.20.100 [CHA I training & education
38	requirements] through 2.20.410 [CHA IV competencies];
39	(2) an approved preceptorship, including:
40	(A) at least 30 hours of supervised direct patient care experience;
41	(B) a minimum of 15 patient encounters as primary provider;
42	(C) the Preceptorship Critical Skills List;
43	(3) both sections of the statewide written Alaska Community Health Aide/Practitioner
44	Program Credentialing Exam with a combined score of 80 percent or higher on each section:
45	(4) the statewide Medical Math Exam with a score of 100 percent; and
46 47	(5) an evaluation of the applicants clinical performance and judgment by the applicant's direct supervisor or other approved evaluator.
48	applicant's direct supervisor of other approved evaluator.
49	
50	June 11, 2015, one section was amended, as follows:
51	
52	Section 2.20.210(c)(5)(D). Community Health Aide II Competencies, was amended as follows:
53	
54	(D) dental prevention:
55 56	(i) tooth brushing, (ii) floosing
50	(ii) flossing,

<ul> <li>(ii) Invoide gplication, rinse; and</li> <li>(iv) Invoide gel.</li> <li>October 29, 2015, ten sections were amended, as follows:</li> <li>Section 2.30.210(b)(1)(D) was amended, as follows:</li> <li>(b)(1)(D) an understanding of telemedicine technology;</li> <li>Section 2.30.220(c)(1)(B) was amended, as follows:</li> <li>(c)(1)(B) under the direct supervision of a dentist, dental health aide therapist, or licensed dental hygienist, <i>set-dental health aide hygienist satisfactory</i> performance of a minimum of 25 scalant procedures including:</li> <li>Section 2.30.220(c)(2) was amended, as follows:</li> <li>(c)(1)(B) under the direct supervision of a dentist, dental health aide therapist, or licensed dental hygienist <i>set-dental health aide hygienist</i>, satisfactory performance of a minimum of 25 scalant procedures including:</li> <li>Section 2.30.230(d) was amended, as follows:</li> <li>(c)(1)(B) under the direct supervision of a dentist, dental health aide therapist, or licensed dental hygienist <i>set dental health aide hygienist</i>, satisfactory performance of a minimum of 50 scalant procedures including:</li> <li>Section 2.30.230(d) was amended, as follows:</li> <li>(c) (1) fits section, under the direct supervision of a dentist, dental health aide therapist, or licensed dental hygienist, <i>et dental health aide hygienist</i>, satisfactory complete a preceptorship during which the dental hygienist in of 10 must be performed on adults with supra-gingival calculus.</li> <li>Section 2.30.240(c)(1)(0) was amended, as follows:</li> <li>(c)(1)(D) satifactory performance in exposing and developing a minimum of 75 dental health aide hugienist including:</li> <li>Section 2.30.240(c)(2) was amended, as follows:</li> <li>(c)(2) If in the course under(1)(A) through (C) the dental health aide therapist, dental health aide entry singistient challes health aide therapist, or licensed dental hygienist, erough additional radiographs to have satisfactorily expos</li></ul>		(iii) disclosing tablets,
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<ul> <li>procedures including:</li> <li>Section 2.30.230(d) was amended, as follows: <ul> <li>(d) Preceptorship. A dental health aide must, after completion of the requirements in subsection (c) of this section, under the direct supervision of a dentist, dental health aide therapist, or licensed dental hygienist, or dental health aide hygienist, satisfactorily complete a preceptorship during which the dental health aide satisfactorily performs a minimum of 40 dental prophylaxis of which (1) a minimum of 10 must be performed on adults with supra-gingival calculus.</li> <li>Section 2.30.240(c)(1)(D) was amended, as follows:</li> <li>(c)(1)(D) satisfactory performance in exposing and developing a minimum of 75 dental radiographs under the direct supervision of a dentist, dental health aide therapist, dental health aide hygienist, or licensed dental hygienist, including:</li> </ul> Section 2.30.240(c)(2) was amended, as follows: <ul> <li>(c)(2) If in the course under (1) (A) through (C) the dental health aide did not satisfactorily expose radiographs on at least 10 patients, then after the completion of the course, the dental health aide hygienist, or licensed dental hygienist, enough additional radiographs to have satisfactorily completed exposures on no less than 10 patients. Section 2.30.250(b) was amended, as follows: (b) Dental Supervision. A dental health aide certified under this article who satisfies the requirements of this section may perform the functions of a dental assistant only under the direct or indirect supervision of a dental sit, if a dental assistant only under the direct or indirect supervision of a dental health aide certified under this article who satisfies the requirements of this section may perform the functions of a dental assistant only under the direct or indirect supervision of a dental health aide certified under this article who satisfies the requirements of this section may perform the functions of a dental assistant only under the direct or indirect supervisi</li></ul></li></ul>		
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<ul> <li>indirect supervision of a <ul> <li>(1) dentist;</li> <li>(2) dental health aide therapist;</li> <li>(3) licensed dental hygienist; or</li> <li>(4) dental health aide hygienist; or [RESERVED]</li> </ul> </li> </ul>		
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<ul> <li>(2) dental health aide therapist;</li> <li>(3) licensed dental hygienist; or</li> <li>(4) dental health aide hygienist; or [RESERVED]</li> </ul>		
(4) dental health aide hygienist; or [RESERVED]		
		(3) licensed dental hygienist; <u>or</u>
(5) primary dental health aide II or expanded function dental health aide I or II who is		
		(5) primary dental health aide II or expanded function dental health aide I or II who is
performing procedures under the general supervision of a dentist.		performing procedures under the general supervision of a dentist.

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2	Section 2.30.410(b)(C)(ix) was amended, as follows:
3	
4	(b)(C)(ix)
5	four-handed instrument transfer;
6	
7	Section 2.30.500(a) was amended, as follows:
8	
9	(a) Training and Education. A person meets the training and education requirements to be a
10	certified expanded function dental health aide II upon successful completion of
11	(1) all requirement under sections 2.30.100(a)(1) and (a) (4) [PDHA I training &
12	education requirements; training; (presession) & (BLS)], and 2.30.400(a)(2)(A), (a)(3), and (b)(1)
13	[EFDHA I training & education requirements] ; training & education; (PDHA I requirements), (basic
14	restorative functions), & (preceptorship)], and 2.30.410 [EFDHA I supervision & competencies];
15	
16	Section 3.10.300 (b) was amended by adding paragraph 20, as follows:
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18	(b) <b>Sponsorship</b> . A continuing education program that meets the requirements of section
19	3.10.300(a) [approved continuing education programs for BHA/P; competencies] and is sponsored by
20	any of the following organizations is considered approved by the Board:
21	(20) National Association of Direct Service Providers (NADSP).
21 22 23 24 25	
23	
24	January 22, 2016, eighteen sections were amended, as follows:
25	
26	Section 2.30.240(e) was deleted in its entirety and reserved:
27	
28	Sec.2.30.240. Dental Radiology Requirements.
29	(c) Radiology Recertification. No less often than once every two years, the dental health
30	aide must expose a minimum of 20 radiographs under the direct supervision of a dentist or dental
31	health aide therapist and those radiographs must be reviewed by a dentist and determined to have been
32	performed satisfactorily.
33	
34	Section 3.10.100(b) was amended by adding paragraph 7, as follows:
35	(b) Sponsorship. A continuing education program that meets the requirements of section
36	3.10.100(a) [approved continuing education programs for CHA/P; competencies] and is sponsored by
37	any of the following organizations is considered approved by the Board.
38	
39	(7) <u>Smiles for Life</u>
40	
41	Section 7.10.030. DHA Training Administration and Records was amended, as follows:
42	(a) <b>Commitment of Administration.</b> The sponsor of Board approved DHA training
43	programs must have an agreement with the Alaska Dental Clinical and Preventive Support Center,
44	operated by the Alaska Native Tribal Health Consortium, under which the Support Center Alaska
45	Native Tribal Health Consortium Department of Oral Health Promotion which will document on-going
46	support of staffing positions and program needs and accept and retain records regarding training and
47	continuing education carried out by the DHA training program.
48	(b) Secretarial Support. A DHA training program should have administrative and
49	secretarial support sufficient to assure timely and smooth functioning of the program and transmittal of
50	records to the Department of Oral Health Promotion.
	•
51	(c) DHA Training Program Files.
52	(1) A DHA training program must have on file for review, or transmit to the Support
53	Center Department of Oral Health Promotion for retention, DHA training outlines, learning
54	objectives/lesson plans, session quizzes/exams, dental health aide evaluation records, application

1 2	forms, student training files quality assurance/continuous quality improvement files and a training plan for employees.
3	(2) A DHA training program must promptly after the conclusion of each training session,
4	course or continuing education program transmit to the Support Center Department of Oral Health
5	Promotion a list of each student who attended the program with information about whether the student
6	completed the course and an evaluation of the student's performance.
7	1 1
8	Section 7.20.010(c) was amended, as follows:
9	
10	(c) <b>Training.</b> The training will include didactic instruction and hands-on practice in a lab or
11	clinic setting sufficient to demonstrate competency of the subject matter listed in subsection (a) of this
12	section.
13	
14	Section 7.20.020(b) was amended, as follows:
15	
16	(b) Hours of Training. The course in which the topics listed in subsection (a) are addressed
17 18	must include a minimum of
18	(1) 12 hours of didactic instruction; and (2) 6 hours of hands on practice in a lab setting. The training will include instruction and
20	hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter
20	in subsection (a) of this section; hands-on practice must include a minimum of 6 hours of clinical
22	encounters.
23	
24	Section 7.20.030(b) was amended, as follows:
25	
26	(b) Hours of Training. The course in which the topics listed in subsection (a) are addressed
27	must include a minimum of
28	(1) 14 hours of didactic instruction; and
29	(2) 6 hours of clinical encounters. The training will include instruction and hands-on
30	practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in
31 32	subsection (a) of this section; hands on practice must include a minimum of 6 hours of clinical
32 33	encounters.
34	Section 7.20.040(b) was amended, as follows:
35	Section 7.20.040(b) was amended, as follows.
36	(b) Hours of Training. The course in which the topics listed in subsection (a) are addressed
37	must include a minimum of:
38	(1) 14 hours of didactic instruction; and
39	(2) 7 hours of clinical encounters.
40	(b) Training. The training will include instruction and hands-on practice in a lab or clinic
41	setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section;
42	hands-on practice must include a minimum of 7 hours of clinical encounters.
43	
44 45	Section 7.20.050(b) was amended, as follows:
43 46	(b) Hours of Training. The course in which the topics listed in subsection (a) are addressed
40	<del>(b) Hours of Framing.</del> The course in which the topics listed in subsection (a) are addressed must include a minimum of
48	(1) 12 hours of didactic instruction; and
49	(1) 12 hours of clinical encounters.
50	(b) Training. The training will include instruction and hands-on practice in a lab or clinic
51	setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section;
52	hands-on practice must include a minimum of 7 hours of clinical encounters.
53	Section 7.20.100(b) was amended, as follows:
54	

1	(b) Hours of Training. The course in which the topics listed in subsection (a) are addressed
2	must include a minimum of
3	(1) 7 hours of didactic instruction; and
4	(2) 7 hours of clinical encounters.
5	(b) Training. The training will include instruction and hands-on practice in a lab or clinic
6	setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section;
7	hands-on practice must include a minimum of 7 hours of clinical encounters.
8	
9	Section 7.20.110(b) was amended, as follows:
0	
1	(b) Hours of Training. The course in which the topics listed in subsection (a) are addressed
2	must include a minimum of
3	(1) 8 hours of didactic instruction; and
4	(2) 16 hours of clinical encounters.
5	(b) Training. The training will include instruction and hands-on practice in a lab or clinic
6	setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section;
° 7	hands-on practice must include a minimum of 16 hours of clinical encounters.
8	
9	Section 7.20.120(b) was amended, as follows:
)	Section 7.20.120(b) was amended, as follows.
1	(b) Hours of Training. The course in which the topics listed in subsection (a) are addressed
2	must include a minimum of
3	(1) 12 hours of didactic instruction; and
4	(2) 12 hours of clinical encounters.
5	(b) <b>Training.</b> The training will include instruction and hands-on practice in a lab or clinic
6	setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section;
7	hands-on practice must include a minimum of 12 hours of clinical encounters.
5	nands-on practice must include a minimum of 12 nours of chinical encounters.
	Section 7.20.130(b) was amended, as follows:
	Section 7.20.150(b) was amenueu, as follows:
	(b) Hours of Training. The course in which the topics listed in subsection (a) are addressed
	(b) <b>Hours of Frammy.</b> The course in which the topics listed in subsection (a) are addressed must include a minimum of
	(1) 12 hours of didactic instruction; and
1	(2) 20 hours of clinical encounters.
5	(b) Training. The training will include instruction and hands-on practice in a lab or clinic
5	setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section:
7	hands-on practice must include a minimum of 20 hours of clinical encounters.
3	
9	Section 7.20.140(b) was amended, as follows:
0	
1	(b) Hours of Training. The course in which the topics listed in subsection (a) are addressed
2	must include a minimum of
3	(1) 14 hours of didactic instruction; and
4	(2) 21 hours of clinical encounters.
5	(b) <b>Training.</b> The training will include instruction and hands-on practice in a lab or clinic
6	setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section;
7	hands-on practice must include a minimum of 21 hours of clinical encounters.
8	
9	Section 7.20.200(b) was amended, as follows:
0	
1	(b) Hours of Training. The course in which the topics listed in subsection (a) are addressed
2	must include a minimum of:
3	(1) 14 hours of didactic instruction; and
54	(2) 21 hours of clinical encounters.

1	
1 2	(b) <b>Training.</b> The training will include instruction and hands-on practice in a lab or clinic
$\frac{2}{3}$	setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section; hands-on practice must include a minimum of 21 hours of clinical encounters.
4	hands-on practice must include a minimum of 21 nours of chinical encounters.
5	Section 7.20.210(b) was amended, as follows:
6	Section 7.20.210(b) was amenucu, as follows.
7	(b) Hours of Training. The course in which the topics listed in subsection (a) are addressed
8	must include a minimum of
9	(1) 7 hours of didactic instruction; and
10	(2) 21 hours of clinical encounters.
11	(b) Training. The training will include instruction and hands-on practice in a lab or clinic
12	setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section;
13	hands-on practice must include a minimum of 21 hours of clinical encounters.
14	
15	Section 7.20.220(b) was amended, as follows:
16	
17	(b) Hours of Training. The course in which the topics listed in subsection (a) are addressed
18	must include a minimum of
19	(1) 7 hours of didactic instruction; and
20	(2) 14 hours of clinical encounters.
21 22	(b) Training. The training will include instruction and hands-on practice in a lab or clinic
22	setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section; hands-on practice must include a minimum of 14 hours of clinical encounters.
23 24	hands-on practice must include a minimum of 14 nours of chinical encounters.
25	Section 7.20.400(b) was amended, as follows:
$\frac{23}{26}$	(b) Hours of Training. The course in which the topics listed in subsection (a) are addressed
27	must include a minimum of
28	(1)16 hours of didactic instruction;
29	(2)8 hours of laboratory instruction during which time 3 injections each of the maxillary
30	infiltration, palatal, inferior alveolar, long buccal, and posterior superior alveolar injections are
31	administered; and
32	(3) clinical experience sufficient to establish the dental health aide's ability to adequately
33	anesthetize the entire dentition and supporting structures in a clinical setting, requiring a minimum of 6
34	hours of clinical encounters under direct supervision of faculty during which time each patient
35	receiving an injection receives a dental service; which must include a minimum of 4 each of the
36 37	injections listed above. (b) Training. The training will include instruction and hands-on practice in a lab or clinic
38	(b) Training. The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section;
38 39	hands-on practice must include clinical experience sufficient to establish the dental health aide's ability
40	to adequately anesthetize the entire dentition and supporting structures in a clinical setting, and a
41	minimum of 16 hours of clinical encounters.
42	
43	Section 7.20.500. Dental Health Aide Therapist Training was amended, as follows:
44	
45	Sec. 7.20.500. Dental Health Aide Therapist <del>Training</del> <u>Educational P</u> rogram. A DHA <u>T</u>
46	Educational therapist training pProgram must provide instruction and clinical training education
47	equivalent to that established established by the Commission on Dental Accreditation (CODA) in their
48	accreditation standards for dental therapy education programs or the Alaska DHAT Educational
49	Program. or approved by the Canadian National School of Dental Therapy, the Medical Services
50	Branch of the Canadian Ministry of Health or the New Zealand Board of Dentistry.
51 52	
52 53	June 30, 2016, one section was amended, as follows:
55 54	oune 50, 2010, one section was amenucu, as fonows.
55	Section 5.10.035. Volume, Hours and Distribution of Patient Encounters (a)(2) and (b)(1), were
56	amended, as follows:

1 2 3 4 5	Sec. 5.10.035. Volume, Hours and Distribution of Patient Encounters. Clinical hours will be scheduled in compliance with the CHA/P Curriculum. For each trainee a CHA/P Training Center's documentation of volume, hours and distribution of patient encounters must meet the requirements of this section.
6 7 8 9 10 11	<ul> <li>(a) Encounters.</li> <li>(2) Session II. Ten encounters under the following conditions: the trainee will be the primary provider in at least six four patient encounters with particular emphasis on patient problems delineated in the CHA/P Curriculum, as outlined below and at least four six additional encounters with the trainee as active participant.</li> </ul>
12 13 14 15 16 17	(b) (1) Primary Provider. Under subsection (a) [volume, hours & distribution of patient encounters; encounters] of this section, the primary provider must initiate perform the history and examination, and depending on the complexity of the encounter and the skill and confidence level of the trainee, determine the assessment and plan in conjunction with the instructor.
18 19 20	October 27, 2016, four sections were amended, as follows:
20 21	Section 2.30.410(b)(1)(A)(ix), (C)(I) and (II) and (C)(viii)(ix)(x) and (xi), were amended, as followed: (b) Competencies. In addition to satisfying the requirements of 2.30.400 [EFDHA I training &
22	education requirements], a certified expanded function dental health aide must successfully
23	demonstrate and maintain the following:
24	(1) (A) an understanding of:
25	(i) basic dental anatomy;
26	(ii) caries disease process;
27	(iii) periodontal disease process;
28	(iv) infection control;
29	(v) health care system access, including access to Medicaid and other third-
30 31	party resources;
31 32	<ul><li>(vi) scheduling;</li><li>(vii) theory of prevention;</li></ul>
33	(viii) fluoride as a drug and related issues;
34	(ix) dental charting and patient record documentation;
35	(B) competency in the following subjects:
36	(i) topical fluoride treatment(s);
37	(ii) oral hygiene instruction;
38	(iii) identification of potential dental problems and appropriate referrals;
39	(iv) recognition of medical and dental conditions that may require direct
40	dental supervision or services;
41	(v) those provided for under sections 2.20.110(b)(1), (3) through (12), and
42	(14) [CHA I competencies; (competencies)];
43	(vi) dental health aide's general scope of work;
44 45	<ul><li>(vii) basic life support and basic management of dental emergencies;</li><li>(C) satisfactory performance of the following skills:</li></ul>
43 46	
47	<ul> <li>(i) use of CHAM;</li> <li>(ii) general medical history taking;</li> </ul>
48	(iii) patient education including the explanation of prevention strategies,
49	including fluoride and sealants;
50	(iv) toothbrush prophylaxis;
51	(v) clean/sterile techniques;
52	(I) proper handling and sterilization of instruments;
53	(II) disinfection of the operatory;
54	(vi) universal precautions; and
55	(vii) hand washing;
56	(viii) basic knowledge of dental materials, instruments and procedures;

1	(ix) four handed instrument transfer;
	(x) applying topical anesthetic agents;
2 3	(xi) placing and removing rubber dams;
4	
5	
6 7	Section 2.30.510. Expanded Function Dental Health Aide Supervision and Competencies, was
8	amended, as follows:
9	Sec. 2.30.510. Expanded Function Dental Health Aide II Supervision and Competencies.
10	
11	
12	Section 3.10.300(b)(21) was amended, as follows:
13	(b) Sponsorship. A continuing education program that meets the requirements of section 25
14	3.10.300(a) [approved continuing education programs for BHA/P; competencies] and is sponsored by
15	any of the following organizations is considered approved by the Board:
16 17	(21) American Counseling Association (ACA)
17	Section 7.20.110(a)(5)(B) was amended, as follows:
19	(a) Subject Matter. A course in dental prophylaxis must address the following topics:
20	(1) understanding and following dental orders;
21	(2) reviewing medical history and identify contraindications for performing prophylaxis;
22	(3) understanding when the patient should be referred to a dentist prior to carrying out
23	prophylaxis;
24	(4) explaining prophylaxis procedure and respond to questions from patient regarding
25	prophylaxis;
26	(5) proper patient and provider safety procedures, including:
27	(A) proper use of dental instruments for safety of patient and provider; and
28 29	(B) proper use of ultrasonic <del>or piezoelectric</del> scalers;
30	January 26, 2017, four sections were amended, as follows:
31	bandary 20, 2017, tour sections were amended, as tonows.
32	Section 2.30.230 was amended, as follows:
33	(e) Competencies. In addition to meeting all other requirements of this section, the dental health
34	aide must understand and successfully demonstrate and maintain the following competencies and
35	skills:
36	(1) understanding and following dental orders;
37	(2) reviewing medical history and identifying contraindications for performing
38	prophylaxis;
39 40	(3) understanding when the patient should be referred to a dentist prior to carrying out prophylaxis;
40 41	(4) explaining prophylaxis procedure and respond to questions from patient regarding
42	prophylaxis;
43	(5) proper patient and provider safety procedures;
44	(A) proper use of dental instruments for safety of patient and provider;
45	(B) proper use of ultrasonic <del>or piezoeletric</del> scalers;
46	(6) scaling and polishing to remove plaque, calculus, and stains from the coronal or 37
47	exposed surface of the tooth; and
48	(7) consistent with direct orders from the dentist after a dental examination, sulcular
49	irrigation.
50	
51 52	Section 2.30.250 was amended, as follows:
52 53	(d) Competencies. In addition to meeting all other requirements of this section, the dental health aide must understand and successfully demonstrate and maintain the ability to satisfactorily perform
55 54	the following functions:
55	(1) applying topical anesthetic agents;
56	(2) placing and removing rubber dams;

1	(3) basic knowledge of dental materials, instruments, and procedures;
	<ul><li>(4) four-handed instrument transfer;</li></ul>
2 3 4	<ul> <li>(5) [RESERVED] dental charting and patient record documentation;</li> </ul>
3 4	(6) [RESERVED] proper handling and sterilization of instruments; and
5	<ul> <li>(7) [RESERVED] disinfection of operatory.</li> </ul>
6	(8) [RESERVED]
7	$(\delta) [RESERVED]$
8	Section 2.30.400 was amended, as follows:
9	(a) Training and Education. A person meets the training and education requirements to be a
10	certified expanded function dental health aide I upon successful completion of
11	(1) all requirements under sections 2.30.100(a)(1) and (a)(4) [PDHA I training &
12	education requirements; (presession) & (BLS)]; [PDHA I Training and Education Requirements;
13	<u>Training</u> ] and meet requirements of Sec. 2.30.250(c) and (d)[Dental Assistant Function Requirements;
14	Training, Education and Preceptorship; and Competencies]
15	(2) (A) (i) a Board approved course in basic restorative functions that satisfies the
16	requirements of section 7.20.200 [basic restorative functions];
17	(ii) a course in basic restorative functions offered by an accredited school
18	of higher education; or
19	(iii) a course in basic restorative functions offered or approved by IHS,
20	including "Restorative Functions – Basic"; or
21	(B) training that meets the requirements under section 2.30.230 [dental prophylaxis
22	requirements]; and
${23}$	(3) a preceptorship that satisfies the requirements in subsection (b) [EFDHA I
24	preceptorship] of this section.
25	
26	Section 7.20.130 was amended, as follows:
27	(a) Subject Matter. A course in dental assisting must address the following topics:
28	(1) applying topical anesthetic agents;
29	(2) placing and removing rubber dams;
30	(3) basic knowledge of dental materials, instruments, and procedures; and
31	(4) four-handed instrument transfer.
32	(5) dental charting and patient record documentation
33	(6) proper handling and sterilization of instruments
34	(7) disinfection of operatory
35	
36	
37	June 22, 2017, two sections were amended, as follows:
38	
39	Section 5.30.010 was amended, as follows:
40	Sec. 5.30.010. Periodic Submissions and Reviews. A CHA/P Training Center fully certified under
41	section 5.20.020 [full certification] shall submit a CHA/P Training Center Annual RAC Requirements
42	<u>Review</u> Annual Self Evaluation Checklist each year and shall be subject to on-site reviews, upon
43	reasonable notice, at the discretion of the Board, provided that an on-site review must occur no less often
44	than once every five years. Such a CHA/P Training Center must notify the Board if a change in any of the
45	following occurs:
46	(1) the person responsible for coordination of the training within the center;
47	(2) 50 percent or more of the staff within a three-month period;
48	(3) Medical Advisor;
49	(4) methods of CHA/P Curriculum delivery;
50	(5) facilities used for training; or
51	(6) administration or finance that affects the viability of the training program.
52 53	Section 8 20 220 was amonded as follows:
53 54	Section 8.20.230 was amended, as follows:
54 55	Sac 8 20 230 Diagnostic and Statistical Manual Duration Application. This course, which shall be 12
55 56	Sec. 8.20.230. Diagnostic and Statistical Manual Practice Application. This course, which shall be 12 contact hours, will provide
50	contact nours, will provide

1	(a) foundational information about:
	(1) the philosophical and practice basis of evaluating behavioral health disorders using
2 3	criteria contained in the <i>Diagnostic and Statistical Manual</i> ("DSM");
4	(2) the use of DSM-derived screening tools (e.g. Global Assessment of Function Scale
5	("GAF"), Patient Health Questionnaire 9 Item Depression Module ("PHQ-9") and Beck Depression
6	Inventory ("BDI")); to develop working impressions and contribute information to clinical diagnosis;
7	(b) application exercises for practicing use of <u>the</u> DSM <del>Axis I V and related screening tools</del>
8	to develop working impressions and contribute information to clinical diagnosis; in case samples.
9	(c) information and exercises to develop an understanding and appreciation of the need for
10	analyze and discuss the need for and appropriate use of clinical supervision and consultation related to
11	client evaluation.
12	
13	
14	January 25, 2018, one section, was amended, as follows:
15	
16	Section 5.30.010 was amended, as follows:
17	
18	Sec. 5.30.010. Periodic Submissions and Reviews. A CHA/P Training Center fully certified under section
19	5.20.020 [full certification] shall submit a CHA/P Training Center Annual RAC Requirements Review
20	Checklist each year and shall be subject to on-site reviews, upon reasonable notice, at the discretion of the
21	Board, provided that an on-site review must occur no less often than once every five years. Such a CHA/P
22	Training Center must notify the Board if a change in any of the following occurs:
${23}$	(1) the person responsible for coordination of the training within the center;
24	(2) 50 percent or more of the staff within a three-month period;
25	(3) Medical Advisor;
26	(4) <u>Major changes in</u> methods of CHA/P Curriculum delivery to be submitted prior to
27	implementation:
$\frac{27}{28}$	(5) facilities used for training; or
29	(6) administration or finance that affects the viability of the training program.
30	(0) administration of finance that affects the viability of the training program.
31	
32	June 13, 2019, two sections, were amended, as follows:
33	June 13, 2019, two sections, were amended, as follows:
33 34	Section 5.10.025 mag amonded as follows:
	Section 5.10.025 was amended, as follows:
35	Instructor. CHA/P Training Center instructors must consist of a majority of full-time equivalent
36	mid-level practitioner or physician instructors who are employees of the federal government or licensed by
37	the State of Alaska. Additional instructors should be certified or licensed and have formal training in the
38	knowledge and skills that they are teaching, including CHPs with current CHP credential, CHAPCB
39	certification, and EMT certification. All instructors will be monitored to assure compliance with the CHA/P
40	Curriculum and competence in subject being taught. Instructors teaching CHA curriculum via eLearning
41	must demonstrate competency in e-teaching by experience, completed coursework, or other approved
42	measure.
43	
44	Section 5.10.035 was amended, as follows:
45	Sec. 5.10.035. Volume, Hours and Distribution of Patient Encounters. Clinical hours will be
46	scheduled in compliance with the CHA/P Curriculum. For each trainee a CHA/P Training Center's
47	documentation of volume, hours and distribution of patient encounters must meet the requirements of this
48	section.
49	
50	(c) Distribution of Clinical Hours. The distribution of clinical hours must be available in the
51	following kinds of patient encounters:
52	
53	(2) Session III.
54	Encounter Type Hours
55	Prenatal 8
56	Newborn 1

	Amended June 8, 2023
Sick child	d 4
Post part	um <u>(fundus Exam)</u> 1
Well chil	
STD	4
Total Ho	ours 26
	no new postpartum patient is available, a RAC-approved model may be substituted.
September 12, 2019, six	sections, were amended, as follows:
Section 5.10.025(	a)(3) was amended, as follows:
	(3) Clinical Instructor. Clinical instructors must be mid-level practitioners or
	are employees of the federal government or licensed by the State of Alaska. Certain <u>patie</u>
	<u>ms, or diagnostic procedures may be taught by other persons who have appropriate</u>
	ertification (e.g. well child <u>visits and return prenatal visits</u> examination, prenatal exam by
	urse; surrogate body system exams by a CHP). These encounters must be periodically
	experienced occur under the general review of the mid-level practitioner or physician
	f the training center quality assurance program. The majority of clinical experiences for a
	taught by a midlevel practitioner or physician trainer.
Section 2.30.110(	b)(2)(A) was amended, as follows:
(	
	(b) Competencies. A certified primary dental health aide I must successfully
demonstr	rate and maintain
	(2) competency in the following subjects:
	(A) topical fluoride treatments, including gels, foams, varnish and mouth rinse;
Section 2.30.110(	b)(3)(E) was amended, as follows:
· · · ·	(b) Competencies. A certified primary dental health aide I must successfully demonstra
and maintain	
	(3)satisfactory performance of the following skills:
	(A) use of CHAM;
	(B) general medical history taking;
	(C) patient education including:
	(i) oral hygiene instruction;
	(ii) diet education;
	(iii) explanation of prevention strategies, including fluoride and sealants;
	<ul> <li>(D) tooth brush prophylaxis;</li> <li>(E) providing tonical fluoridae, including gals, form, varnich and ringer;</li> </ul>
	<ul> <li>(E) providing topical fluorides, including gels, foam, varnish and rinses;</li> <li>(E) clean/starile techniques;</li> </ul>
	<ul><li>(F) clean/sterile techniques;</li><li>(G) universal precautions; and</li></ul>
	(H) hand washing.
	(11) fiand washing.
Section 2 20 (10)	h)(1) was amandad as follows:
Section 2.30.010(	<ul><li>(b)(1) was amended, as follows:</li><li>(a) Competencies. In addition to meeting the requirements of section 2.30.100(a)(1) and a section 2.30(a)(1) and a</li></ul>
	aining & education requirements; training; (presession) & (BLS)] and 2.30.600 [DHAT
	ion requirements], a certified dental health aide therapist must successfully demonstrate a
maintain	ton requirements), a contined dentar meanin and therapist must successfully demonstrate a
mannani	(1) an understanding of
	(A) medical evaluation,
	(B) dental evaluation,

1	(F) oral surgery and local anesthesia,
	(G) infection control,
2 3 4 5	(H) equipment maintenance and repair,
4	(I) community and preventive dentistry; and
5 6	(J) <u>management of the medicines in the village</u>
7 8	Section 7.20.020(a)(5) was amended, as follows:
9	(a) Subject Matter. A primary oral health promotion and disease prevention course must address
10	the following topics:
11	<ol> <li>introduction to caries disease process;</li> <li>introduction to caries disease process;</li> </ol>
12 13	<ul> <li>(2) introduction to periodontal disease process;</li> <li>(3) theory of oral health promotion and disease prevention;</li> </ul>
14	<ul> <li>(4) fluoride as a drug and related issues, including toxicity;</li> </ul>
15	(5) topical fluoride treatments <del>, including gel, foam, varnish and rinse</del> ;
16	(6) diet counseling; and
17	(7) oral hygiene instruction.
18	
19 20	April 24, 2020, Chapter 13, was added, as follows:
20	April 24, 2020, Chapter 13, was added, as follows.
22	Sec. 13.10.010. Consistent with the authority set forth under CB 1.10.010, this Board, with the
23	approval of the AANHS Area Director, may issue temporary emergency guidance or non-statutory waivers
24	regarding the community health aide program and related processes, when the Secretary has declared a
25 26	public health emergency, or the President has declared a major disaster or emergency.
20 27	
28	June 3, 2020, twenty-one sections were, was added, as follows:
29	A second Associate 20. Second and the Desided Hardele Atdas
30 31	Amend Article 30. Standards for Dental Health Aides Sec.2.30.700. Dental Health Aide Therapist Practitioner Training and Education Requirements
32	Sec. 2.30.710. Dental Health Aide Therapist Practitioner Supervision and Competencies
33	(a) Dental Supervision
34	(b) <u>Competencies</u>
35	
36	Section 1.20.010 was amended, as follows:
37	(16) "Dental health aide" means primary dental health aides I and II, dental health aide
38	hygienists, expanded function dental health aides I and II, and dental health aide therapists, and <u>dental</u>
39 40	health aide therapist practitioner, except as used in Article 30 of Chapter 2 regarding requirements for special classes of dental health aides;
41	special classes of denait field fillings,
	Section 1.20.010 may amondod, or follows:
42	Section 1.20.010 was amended, as follows:
43	
44	(26) "DHATP" means dental health aide therapist practitioner;
45	
46	Section 2.10.010(a)(5)(B) was amended, as follows:
47	(B) for a dental health aide the requirements are those under section 2.30.100 [PDHA I training
48	& education requirements], 2.30.200 [PDHA II training & education requirements] 2.30.220(c) [training,
49 50	education & preceptorship], 2.30.230(c) [dental prophylaxis requirements; training & education] and (d)
50 51	[preceptorship], 2.30.240(c) [dental radiology requirements; training, education & preceptorship], 2.30.250(c) [dental assistant function requirements; training, education & preceptorship], 2.30.260(c)
52	[ART requirements; training & education] and (d) [preceptorship], 2.30.300 [DHAH training & education]
53	requirements], 2.30.400 [EFDHA I supervision, training and education requirements], 2.30.500 [EFDHA
54	II training & education requirements], 2.30.550(c) [stainless steel crown placement requirements; training

1 2	& education] and (d) [preceptorship], and 2.30.600 [DHAT training & education requirements], <u>2.30.700</u> [DHATP training & education requirements];
3	
4	Section 2.10.010(a)(8)(B) was amended, as follows:
5 6 7 8 9 10 11 12 13 14	(B) for a dental health aide the scopes of practice are defined in sections 2.30.110(b) [PDHA I competencies], 2.30.210(b) [PDHA II supervision & competencies; competencies], 2.30.220(d) [sealant requirements; competencies], 2.30.230(e) [dental prophylaxis requirements; competencies], 2.30.240(d) [dental radiology requirements; competencies], 2.30.250(d) [dental assistant function requirements; competencies], 2.30.260(e) [ART requirements; competencies], 2.30.310(b)[DHAH supervision & competencies], 2.30.260(e) [ART requirements; competencies], 2.30.310(b)[DHAH supervision & competencies], 2.30.510(b) [EFDHA II supervision & competencies], 2.30.550(e) [stainless steel crown placement requirements; competencies], and 2.30.610(b) [DHAT supervision & competencies; competencies]; competencies], and 2.30.710 (b) [DHATP supervision & competencies; competencies];
15	Section 2.30.010. Supervision of Dental Health Aides, was amended as follows:
16 17 18 19 20 21 22 23 24 25	<ul> <li>(a) Generally. The supervision of a dental health aide may be general, indirect or direct, as defined in section 2.30.010(b) [supervision of DHAs; definitions of levels of supervision], provided that <ul> <li>(1) the person providing the supervision must satisfy the criteria provided under section</li> <li>2.10.010(a)(9) [initial qualifications; general requirements (supervision &amp; day-to-day direction)];</li> <li>(2) the dental health aide must be supervised at whatever level of supervision is required for the specific care being provided;</li> <li>(3) a dentist; or dental health aide therapist, or dental health aide therapist practitioner providing supervision may impose a higher level of supervision on the dental health aide than that provided in this article, and</li> </ul> </li> </ul>
26 27 28	(4) when a dental health aide therapist <u>or dental health aide therapist practitioner</u> requires supervision, the supervision must be provided by a dentist.
20 29 30	Section 2.30.010(b)(1)(2) and (3) was amended, as follows:
30 31 32 33 34 35	<ul> <li>b) Definitions of Levels of Supervision. For the purposes of this article:         <ul> <li>(1) "Direct supervision" means the dentist, or dental health aide therapist, or dental health aide</li> <li>therapist practitioner in the dental office, personally diagnoses the condition to be treated, personally</li> <li>authorizes the procedure, and before dismissal of the patient evaluates the performance of the dental health</li> <li>aide;</li> </ul> </li> </ul>
36 37 38	(2) "General supervision" means the dentist, <del>or</del> dental health aide therapist, <u>or dental health aide</u> <u>therapist practitioner</u> has authorized the procedures and they are being carried out in accordance with standing orders issued to a specific dental health aide; and
39 40 41 42	(3) "Indirect supervision" means a dentist, <del>or</del> dental health aide therapist, <u>or dental health</u> <u>aide therapist practitioner</u> is in the facility, authorizes the procedures, and remains in the dental facility while the procedures are being performed by the dental health aide.
43 44 45	Section 2.30.110. Primary Dental Health Aide I Supervision and Competencies, was amended, as follows:
46 47 48	(a) <b>Dental Supervision.</b> A certified primary dental health aide I may provide services under the general supervision of a dentist, <del>or</del> dental health aide therapist <u>, or dental health aide therapist practitioner</u> .
49 50 51	Section 2.30.210. Primary Dental Health Aide II Supervision and Competencies, was amended, as follows:

1 2 3 4	(a) <b>Dental Supervision</b> . A certified primary dental health aide II may provide the services under paragraph (b)(2) [competencies; (satisfactory performance)] under the general supervision of a dentist, or dental health aide therapist, or dental health aide therapist practitioner.
4 5	Section 2.30.220(b)(1)(2)(3) was amended, as follows:
6 7 8 9 10 11 12 13 14 15 16 17 18	<ul> <li>(b) Dental Supervision.</li> <li>(1) The sealant procedure must have been ordered by a dentist, <u>dental health aide therapist, or dental health aide therapist practitioner</u> prior to the sealant procedure.</li> <li>(2) Sealants may be performed under this section by a dental health aide under the general supervision of a dentist, <u>dental health aide therapist, or dental health aide therapist practitioner</u> provided the dental health aide has met the requirements of this section, including successful completion of the requirements of section 2.30.200(b) [PDHA II training &amp; education requirements; (village-based dental practice course)].</li> <li>(3) An expanded function dental health aide I or II who has not completed the requirements of section 2.30.200(b) [PDHA II training &amp; education requirements; (village-based dental practice course)] may perform sealants under this section only under the direct or indirect supervision of a dentist, <u>dental health aide therapist practitioner</u>.</li> </ul>
19 20	Section 2.30.220(c)(1)(B) was amended, as follows:
21 22 23 24 25 26 27 28 29 30 31	<ul> <li>(c) Training, Education and Preceptorship. The dental health aide must have satisfactorily completed         <ul> <li>(1) (A) a course in sealants</li> <li>(i) approved by the Board that satisfies the requirements of section 7.20.100 [sealants];</li> <li>(ii) offered by an accredited school of higher education; or</li> <li>(iii) offered by IHS; and</li> <li>(B)under the direct supervision of a dentist, dental health aide therapist, <u>dental health aide</u></li> <li>therapist practitioner or licensed dental hygienist, satisfactory performance of a minimum of 25 sealant procedures including:</li> </ul> </li> </ul>
32 33 34 35 36 37 38 39 40	<ul> <li>Section 2.30.230(b) was amended, as follows:</li> <li>(b) Dental Supervision.</li> <li>(1) The dental prophylaxis procedure must have been ordered by a dentist, or dental health aide therapist, or dental health aide therapist practitioner prior to the performance of the procedure.</li> <li>(2) Dental prophylaxis performed under this section must be carried out under the direct or indirect supervision of a dentist, or dental health aide therapist, or dental health aide therapist, practitioner unless the dental health aide has successfully completed the requirements of section 2.30.200(b) [PDHA II training &amp; education requirements; (village-based dental practice course)].</li> </ul>
41	Section 2.30.230(d) was amended, as follows:
42 43 44 45 46 47	(d) <b>Preceptorship.</b> A dental health aide must, after completion of the requirements in subsection (c) of this section, under the direct supervision of a dentist, dental health aide therapist, <u>dental health aide therapist practitioner</u> or licensed dental hygienist, satisfactorily complete a preceptorship during which the dental health aide satisfactorily performs a minimum of 40 dental prophylaxis of which
48 49	Section 2.30.250(b)(4) was amended, as follows:

1	(b) Dental Supervision. A dental health aide certified under this article who satisfies the
$\frac{1}{2}$	requirements of this section may perform the functions of a dental assistant only under the direct or indirect
$\frac{2}{3}$	supervision of a
4	(1) dentist;
5	(2) dental health aide therapist;
	(3) licensed dental hygienist; or
6 7 8	(4) dental health aide therapist practitioner
8	[RESERVED]
9	(5) primary dental health aide II or expanded function dental health aide I or II who is
10	performing procedures under the general supervision of a dentist.
11	
12	Section 2.30.260(b)(1)(2)(3) was amended, as follows:
13	(b) Dental Supervision.
14	(1) The dental health aide may perform ART only after consultation with a dentist, or dental
15	health aide therapist, or dental health aide therapist practitioner (exception is the dental health aide
16	hygienist who must be supervised by a dentist) who has reviewed appropriate dental records regarding the
17	patient, which may include radiographs and intra-oral photographs.
18	(2) ART may be performed under this section by a dental health aide under the general
19	supervision of a dentist or dental health aide therapist, or dental health aide therapist practitioner (exception
20	is the dental health aide hygienist who must be supervised by a dentist) provided the dental health aide has
21	met the requirements of all of the requirements of this section, including successful completion of the
22	requirements of section 2.30.200(b) [PDHA II training & education requirements; (village-based dental
23	practice course)].
24	
25	3) An expanded function dental health aide I or II who has not completed the requirements
26 27	of section 2.30.200(b) [PDHA II training & education requirements; (village-based dental practice course)] may perform ART under this section only under the direct or indirect supervision of a dentist, or dental
27 28	
	health aide theranist, or dental health aide theranist practitioner
	health aide therapist, or dental health aide therapist practitioner.
29	
29 30	health aide therapist, or dental health aide therapist practitioner. Section 2.30.410(a)(1)(2)(3) and (4) was amended, as follows:
29 30 31	Section 2.30.410(a)(1)(2)(3) and (4) was amended, as follows:
29 30 31 32	
29 30 31 32 33	Section 2.30.410(a)(1)(2)(3) and (4) was amended, as follows: Sec. 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies.
29 30 31 32 33 34	Section 2.30.410(a)(1)(2)(3) and (4) was amended, as follows: Sec. 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies. (a) Dental Supervision.
29 30 31 32 33 34 35	<ul> <li>Section 2.30.410(a)(1)(2)(3) and (4) was amended, as follows:</li> <li>Sec. 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies.</li> <li>(a) Dental Supervision.</li> <li>(1) An expanded function dental health aide I may perform the functions identified for a dental</li> </ul>
29 30 31 32 33 34 35 36	<ul> <li>Section 2.30.410(a)(1)(2)(3) and (4) was amended, as follows:</li> <li>Sec. 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies.</li> <li>(a) Dental Supervision.</li> <li>(1) An expanded function dental health aide I may perform the functions identified for a dental assistant under sections 2.30.250(c) [dental assistant function requirements; competencies] and 2.30.410(b)</li> </ul>
29 30 31 32 33 34 35 36 37	<ul> <li>Section 2.30.410(a)(1)(2)(3) and (4) was amended, as follows:</li> <li>Sec. 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies.</li> <li>(a) Dental Supervision.</li> <li>(1) An expanded function dental health aide I may perform the functions identified for a dental assistant under sections 2.30.250(c) [dental assistant function requirements; competencies] and 2.30.410(b) [EFDHA I supervision &amp; competencies; competencies] only under the direct or indirect supervision of a</li> </ul>
29 30 31 32 33 34 35 36 37 38	<ul> <li>Section 2.30.410(a)(1)(2)(3) and (4) was amended, as follows:</li> <li>Sec. 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies.</li> <li>(a) Dental Supervision.</li> <li>(1) An expanded function dental health aide I may perform the functions identified for a dental assistant under sections 2.30.250(c) [dental assistant function requirements; competencies] and 2.30.410(b) [EFDHA I supervision &amp; competencies; competencies] only under the direct or indirect supervision of a dentist, or dental health aide therapist, or dental health aide therapist practitioner.</li> </ul>
29 30 31 32 33 34 35 36 37 38 39	<ul> <li>Section 2.30.410(a)(1)(2)(3) and (4) was amended, as follows:</li> <li>Sec. 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies.</li> <li>(a) Dental Supervision.</li> <li>(1) An expanded function dental health aide I may perform the functions identified for a dental assistant under sections 2.30.250(c) [dental assistant function requirements; competencies] and 2.30.410(b) [EFDHA I supervision &amp; competencies; competencies] only under the direct or indirect supervision of a dental health aide therapist, or dental health aide therapist practitioner.</li> <li>(2) An expanded function dental health aide I may perform the services identified in section</li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40	<ul> <li>Section 2.30.410(a)(1)(2)(3) and (4) was amended, as follows:</li> <li>Sec. 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies.</li> <li>(a) Dental Supervision.</li> <li>(1) An expanded function dental health aide I may perform the functions identified for a dental assistant under sections 2.30.250(c) [dental assistant function requirements; competencies] and 2.30.410(b) [EFDHA I supervision &amp; competencies; competencies] only under the direct or indirect supervision of a dentist, <del>or</del> dental health aide therapist, <u>or dental health aide therapist practitioner.</u></li> <li>(2) An expanded function dental health aide I may perform the services identified in section 2.30.550 [stainless steel crown placement requirements] under the direct or indirect supervision of a dentist,</li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41	<ul> <li>Section 2.30.410(a)(1)(2)(3) and (4) was amended, as follows:</li> <li>Sec. 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies.</li> <li>(a) Dental Supervision.</li> <li>(1) An expanded function dental health aide I may perform the functions identified for a dental assistant under sections 2.30.250(c) [dental assistant function requirements; competencies] and 2.30.410(b) [EFDHA I supervision &amp; competencies; competencies] only under the direct or indirect supervision of a dentist, or dental health aide therapist practitioner.</li> <li>(2) An expanded function dental health aide I may perform the services identified in section 2.30.550 [stainless steel crown placement requirements] under the direct or indirect supervision of a dentist, or dental health aide therapist practitioner upon successful completion of all</li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42	<ul> <li>Section 2.30.410(a)(1)(2)(3) and (4) was amended, as follows:</li> <li>Sec. 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies.</li> <li>(a) Dental Supervision.</li> <li>(1) An expanded function dental health aide I may perform the functions identified for a dental assistant under sections 2.30.250(c) [dental assistant function requirements; competencies] and 2.30.410(b) [EFDHA I supervision &amp; competencies; competencies] only under the direct or indirect supervision of a dentist, or dental health aide therapist, or dental health aide therapist practitioner.</li> <li>(2) An expanded function dental health aide I may perform the services identified in section 2.30.550 [stainless steel crown placement requirements] under the direct or indirect supervision of a dentist, or dental health aide therapist practitioner upon successful completion of all the requirements of the applicable section.</li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41	<ul> <li>Section 2.30.410(a)(1)(2)(3) and (4) was amended, as follows:</li> <li>Sec. 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies.</li> <li>(a) Dental Supervision.</li> <li>(1) An expanded function dental health aide I may perform the functions identified for a dental assistant under sections 2.30.250(c) [dental assistant function requirements; competencies] and 2.30.410(b) [EFDHA I supervision &amp; competencies; competencies] only under the direct or indirect supervision of a dentist, or dental health aide therapist practitioner.</li> <li>(2) An expanded function dental health aide I may perform the services identified in section 2.30.550 [stainless steel crown placement requirements] under the direct or indirect supervision of a dentist, or dental health aide therapist practitioner upon successful completion of all the requirements of the applicable section.</li> <li>(3) An expanded function dental health aide I may perform the services identified in section</li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44	<ul> <li>Section 2.30.410(a)(1)(2)(3) and (4) was amended, as follows:</li> <li>Sec. 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies.</li> <li>(a) Dental Supervision.</li> <li>(1) An expanded function dental health aide I may perform the functions identified for a dental assistant under sections 2.30.250(c) [dental assistant function requirements; competencies] and 2.30.410(b) [EFDHA I supervision &amp; competencies; competencies] only under the direct or indirect supervision of a dentist, or dental health aide therapist practitioner.</li> <li>(2) An expanded function dental health aide I may perform the services identified in section 2.30.550 [stainless steel crown placement requirements] under the direct or indirect supervision of a dentist, or dental health aide therapist practitioner upon successful completion of all the requirements of the applicable section.</li> <li>(3) An expanded function dental health aide I may perform the services identified in section 2.30.410 (b)(1) [EFDHA I supervision &amp; competencies] under general supervision of a dentist, or dental health aide therapist practitioner.</li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	<ul> <li>Section 2.30.410(a)(1)(2)(3) and (4) was amended, as follows:</li> <li>Sec. 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies.</li> <li>(a) Dental Supervision.</li> <li>(1) An expanded function dental health aide I may perform the functions identified for a dental assistant under sections 2.30.250(c) [dental assistant function requirements; competencies] and 2.30.410(b) [EFDHA I supervision &amp; competencies; competencies] only under the direct or indirect supervision of a dentist, or dental health aide therapist practitioner.</li> <li>(2) An expanded function dental health aide I may perform the services identified in section 2.30.550 [stainless steel crown placement requirements] under the direct or indirect supervision of a dentist, or dental health aide therapist practitioner upon successful completion of all the requirements of the applicable section.</li> <li>(3) An expanded function dental health aide I may perform the services identified in section 2.30.410 (b)(1) [EFDHA I supervision &amp; competencies] under general supervision of a dentist, or dental health aide therapist practitioner upon successful completion of all the requirements of the applicable section.</li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45	<ul> <li>Section 2.30.410(a)(1)(2)(3) and (4) was amended, as follows:</li> <li>Sec. 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies.</li> <li>(a) Dental Supervision.</li> <li>(1) An expanded function dental health aide I may perform the functions identified for a dental assistant under sections 2.30.250(c) [dental assistant function requirements; competencies] and 2.30.410(b) [EFDHA I supervision &amp; competencies; competencies] only under the direct or indirect supervision of a dentist, or dental health aide therapist, or dental health aide therapist practitioner.</li> <li>(2) An expanded function dental health aide I may perform the services identified in section 2.30.550 [stainless steel crown placement requirements] under the direct or indirect supervision of a dentist, or dental health aide therapist practitioner upon successful completion of all the requirements of the applicable section.</li> <li>(3) An expanded function dental health aide I may perform the services identified in section 2.30.410 (b)(1) [EFDHA I supervision &amp; competencies] under general supervision of a dentist, or dental health aide therapist practitioner upon completion of the requirements of section 2.30.200(b) [PDHA II training &amp; education requirements; (village-based dental practice course)].</li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46	<ul> <li>Section 2.30.410(a)(1)(2)(3) and (4) was amended, as follows:</li> <li>Sec. 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies.</li> <li>(a) Dental Supervision.</li> <li>(1) An expanded function dental health aide I may perform the functions identified for a dental assistant under sections 2.30.250(c) [dental assistant function requirements; competencies] and 2.30.410(b) [EFDHA I supervision &amp; competencies; competencies] only under the direct or indirect supervision of a dentist, or dental health aide therapist, or dental health aide therapist practitioner.</li> <li>(2) An expanded function dental health aide I may perform the services identified in section 2.30.550 [stainless steel crown placement requirements] under the direct or indirect supervision of a dentist, or dental health aide therapist practitioner upon successful completion of all the requirements of the applicable section.</li> <li>(3) An expanded function dental health aide I may perform the services identified in section 2.30.410 (b)(1) [EFDHA I supervision &amp; competencies] under general supervision of a dentist, or dental health aide therapist practitioner upon successful completion of all the requirements of the applicable section.</li> <li>(3) An expanded function dental health aide I may perform the services identified in section 2.30.410 (b)(1) [EFDHA I supervision &amp; competencies] under general supervision of a dentist, or dental health aide therapist practitioner upon completion of the requirements of section 2.30.200(b) [PDHA II training &amp; education requirements; (village-based dental practice course)].</li> <li>(4) An expanded function dental health aide I may perform services as provided for</li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47	<ul> <li>Section 2.30.410(a)(1)(2)(3) and (4) was amended, as follows:</li> <li>Sec. 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies.</li> <li>(a) Dental Supervision.</li> <li>(1) An expanded function dental health aide I may perform the functions identified for a dental assistant under sections 2.30.250(c) [dental assistant function requirements; competencies] and 2.30.410(b) [EFDHA I supervision &amp; competencies; competencies] only under the direct or indirect supervision of a dentist, or dental health aide therapist practitioner.</li> <li>(2) An expanded function dental health aide I may perform the services identified in section 2.30.550 [stainless steel crown placement requirements] under the direct or indirect supervision of a dentist, or dental health aide therapist practitioner upon successful completion of all the requirements of the applicable section.</li> <li>(3) An expanded function dental health aide I may perform the services identified in section 2.30.410 (b)(1) [EFDHA I supervision &amp; competencies] under general supervision of a dentist, or dental health aide therapist practitioner upon successful completion of all the requirements of the applicable section.</li> <li>(4) An expanded function dental health aide I may perform services as provided for undersections 2.30.220 [sealant requirements], 2.30.230 [dental prophylaxis requirements], 2.30.240 [dental</li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48	<ul> <li>Section 2.30.410(a)(1)(2)(3) and (4) was amended, as follows:</li> <li>Sec. 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies.</li> <li>(a) Dental Supervision.</li> <li>(1) An expanded function dental health aide I may perform the functions identified for a dental assistant under sections 2.30.250(c) [dental assistant function requirements; competencies] and 2.30.410(b) [EFDHA I supervision &amp; competencies; competencies] only under the direct or indirect supervision of a dentist, er dental health aide therapist, or dental health aide therapist practitioner.</li> <li>(2) An expanded function dental health aide I may perform the services identified in section 2.30.550 [stainless steel crown placement requirements] under the direct or indirect supervision of a dentist, er dental health aide therapist practitioner upon successful completion of all the requirements of the applicable section.</li> <li>(3) An expanded function dental health aide I may perform the services identified in section 2.30.410 (b)(1) [EFDHA I supervision &amp; competencies] under general supervision of a dentist, er dental health aide therapist practitioner upon successful completion of all the requirements, or dental health aide therapist practitioner on completion of a dentist, er dental health aide therapist practitioner upon completion of a dentist, er dental health aide therapist practitioner upon completion of the requirements of section 2.30.200(b) [PDHA II training &amp; education requirements; (village-based dental practice course)].</li> <li>(4) An expanded function dental health aide I may perform services as provided for undersections 2.30.220 [sealant requirements], 2.30.230 [dental prophylaxis requirements], 2.30.240[dental radiology requirements], and 2.30.260 [ART requirements] under the general supervision of a dentist, er</li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49	<ul> <li>Section 2.30.410(a)(1)(2)(3) and (4) was amended, as follows:</li> <li>Sec. 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies.</li> <li>(a) Dental Supervision.</li> <li>(1) An expanded function dental health aide I may perform the functions identified for a dental assistant under sections 2.30.250(c) [dental assistant function requirements; competencies] and 2.30.410(b) [EFDHA I supervision &amp; competencies; competencies] only under the direct or indirect supervision of a dentist, er dental health aide therapist, or dental health aide therapist practitioner.</li> <li>(2) An expanded function dental health aide I may perform the services identified in section 2.30.550 [stainless steel crown placement requirements] under the direct or indirect supervision of a dentist, er dental health aide therapist practitioner upon successful completion of all the requirements of the applicable section.</li> <li>(3) An expanded function dental health aide I may perform the services identified in section 2.30.410 (b)(1) [EFDHA I supervision &amp; competencies] under general supervision of a dentist, er dental health aide therapist practitioner upon successful completion of all thealth aide therapist practitioner upon completion of all thealth aide therapist, or dental health aide I may perform the services identified in section 2.30.410 (b)(1) [EFDHA I supervision &amp; competencies] under general supervision of a dentist, er dental health aide therapist practitioner upon completion of the requirements of section 2.30.200(b) [PDHA II training &amp; education requirements; (village-based dental practice course)].</li> <li>(4) An expanded function dental health aide I may perform services as provided for undersections 2.30.220 [sealant requirements], 2.30.230 [dental prophylaxis requirements], 2.30.240 [dental radiology requirements], and 2.30.260 [ART requirements] under the general supervision of a dentist, er dental health aide therapist, or dental health aide therapist practitioner upon successful compl</li></ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50	<ul> <li>Section 2.30.410(a)(1)(2)(3) and (4) was amended, as follows:</li> <li>Sec. 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies.</li> <li>(a) Dental Supervision.</li> <li>(1) An expanded function dental health aide I may perform the functions identified for a dental assistant under sections 2.30.250(c) [dental assistant function requirements; competencies] and 2.30.410(b) [EFDHA I supervision &amp; competencies; competencies] only under the direct or indirect supervision of a dentist, er dental health aide therapist, or dental health aide therapist practitioner.</li> <li>(2) An expanded function dental health aide I may perform the services identified in section 2.30.550 [stainless steel crown placement requirements] under the direct or indirect supervision of a dentist, er dental health aide therapist practitioner upon successful completion of all the requirements of the applicable section.</li> <li>(3) An expanded function dental health aide I may perform the services identified in section 2.30.410 (b)(1) [EFDHA I supervision &amp; competencies] under general supervision of a dentist, er dental health aide therapist practitioner upon successful completion of all the requirements, or dental health aide therapist practitioner on completion of a dentist, er dental health aide therapist practitioner upon completion of a dentist, er dental health aide therapist practitioner upon completion of the requirements of section 2.30.200(b) [PDHA II training &amp; education requirements; (village-based dental practice course)].</li> <li>(4) An expanded function dental health aide I may perform services as provided for undersections 2.30.220 [sealant requirements], 2.30.230 [dental prophylaxis requirements], 2.30.240[dental radiology requirements], and 2.30.260 [ART requirements] under the general supervision of a dentist, er</li> </ul>

1	
2	Section 2.30.510(a)(1)(2)(3) and (4) was amended, as follows:
3	
4 5	Sec. 2.30.510. Expanded Function Dental Health Aide II Supervision and Competencies
6	a) Dental Supervision.
7	(1) An expanded function dental health aide II may perform the functions identified for a dental
8	assistant under sections 2.30.250(c) [dental assistant function requirements; competencies] and 2.30.510(b)
9	[EFDHA II supervision & competencies; competencies] only under the direct or indirect supervision of a
10	dentist, <del>or</del> dental health aide therapist, <u>or dental health aide therapist practitioner.</u>
11	(2) An expanded function dental health aide II may perform the services identified in section
12	2.30.550 [stainless steel crown placement requirements] under the direct or indirect supervision of a dentist,
13	or dental health aide therapist, or dental health aide therapist practitioner. upon successful completion of all
14	of the requirements of the applicable section.
15	(3) An expanded function dental health aide II may perform the services identified in section
16	2.30.410 (b)(1) [EFDHA I supervision & competencies; competencies under general supervision of a
17	dentist, or dental health aide therapist, or dental health aide therapist practitioner. upon completion of the
18	requirements of section 2.30.200(b)[PDHA II training & education requirements; (village-based dental
19	practice course)].
20	(4) An expanded function dental health aide II may perform services as provided for under
21	sections 2.30.220 [sealant requirements], 2.30.230 [dental prophylaxis requirements], 2.30.240 [dental
22	radiology requirements], and 2.30.260 [ART requirements] under the general supervision of a dentist, or
23	dental health aide therapist, <u>or dental health aide therapist practitioner</u> . upon successful completion of all of
24 25	the requirements of the applicable section and the requirements of section 2.30.200(b) [PDHA II training & education requirements; village-based dental practice].
23 26	education requirements; vinage-based dentai practice].
27	Section 2.30.700 was added, as follows:
28	Section 2.50.700 was added, as follows.
28 29	Sec. 2.30.700. Dental Health Aide Therapist Practitioner Training and Education
30	Requirements.
31	
32	A person meets the training and education requirements to be a certified dental health aide
33 34	<u>therapist practitioner upon successful completion of</u> (1) all the requirements of section 2.30.600[DHAT training & education
34 35	requirements]; and
36	(2) two consecutive recertification as a dental health aide therapist outlined in section 2.50.200
37	Requirements for Renewal] and section 3.10.050 [DHA Continuing Education Requirements]; and
38	(3) requirements of section 3.10.050 [DHA Continuing Education Requirements; Unlapsed
39	Certificate]; and
40	(4) Letter of Recommendation to the CHAP Certification Board by the applicant's direct
41	clinical supervisor verifying the DHAT meets clinical competency and has satisfactory completion of 30
42	<u>chart audits.</u>
43	
44	Section 2.30.710 was added, as follows:
45	
46	Sec. 2.30.710. Dental Health Aide Therapist Practitioner Supervision and Competencies.
47	(a) $\mathbf{D}_{\mathbf{r}}$ (b) $\mathbf{D}_{\mathbf{r}}$ (c) $\mathbf{D}_{$
48 49	(a) Dental Supervision. Dental health aide therapist practitioner services may be performed under the requirements set forth in 2.30.610 (a) [DHAT dental supervision]
49 50	under une requirements set total in 2.50.010 (a) [DTIAT dental supervision]
20	

1 2 3	(b) <u>Competencies. In addition to meeting the requirements of section 2.30.700 [DHATP</u> <u>training &amp; education requirements], a certified dental health aide therapist practitioner must</u> <u>successfully demonstrate and maintain requirements set forth in 2.30.610 (b) [DHAT competencies]</u>
4 5	Section 2.50.200. Requirements for Renewal was amended, as follows:
6	
7	(a) A certified community health aide, community health practitioner, dental health aide, or
8	behavioral health aide or practitioner applying for certificate renewal shall:
9 10	<ul><li>(1) apply on a form provided by the Board;</li><li>(2) pay the application fees required by the Board;</li></ul>
11	(2) pay the application rees required by the Board, (3) provide evidence satisfactory to the Board that the applicant has met the continuing education
12	requirements of the Board;
12	(4) provide evidence satisfactory to the Board that the applicant continues to demonstrate the
14	practical professional competencies required for the level of certification sought;
15	(5) continue to meet the requirements of chapter 2 [certification of CHA/Ps, DHAs, & BHAs];
16	and
17	(6) if seeking recertification as a community health practitioner, no less often than once every
18	six years, the individual must re-satisfy the requirements of section 2.20.500 [CHP training & education
19	requirements]; <u>or</u>
20	(7) if seeking recertification as a dental health aide therapist practitioner, no less often than once
21	every six years, the individual must re-satisfy the requirements of section 2.30.700 (3) and (4) [DHATP
22	training & education requirements].
23	
24	Section 3.10.050. DHA Continuing Education Requirements was amended, as follows:
25	(a) Unlapsed Certificate.
26	(1) An applicant for renewal of a certificate under article 30 of chapter 2 whose certificate has
27 28	not lapsed must meet (A) any specific recertification requirements set forth therein;
28 29	<ul> <li>(A) any specific recentification requirements set form merein,</li> <li>(B) satisfactory performance under the direct supervision of a dentist, dental hygienist, or</li> </ul>
30	dental health aide therapist, <u>or dental health aide therapist practitioner</u> a minimum of
31	
32	
33	January 13, 2021, four sections were amended, as follows:
34	
35	Section 8.30.100(a) was amended, as follows:
36 37	(a) Membership. The behavioral health academic review committee satisfies these Standards if it
38	includes;
39	(1) the following voting members:
40	(A) three licensed behavioral health clinicians as defined in section 1.20.010(32)
41	[licensed behavioral health clinician], or behavioral health professionals, as defined in section 1.20.010(4)
42	[behavioral health professional], who are employed by the IHS, a tribe or tribal organization, provided that
43 44	at least (i) one must be actively involved in clinical supervision of PHA/Ds at their
44	(i) one must be actively involved in <u>clinical supervision of BHA/Ps at their</u> organization,
46	(ii) one must be actively licensed in the field of behavioral health, and
47	(iii) one must be actively engaged in clinical practice;
48	(B) one CHAP Certification Board Member Representative, appointed by the Tribal
49 50	Behavioral Health Directors Committee (TBHDC); and
50 51	(C) three behavioral health aides employed by the Indian Health Service, a tribe, or tribal organization; and
51 52	tribal organization; and (2) the following invited non-voting members that are actively involved in BHA/P training,
53	including:
-	

<ul> <li>(A) training and development staff from the ANTHC Behavioral Health Department;</li> <li>(B) the Tribal Liaison representing the State of Alaska Department of Behavioral Health</li> </ul>
and/or a State designee to the BHARC; (C) faculty, instructors, or other staff representing academic institutions, training entities
or tribal health organizations hosting trainings for use towards BHA/P certification; and
(D) Other members might include those that serve similar clinical or community populations as BHA/Ps.
Section 2.40.400(d) was amended, as follows:
(d) Behavioral Health Practitioner Practicum. After meeting the requirements of
subsection (a) [prerequisites] and completion of the training listed in subsection (b) [BHP specialized training] or (c) [BHP alternative training] of this section, the applicant must additionally complete a 100
hour clinical practicum under the direct supervision of a licensed behavioral health clinician or behavioral
health professional. The individual must satisfactorily perform each of the following:
(1) no fewer than $45 \underline{20}$ hours engaging, mentoring, and supporting, as well as participating
in supervision and evaluation of a behavioral health aide I, II, and III based on the understanding of the
supervisee's level of knowledge and skills, professional goals, and behavior; (2) no fewer than 25 hours of providing clinical team leadership by leading clinical team
case reviews; and
(3) no fewer than 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; and (34) the balance of the hours must may be related to practicum components listed in
subsections $(d)(1)$ , and $(d)(2)$ , and $(d)(3)$ of this sectionor provision of integrated clinical services or
child/adolescent services.
Section 3.10.300(b) was amended, as follows:
<b>3.10.300 (b) Sponsorship.</b> A continuing education program that meets the requirements of section 3.10.300(a) [approved continuing education programs for BHA/P; competencies] and is <u>offered or</u>
sponsored by any of the following organizations is considered approved by the Board:
(1) a certified $CBHA/P$ Training Center;
(2) Alaska Commission for Behavioral Health Certification (ACBHC);
(3) the Indian Health Service;
(4) an accredited postsecondary educational institution Alaska Board of Social Work
Examiners (1) the fraction of
(5) <u>Alaska Training Cooperative</u> (() <u>Assumitation Council for Continuing Medical Education (ACCME</u> )
<ul><li>(6) <u>Accreditation Council for Continuing Medical Education (ACCME)</u></li><li>(7) an accredited postsecondary educational institution;</li></ul>
(8) American Counseling Association (ACA)
(5) American Mental Health Counselors Association (AMHCA);
(6) American Psychiatric Association (APA);
(9) American Nurses Credentialing Center (ANCC)
(10) American Psychiatric Nurses Association (APNA);
(11) American Society of Addiction Medicine (ASAM);
(12) American Psychological Association (APA);
<ul> <li>(13) Commission on Rehabilitation Counselor Certification (CRCC)</li> <li>(10) American Rehabilitation Counseling Association (ARCA);</li> </ul>
(10) American Kenabilitation Counseling Association (AKCA); (11) Association for Assessment in Counseling and Education (AACE);
(11) Association for Assessment in Counseling and Education (ACES);
(12) Association for Counselors and Educators in Government (ACEG);
(14) International Association of Addictions and Offender Counselors (IAAOC);
(15) International Association of Marriage and Family Counselors (IAMFC);
(14) International Certification & Reciprocity Consortium (IC&RC);
(15) Livingworks.net (Safetalk)

1	(16) National Association of Alcohol and Drug Abuse Counselors (NAADAC);
2 3 4 5	(17) National Association of Social Workers (NASW) or any state chapter of NASW;
3 1	<ul><li>(18) National Board of Certified Counselors (NBCC);</li><li>(19) National Association of Direct Service Providers (NADSP); or</li></ul>
-+ -5	21) American Counseling Association (ACA). Moved to # 8
6	(20) QPR Institute
7	(20) QI R Institute (21) [RESERVED].
8	
9	Section 2.10.010(9)(C) was amended, as follows:
10	
11	(9) furnishes evidence satisfactory to the Board that
12	(A) the person will practice only under supervision and day-to-day direction of
13	individuals who are:
14 15	(i) familiar with the community health aide program, these <i>Standards</i> , and the
15	CHAM; and (ii) employed by the federal government or employed by or under contract with
17	a tribal health program operating a community health aide program in Alaska under the ISDEAA; and
18	(B) provided; that
19	(i) a community health aide, or community health practitioner may practice
20	only under the medical supervision of a licensed physician; and
21	(ii) as a dental health aide may practice only under the direct, indirect or general
22	supervision required under article 30 [standards for DHAs] of this Chapter [certification of
23	CHAs, CHPs, DHAs, BHAs, & BHPs]; and
24	(iii) a behavioral health aide or behavioral health practitioner may practice only
25 26	under the direct, indirect, or general supervision required under section 2.40.010 [supervision of BHA/Ps]; and
20 27	(C) notwithstanding the requirements under paragraphs (9)(B), other physicians,
28	dentists, mid-level providers, licensed behavioral health clinicians, and behavioral health professionals or
29	other independently-licensed qualified healthcare professionals designated by the referral doctor may direct
30	the day-to-day activities of a community health aide, community health practitioner; dental health aide,
31	behavioral health aide, or behavioral health practitioner, as appropriate; and
32	
33	
34	June 3, 2021, forty three sections were amended, as follows:
35 36	Section 8.20.100 Orientation to Behavioral Health Services. This course which shall be 8 contact hours.
37	will provide:
38	(a) an introduction to:
39	(1) village-based behavioral health services;
40	(2) the rationale and philosophy for providing prevention, early intervention and case
41	management within the community of client residence;
42	(3) emergency behavioral health responses protocols; and
43	(4) the use of clinical supervision to support quality of services.
44 45	(b) The instructor will work with each student to create a strength-based professional
45 46	development plan that identifies the student's training and supervision needs and uses the student's test results to identify strengths and areas for development. The BHA/P must present this plan and receive
40	approval and feedback from their supervisor.
48	approval and recuback noni uten supervisor.
49	Section 8.20.110 and 8.20.115 will be combined.
50	
51	Section 8.20.110. Ethics, and Consent, Confidentiality and Privacy. This course, which shall be 16
52	contact hours, will provide:
53	(a) foundational information regarding:
54	(1) the need for professional ethics;
55 56	(2) the difference among ethics, agency policies and procedures, and laws that govern
56	practice;

1	(3) personal and professional boundaries in a village-based setting, including
2	identification of personal relationships and conflicts and their effect on a professional relationship;
2 3 4	(4) duty to protect and advocate for <u>client rights;</u> (5) the share $f$ and
+ 5	(5) the code of ethics for Behavioral Health Aides, with discussion of using the code of ethics as guidance in providing client services; and
6	(6) the duty to obtain informed consent, including its application to
7	(A) adults, minors, individuals with limited or impaired capacity, and
8	individuals subject to court order such as guardianship;
9	(B) disclosure of information and the limitations to authorizations;
0	(C) providers who are delivering services through tele-health modalities; and
1	(7) confidentiality and privacy requirements under applicable law and regulation,
2	including the Federal Privacy Act and the Health Insurance Portability and Accountability Act
3	("HIPAA"), US Code of Federal Regulations (42 CFR part 2), and their application to delivery of
4	behavioral health services;
5	(8) exceptions to confidentiality requirements that occur without client consent.
6 7	including: (A) a review of reporting requirements, including those arising from suspected
8	(A) a review of reporting requirements, including those arising from suspected child abuse, elder vulnerable adult abuse;
9	(B) risk of harm to self or others;
0	(C) others permitted by law; and
1	(D) distinguishing among types of court orders (e.g. subpoenas vs. direct judicial
2 3	orders);
3	(9) protecting written and electronic records;
4	(10) protecting privacy in various situations, including crowded settings, and in family
5	and group counseling; and
6	(11) special rules regarding information subject to special confidentiality or privacy
7 8	rules: and (b) applied exercises to:
9	(b) applied excloses to: (1) identify and develop responses to common <u>ethical, consent, confidentiality and</u>
0	privacy situations; and
1	(2) obtain appropriate authorizations for release of information and how to use and
2	document such authorizations.
3	
4	Section 8.20.115. [RESERVE]
5	
6 7	Section 8.20.116. <u>Human Development.</u> This course, which shall be 8 contact hours, will provide: (c) an introduction to foundational and practice information regarding:
8	
	(1) the development of the individual through the lifespan, from conception through
9	adulthood including common maladaptive behaviors and childhood behavioral health concerns;
0	(2) prevention and early intervention for childhood behaviors and behavioral health
1	<u>concerns;</u>
2	(3) common theories of human development, ages and stages
3	(4) processes, experiences and influences that affect a developing person;
4	(5) physical, intellectual, social, emotional, spiritual, environmental, sexual, and
5	occupational components of a person
6	(6) attachment theories and their impact on development, adulthood and potential
7	behavioral health concerns
8	(7) life stages and their role in family dynamics;
9	(8) the interaction of home, school, and community settings on human development;
0	and
1	(9) the interaction of nature and nurture in shaping human development with a focus
2	on socioeconomic status, family background, culture, rural vs. urban settings, and traditional ways of
3	living; and
<i>.</i>	arme, and

1	(b) applied exercises to help trainees recognize that the stages of development inform
2	behavioral health interventions and treatment.
3 4	Section 8 20 125 Introduction to Dehavioral Health Concerns. This course, which shall require 24
5	<b>Section 8.20.125. Introduction to Behavioral Health</b> <u>Concerns</u> . This course, which shall require 24 contact hours (which shall include 8 contact hours regarding mental health, 8 contact hours regarding
6	substance use disorders, and 8 contact hours regarding other behavioral health issues), will provide an
7	introduction to:
8	(1) the range of behavioral health issues experienced by individuals, families, and
9	communities;
10	(2) the comprehensive continuum of care that can address behavioral health issues of
11	various degrees of seriousness;
12	(3) common mental health disorders and the associated risk factors and treatment
13	options, including therapeutic medications;
14	(4) addictive substances, including alcohol, tobacco (cigarettes/cigars/pipe,
15	commercial chew, Iqmik/Dedigus/Blackbull), psychoactive substances (stimulants, depressants,
16	opioids and psychedelics), and other substances (e.g., inhalants, anabolic steroids, and prescription
17	drugs) and the associated risk factors and treatment options;
18	(5) other addictive behaviors (e.g. gambling, pornography) and the associated risk
19 20	factors and treatment options; and
20 21	(6) other behavioral health issues, including child abuse and neglect, domestic
21	violence, elder abuse, fetal alcohol spectrum disorder (FASD), homicide, disaster events, attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), developmental disabilities,
23	co-occurring disorders, and other conditions and events that effect behavior and adjustment.
23	co-occurring disorders, and other conditions and events that effect behavior and adjustment.
25	Section 8.20.135. Introduction to Counseling. This course, which shall be 12 contact hours, will provide:
26	(a) foundational information about:
27	(1) personal characteristics of an effective counselor (establishing personal counseling
28	values and philosophy);
29	(2) interviewing and listening skills;
30	(3) defining counselor and client roles;
31	(4) how to establish a counseling relationship;
32	(5) problem identification, goal development, and action planning with a client;
33	(6) the client's responsibility in counseling and how to assist and motivate a client to
34	discover and practice more appropriate and healthy behavior; and
35	(b) applied exercises in which trainees can practice the client-centered approach, using
36	communication skills such as listening, attending, and reflection during intake, assessment/evaluation,
37	planning and case management.
38	$S_{1}$ $S_{2}$ $S_{2$
39 40	<b>Section 8.20.140. Introduction to Documentation I.</b> This course, which shall be 12 contact hours, will provide:
40	(a) foundational information regarding:
42	(1) the establishment and maintenance of a quality client record, including the
43	essential components of clinical/counseling records, including screening tools, assessments, treatment
44	plans, progress notes, discharge summaries, and authorizations for disclosure;
45	(2) the purpose and elements of case narrative recording, including using data,
46	assessment, and plan ("DAP"); subjective, objective, assessment and plan ("SOAP"); data,
47	intervention, response and plan (DIRP) and other formats for case narrative recording; and
48	(b) an introduction to:
49	(1) the use of standardized information management systems and screening tools
50	widely used by Alaska behavioral health programs;
51	(2) using criteria contained in the Patient Placement Criteria ("PCC") to standardize
52	documentation in relation to treatment and service planning (problem list, goals, objectives, and
53	interventions);
54	(3) documentation requirements specific to prevalent payers and accrediting bodies,
55	such as Medicaid, Medicare, Commission on the Accreditation of Rehabilitation Facilities ("CARF"),
56	and The Joint Commission; and

1	(4) [RESERVE]
2	( <u>5</u> ) administrative record keeping; and
3	(c) applied exercises in which trainees practice
4	(1) documenting client related work and consider the effect of confidentiality rules
5	on the application of documentation requirements.
6	
7	Section 8.20.145. <u>Introduction to Case Management.</u> This course, which shall be 8 contact hours, will
8	provide:
9	(a) an introduction to foundational and practice information about
10	(1) the use of available community resources (locally, regionally and statewide)
11 12	related to coordinating services and case management;
12	(2) identifying and evaluating the appropriateness of potential resources for the individual client and making referrals <u>when necessary</u> ;
13 14	(3) an emphasis on the <u>inventive</u> use of agency-based and other community and
15	family resources;
16	(4) an introduction to the role and delivery of case management services;
17	(4) an introduction to the fole and derivery of cuse management services, (5) an emphasis on finding resources for diverse populations and complex clients;
18	(6) roles related to assisting clients in medication management and medication
19	education; and
20	(7) focus on evaluation of service usefulness and accessibility issues that need to be
21	considered in village-based practice; and
21 22 23	(b) applied exercises in recognizing the role and components of case management.
23	
24	Section 8.20.150. Working with Diverse Populations. This course, which shall be 12 contact hours, will
25	provide:
26	(a) foundational and practice information regarding:
27	(1) working with clients of different ethnic or racial heritage, age, gender, lifestyle,
28	sexual orientation, spirituality, and socioeconomic status;
29	(2) an introduction to beliefs, attitudes, knowledge and skills generally maintained by
30	an effective multi-culturally aware counselor;
31	(3) barriers that clients of diverse populations may face when seeking or receiving
32	treatment; and
33	(b) applied exercises to develop skills associated with respectfully assessing client needs:
34	(1) strategies for working in Alaska Native communities with other prominent
35 36	minority/cultural groups in rural Alaska; and
30 37	(2) regarding the implications of personal and cultural historical trauma.
38	Section 8.20.155. Introduction to Group Counseling. This course, which shall be 8 contact hours, will
39	provide:
40	(a) an introduction to foundational and practice information about:
41	(1) types and uses of groups for education and treatment;
42	(2) how to encourage and support self-help groups, e.g. Alcoholics Anonymous and
43	Adult Children of Alcoholics;
44	(3) how to assess the potential for establishing other groups;
45	(4) group counseling dynamics, including open ended and closed groups;
46	(5) determining the criteria for participation in groups of various types and how to
47	screen appropriate candidates for participation;
48	(6) time-limited group process;
49	(7) privacy and documentation issues arising in various group models; (8) providing
50	group resources to communities for the purpose of education, prevention, or team building; and
51	(b) [RESERVE]
52	(c) [RESERVE]
53	(d) applied exercises <u>that provide exposure to the therapeutic group process and focus on the</u>
54	purpose, planning and conducting of:
55 56	(1) educational/informational groups; (2) talking simple?" on the discussion of the second state of the se
56	(2) talking circles" or traditional healing groups as a therapeutic group process.

1			
2		5. HIV	/AIDS and <u>Infectious Diseases</u> . This course, which shall be 8 contact hours, will
3	provide:	(1)	
4		(1)	practice information regarding standard precautions and risk reduction;
5	1 .1 .	(2)	risk factors regarding hepatitis, sexually transmitted infections, tuberculosis, HIV
6 7	and other in		
8	transmitted	(3) infaati	information regarding availability of testing, counseling and treatment for sexually
8 9	transmitted		practice information about how to approach lifestyle or risk issues with clients;
10		(4) (5)	guidance in providing referral options for client counseling support for HIV
11	testing;	$(\mathbf{J})$	guidance in providing referrar options for energ counseling support for the
12	testing,	(6)	foundational information about how behavioral health issues can increase risk of
13	HIV and oth		ectious diseases; and
14	<u>int and our</u>	(7)	foundational information about how HIV and infectious diseases can increase risk
15	of developir	<u>/</u>	orsening behavioral health issues.
16	<u></u>		
17	Section 8.20.17(	). Com	munity Approach to Prevention. This course, which shall be 8 contact hours, will
18	provide:		
19	(a)	found	lational philosophy and practice information related to:
20		(1)	community based prevention activities, and community development;
21		(2)	key features of prevention (universal, selective, and indicated);
22		(3)	[RESERVE <del>]</del>
23		(4)	determine key stakeholders with whom to partner when addressing community
24	issues;		
25		<u>(5)</u>	community readiness and key issue evaluation for developing effective prevention
26	plans; and		
27	(b)		ed exercises for developing:
28 29		(1)	[RESERVE]
29 30		(2) (3)	community prevention strategies; and providing brief public presentations.
31		(3)	providing other public presentations.
32	Section 8 20 175	5 Fam	ily Systems I. This course, which shall be 16 contact hours, will provide, with an
33			tive family systems:
34	(a)		troduction to foundational information regarding:
35		(1)	family systems theory, kinship patterns, and family dynamics;
36		(2)	family roles and effect of behavioral health disorders on individuals within the
37	family and o	on the f	family as a system;
38		(3)	communication within families and assessment of barriers;
39		(4)	common response to stresses such as inadequate housing or income, job loss,
40	illness;		
41		(5)	recognition and assessment of family norms;
42		<u>(6)</u>	understanding life stages and their role in family dynamics;
43		(7)	role of extended family;
44 45		$(\underline{8})$	recognition of harm or risk <u>of</u> harm occurring within a family;
43 46		$(\underline{9})$	effects of separation and loss due to divorce, death, foster care, or adoption;
40 47	(b)		parenting and the importance of healthy parent-child dynamics; and us on supporting healthy family by identifying strengths and working with families
48			es to promote health and healing; and
49	<u>to develop s</u> (c)		ed practice exercises associated with:
50		(1)	assessing family functioning;
51		(1) (2)	supporting healthy family functioning;
52		(2) (3)	improving family communication and support;
53		(4)	responding to risks and harm occurring within a family; and
54		(5)	teaching clients healthy parenting skills
55		~ ,	

1	Section 9 20 190 Maintaining Health Wallness and Palance This source, which shall be 9 contact
$\frac{1}{2}$	Section 8.20.180. Maintaining Health, Wellness and Balance. This course, which shall be 8 contact hours, will provide:
$\frac{2}{3}$	(a) an introduction to foundational and practice information regarding:
4	(1) how personal health, wellness, and balance <u>improve</u> the ability to provide
5	behavioral health services;
6	(2) strategies for coping with personal and work-related stress so it does not interfere
7	with providing appropriate services;
8	(3) appropriate use of supervision to address issues that arise for behavioral health
9	service providers in a rural or remote setting; and
10	(4) compassion fatigue and vicarious trauma; and
11	(b) applied exercises help trainees practice skills associated with
12	(1) identification and recognition of personal stress levels and potential impairment;
13	and (a) the second s
14	(2) skills for maintaining their own health and wellness.
15	
16	Section 8.20.220. Psychophysiology and Behavioral Health. This course, which shall be 16 contact
17 18	hours, will provide:
18	<ul> <li>(a) foundational information about:</li> <li>(1) the brain-body connection;</li> </ul>
20	(1) the bran-body connection, (2) nervous system structure;
20	(2) nervous system structure, (3) neuro-anatomy;
22	(4) neurotransmitter & receptor function; and
${23}$	(5) drug class/medication effects, and working with medical providers regarding
24	medication management; and
25	(b) exercises to help the trainee:
26	(1) understand the impact of psychoactive substances (legal and illicit), <u>on the brain</u>
27	and body; and
28	(2) develop ability to discuss psychoactive effects/implications with clients.
29	
30	Section 8.20.225. Introduction to Co-Occurring Disorders. This course, which shall be 8 contact hours,
31	will provide
32	(a) a basic understanding of how mental health, substance use disorders, and other conditions
33 34	can exist in combination, and affect treatment services and process and therapeutic medication
35	management; (1-7) [RESERVE]
36	(b) [RESERVE]
37	<ul><li>(c) information about potential cause and origin of <u>mental health</u> disorders, along with a</li></ul>
38	client perspective of the symptoms and limitations; and
39	(d) applied exercises will help the trainees practice their developing skills associated with
40	identifying and describing these disorders; and
41	(e) an understanding of the process of recovery techniques for relapse prevention as they
42	relate to both substance use and mental health disorders.
43	
44	Section. 8.20.228. Tobacco Use and Treatment. This course, which shall be 8 contact hours, will
45	provide information on:
46	(a) the magnitude of tobacco use prevalence and morbidity/mortality in Alaska;
47	(b) the implications of Alaska Native tobacco use patterns, methods, and products for client
48 49	evaluation and treatment; (c) tobacco-specific biology and pharmacotherapy;
49 50	(d) treating tobacco users with special medical conditions;
51	(e) best practices for tobacco treatment: United States Public Health Service (USPHS)
52	"Treating Tobacco Use and Dependence Clinical Practice Guideline" and the Fagerstrom Test for
53	Nicotine Dependence; and
54	(f) statewide and regional treatment options and resources.
55	

2	Section 8.20.235. Advanced Interviewing Skills. This course, which shall be 16 contact hours, will provide:
- 3 1	(a) applied information about:
	(1) the theoretical, evidence-based, and practical bases of various therapeutic
	modalities, e.g. cognitive behavioral therapy and motivational enhancement therapy;
	(2) stages of change as pertinent to helping clients understand the counseling process,
	set and reach goals, and have realistic expectations; and
	(b) practice exercises using evidence-based interviewing practices to enhance client
	readiness for behavior change, screening, intake, plan development, and relapse prevention.
	readiness for benavior enange, sereening, mare, plan development, <u>and</u> reapse prevention.
	Section 8.20.245. Case Studies and Applied Case Management. This course, which shall be 8 contact
	hours, will provide <u>applied exercises to practice:</u>
	(a) participation in discussion and analysis of <u>realistic</u> case studies with different behavioral
	health issues (abuse, addiction, child abuse, co-occurring disorders, domestic violence, mental illness,
	etc.);
	(b) information on Alaska Native health care disparities and an evaluation of services
	available in communities, hub towns, and the state;
	(c) more in-depth understanding of the importance of referrals, steps for making an
	appropriate and effective referral, receiving referrals, and following-up on referrals; and
	(d) case presentation for treatment team review, including Multi-Disciplinary teams (MDTs),
	and treatment teams.
	Section 8.20.255. Intermediate Therapeutic Group Counseling. This course, which shall be 16 contact
	hours, will provide information and practice related to:
	(a) therapeutic group process <u>with a focus on</u> :
	(1) determining the criteria for participation in groups of various types and how to
	screen appropriate candidates for participation;
	(2) <u>managing dual relationship and boundary challenges in small town or village-</u>
	based settings;
	(3) role and function of therapeutic group leadership, and
	(4) therapeutic outcomes and risks associated with group educational and treatment
	experiences; and
	(b) applied exercises in which trainees will practice skills associated with planning, facilitating, and leading groups.
	<u>aomanig, and reading groups</u> .
	Section 8.20.260. Applied Crisis Management. This course, which shall be 8 contact hours, will
	provide:
	(a) information and discussion with a focus on:
	(1) <u>facilitating community debriefing related to village based</u> crisis events such as
	natural disasters, homicide, and suicide that have impact on families and other community members;
	(2) encouraging and supporting posttraumatic growth following a crisis event; and
	(b) applied exercises focusing on:
	(1) [RESERVE]
	(2) accessing additional and external resources necessary for effective response to a
	crisis event that occurs in a village-based or urban setting.
	(3) short and long term intervention models for responding positively to crises;
	(4) using cultural activities, self-care, and stress management techniques to manage
	personal, client, and community responses to crises; and
	(5) providing and facilitating <u>formal</u> crisis response and stress management activities
	within the community.
	Section 8.20.270. [RESERVE]
	Section 8.20.271. Community Needs and Action. This course, which shall be 12 contact hours, will
	provide:

1	(a) focus on in-depth prevention (universal, selective, and indicated) plan development
2 3	strategies that are appropriate and compatible with individual village characteristics; and
3	(b) applied exercises to help trainees practice:
4	(1) identification and evaluation of community needs;
5	(2) completing a community readiness assessment;
6	(3) evaluation and development of various intervention efforts targeting behavioral
7	health issues; and
8	(4) writing a community development strategy to promote community involvement in
9	accomplishment of specific goals based on the results of the community readiness assessment.
10	
11	Section 8.20.275. Family Systems II. This course, which shall be 16 contact hours, will provide:
12	(a) review and more advanced foundational and practice information related to:
13	(1) family systems work;
14	(2) child development and parenting;
15	(3) couples issues and implications for behavioral health treatment;
16	(4) teaching basic communication, parenting, and anger management skills on an
17	individual and group basis;
18	(b) information regarding special practice issues, such as reporting abuse or neglect, ethical
19	and confidentiality issues associated with conducting couples or family counseling, domestic violence,
20	and compliance with the Indian Child Welfare Act;
21	(c) strategies for working with disrupted families and other agencies that may be engaged
22	with them; and
23	(d) applied exercises to in which trainees practice skills associated with
24	(1) providing intervention and support to families experiencing dysfunction; and
25	(2) teaching and facilitating healthy family behavior and skills.
26	
27	Section 8.20.280. Behavioral Health Documentation. This course which shall be 8 contact hours, will
28	provide:
29	(a) in depth information regarding quality documentation of:
30	(1) assessments, treatment plans, progress notes and discharge summaries;
31	(2) <u>risk levels, and safety planning;</u>
32	(3) diagnosis and recommendations informed by the current version of the DSM and
33	ASAM criteria; and
34	(4) treatment progress; and
35	
36	
30 37	(1) practice documenting the process from intake, screening, assessment, treatment planning to progress notes and how all of these connect and inform each of the next steps using
38	provided case studies;
39	(2) provide samples of their documentation without identifying information to receive
40	feedback; and
41	(3) practice documentation in special situations such as: group counseling and family
42	sessions, and individualized education plan (IEP) consultations.
43	sessions, and individualized education plan (121) consultations.
44	Section 8.20.325. Treatment of Co-Occurring Disorders. This course, which shall be 12 contact hours,
45	will provide:
46	(a) more advanced information and guidance related to:
47	(1) services and treatment planning with clients experiencing <u>co-occurring disorders</u>
48	including the process through screening, assessment, diagnosis, treatment planning and treatment
49	services;
50	(2) limitations <u>and considerations</u> directly related to the existence of more than one
20	
51	diagnosed behavioral health disorder: and
51 52	diagnosed behavioral health disorder; and (3) how environmental issues such as family dynamics, social support or isolation, and
52	(3) how environmental issues such as family dynamics, social support or isolation, and
52 53	(3) how environmental issues such as family dynamics, social support or isolation, and identification of meaningful community roles can influence the course of substance use and mental
52	(3) how environmental issues such as family dynamics, social support or isolation, and

 $\begin{array}{c} 21\\ 22\\ 23\\ 24\\ 25\\ 26\\ 27\\ 28\\ 29\\ 30\\ 31\\ 32\\ 33\\ 34\\ 35\\ 36\\ 37\\ 38\\ 39\\ 40\\ \end{array}$ 

multinle cli	(1) experience in developing individualized treatment/services plans addressing nical issues requiring complex evaluation and planning.
multiple en	incar issues requiring complex evaluation and planning.
	5. Advanced Behavioral Health Clinical Care. This course, which shall be 20 contact
hours, will prov	ide, in a seminar format, an opportunity for trainees to participate in exercises to:
	(1) [RESERVE]
•	(2) <u>learn counseling</u> approaches having value and application within behavioral heating is the set of the set
services tar	<ul> <li>geting individuals affected by multiple <u>and complex</u> disorders;</li> <li>(3) support applied use of "Best Practice" models;</li> </ul>
	<ul> <li>(3) support applied use of "Best Practice" models;</li> <li>(4) identify ways to work with those who need or receive psychiatric care outside of the support of the suppo</li></ul>
the commu	<u>(i)</u> including discharge care, referrals, and community support; and
	(5) increase familiarity with the eBHAM "overlapping issues" chapter and how it
relates to pr	roviding advanced behavioral health clinical care.
Section 8 20 34	5. [RESERVED]
	nmended to remove, content is covered in other sections.
	0. Applied Case Studies in Alaska Native Culture Based Issues. This course, which s
	ars, will provide, in the context of case studies and skill development:
(a)	how traditional lifestyles and health practices impact the Alaska Native community;
(b)	how Alaska Native beliefs, attitudes, and knowledge of health promotion can promote
-	anges to the current health status;
(c) (d)	emphasis on potential strategies for improving village based behaviorally health service
(d) (e)	incorporating traditional ways of healing into treatment plans, as appropriate; and improving recognition and acceptance of cultural differences that affect treatment
	nong clinical team members.
1 0	
	<b>0. Behavioral Health Clinical Team Building</b> . This course, which shall be 12 contact
hours, will prov	
(a)	practical approaches to:
	(1) team building, facilitation of team meetings, and support of a team approach to
providing <u>1</u>	ntegrated behavioral health services;
settings es	<ul> <li>(2) collaboration and partnership among individuals with different training and wo pecially with community health aides and practitioners and dental health aides;</li> </ul>
settings, es	(3) [RESERVE]
	<ul> <li>(4) interaction among different teams that may be involved with a single client; and</li> </ul>
(b)	applied exercises in which each trainee will develop a team building plan;
(c)	practice providing support and feedback to others regarding clinical interventions,
including c	ounseling; and
<u>(d)</u>	practice initiating, designing, and facilitating a Multi-Disciplinary Team (MDT) and/
clinical tear	m including public speaking and lead roles.
Section 8 20 38	5 Introduction to Supervision This course, which shall be 16 contact hours, will prov
(a)	<ol> <li>Introduction to Supervision. This course, which shall be <u>16</u> contact hours, will prov an introduction to philosophy and practical application of functions of:</li> </ol>
(a)	(1) supervision, including coach/mentor, tutor/teacher, consultant, role model,
evaluator a	administrator;
- · uiuut01, t	(2) guidance in developing a vision for supervisory relationships and defining
expectation	
1	(3) skill development in nurturing counselor development, promoting development
skills and c	ompetencies, and achieving accountability;
	(4) an introduction to ethics of supervision;
	(5) an introduction to administrative requirements and related supervision;
	(6) guidance in managing conflicting functions expected of supervisors;
	(7) introduction to dual roles of providers, including mentors, administrative
supervisors	, and clinical supervisor roles.

1	(8) encouraging the development and enhancement of community resources by the
2 3	supervisee: (9) addressing complaints from referral agencies and other community resources to
4	maintain relationships with community, state, and tribal partners; and
5	(b) application exercises to assist trainees to practice various functions of supervision and
6	begin developing their own supervisory approaches.
7	
8	Section 8.20.390. Child Development. This course, which shall be 20 contact hours, will provide:
9	(a) foundational information regarding:
10 11	<ul> <li>(1) review of developmental needs of youth ages in utero/birth to 17;</li> <li>(2) local state of the state of th</li></ul>
11	(2) developmental screenings and how to participate in an integrated approach with community health aides who perform well child checks;
12	$(\underline{3})$ overview of threats to development, including
14	(A) domestic violence, lack of social/family connection, neglect, and related
15	biological, emotional and psychological distress; and
16	(B) role of parenting and social supports;
17	$(\underline{4})$ cultural influences of development;
18	(5) adaptive and maladaptive behavior <u>in the developing child;</u>
19	( <u>6</u> ) issues of development related to exposure to alcohol and other substances in utero
20 21	to age 3; and
21	<ul> <li>(<u>7</u>) the impact of trauma on child development, including</li> <li>(A) hyper and hypo physiological responses manifested in maladaptive</li> </ul>
23	behaviors, traumatic brain injury (TBI) and fetal alcohol spectrum disorder (FASD);
24	(B) preverbal versus verbal trauma and expression;
25	(C) brain and nervous system functioning; and
26	(D) social functioning- <u>; and</u>
27	(E) adverse childhood experiences
28	
29	Section 8.20.400. Village-Based Behavioral Health Services. This course, which shall be 20 contact
30 31	hours and be conducted in a seminar format, will require participants to: (a) analyze and discuss contemporary problems and issues associated with providing village-
32	based behavioral health services, including emerging clinical issues, funding, billable services, staffing
33	levels, manpower development, etc.;
34	(b) [RESERVE]
35	(c) analyze how to address practice challenges in a village-based setting, including ethical
36	issues, dual relationships, lack of alternative services, isolation, compassion fatigue, and counselor
37	burnout- and lack of training and supervision support;
38	(d) recognize the importance of cultural and professional humility; and
39 40	(e) evaluate strengths and weaknesses of the BHA/P in the area of cultural and professional humility.
40	<u>hunnity.</u>
42	Section 8.20.425. Challenges in Behavioral Health Services. This course, which shall be 16 contact
43	hours, will provide an opportunity for trainees to participate in development of specialized service planning
44	for:
45	(a) evaluation, services, treatment, and case management needs of individuals affected by:
46	(1) experiences such as
47	(A) child abuse, domestic violence, vulnerable adult abuse, sexual assault, or
48 49	other violence;
49 50	<ul> <li>(B) alcohol related brain disorder and traumatic brain injury;</li> <li>(C) disasters, fires, and other traumatic events; and</li> </ul>
51	(2) conditions such as
52	(A) fetal alcohol spectrum disorder (FASD);
53	(B) attention deficit disorder (ADD) and attention deficit hyperactivity
54	disorder (ADHD);
55	(C) developmental disabilities;

1	(D) tobacco use especially in patients with medical conditions, such as
2	periodontal disease, pregnancy, diabetes, cardiovascular disease, and lung disease that are affected by
$\frac{2}{3}$	tobacco use;
4	
4	(E) other health conditions that affect behavior or adjustment; and
5	(b) participate in the development of specialized service planning to address the needs of
6	clients with these clinical issues.
7	(c) using the eBHAM as a resource to work appropriately with clients with overlapping
8	issues.
9	
10	Section 8 20 400 Principles and Practice of Clinical Supervision. This course, which shall be 40 contact
	Section 8.20.490. Principles and Practice of Clinical Supervision. This course, which shall be 40 contact
11	hours, will provide
12	(a) philosophy and practical application approaches to clinical supervision;
13	(b) strategies for facilitating effective participation by supervisees in individualized clinical
14	supervision sessions;
15	(c) information regarding the use of technology (telehealth, real-time interactive e-mail, and
16	other developing capacities) and how it modifies the clinical supervision relationship;
17	(d) guidance regarding how to delineate the difference between <u>mentorship</u> , clinical and
18	administrative supervision, and to identify potential ethical issues with supervisees;
19	(e) strategies for providing expectations to the supervisee on how to present client cases to a
20	supervisor in a way that is effective for case review, consultation, and supervision;
21	(f) application exercises in which each trainee will develop a clinical supervision plan that
22	can be used within their individual work environment-;
23	(g) evaluating work-related competencies, including
24	(1) improving supervisees' self-assessment skills
25	(2) practice providing feedback both informally, and formally for evaluation of
26	supervisee work performance, and behavior.
27	(h) documentation of supervision to meet ethical, and credentialing requirements.
28	1/
29	Section 8.20.485. Competencies for Village-Based Supervision. This course, which shall be 6 contact
30	hours, will provide:
31	(a) information regarding specific cultural issues that affect supervision:
32	
	(1) models of <u>culture-specific</u> oral and written communication with supervisees
33	regarding consultation, mentoring, support and evaluation regarding competencies and administrative
34	performance.
35	(4) [RESERVE]
36	(A) [RESERVE]
37	(B) [RESERVE]
38	(5) [RESERVE]
39	(A) [RESERVE]
40	(B) [RESERVE]
41	(b) [RESERVE]
42	(-) []
43	Section 8.20.495. Child Centered Interventions. This course, which shall be 20 contact hours, will
44	provide:
44 45	1
	(a) [RESERVE]
46	(1) [RESERVE]
47	(A) [RESERVE]
48	(B) [RESERVE]
49	(2) [RESERVE]
50	(A) [RESERVE]
51	(B) [RESERVE]
52	(C) [RESERVE]
53	(3) [RESERVE]
54	(A) [RESERVE]
55	(B) [RESERVE]
56	
50	(b) applied exercises to:

	·
1	(1) define the counselor role in the playroom;
	(2) <u>practice</u> therapeutic approaches to counseling children <u>and interventions for</u>
2 3	preverbal trauma;
4	(3) <u>conduct</u> crisis intervention appropriate to <u>children and</u> youth; <del>and</del>
5	(4) <u>increase</u> culturally competent skills;
6 7	(5) <u>increase</u> skills associated with assessment and diagnosis, and consultation with a treatment team and the client's family;
8	(6) [RESERVE]
9	(7) effectively engage and counsel children, youth, and their parents/legal guardians.
10	
11	Section 7.20.140. Atraumatic Restorative Treatment (ART)
12	(a) <b>Subject Matter.</b> A course in atraumatic restorative treatment must address the following
13	topics:
14 15	<ol> <li>understanding and following dental orders;</li> <li>maximizer and identification contacting for performing A DT;</li> </ol>
16	<ul> <li>(2) reviewing medical history and identifying contraindications for performing ART;</li> <li>(3) identify cases appropriate for ART;</li> </ul>
17	(4) understanding when the patient should be referred to a dentist, <u>dental health aide</u>
18	therapist, or dental health aide therapist practitioner;
19	(5) explaining ART procedure and responding to questions from patient regarding
20	ART;
21	(6) proper patient and provider safety procedures, including proper use of dental
22	instruments;
23 24	<ul> <li>(7) isolating the tooth/teeth;</li> <li>(8) removing gross caries with hand instruments;</li> </ul>
24	<ul> <li>(8) removing gross caries with hand instruments;</li> <li>(9) mixing, placing and contouring appropriate restorative material; and</li> </ul>
26	(10) recognizing potential and actual procedural complications and consulting
27	appropriately with the dentist, dental health aide therapist, or dental health aide therapist practitioner.
28	
29	Section 2.30.250(b). Dental Assistant Function Requirements.
30	
30 31	(a) <b>Prerequisites.</b> A dental health aide may be certified under this section to perform the
30 31 32	(a) <b>Prerequisites.</b> A dental health aide may be certified under this section to perform the functions of a dental assistant under the conditions set forth in subsections (b) through (c) of this
30 31	(a) <b>Prerequisites.</b> A dental health aide may be certified under this section to perform the
30 31 32 33 34 35	(a) <b>Prerequisites.</b> A dental health aide may be certified under this section to perform the functions of a dental assistant under the conditions set forth in subsections (b) through (c) of this section provided the dental health aide satisfies the requirements of:
30 31 32 33 34 35 36	<ul> <li>(a) Prerequisites. A dental health aide may be certified under this section to perform the functions of a dental assistant under the conditions set forth in subsections (b) through (c) of this section provided the dental health aide satisfies the requirements of:         <ul> <li>(2) 2.30.200 [PDHA II training &amp; education requirements] and 2.30.210 [PDHA II supervision &amp; competencies].</li> </ul> </li> </ul>
30 31 32 33 34 35 36 37	<ul> <li>(a) Prerequisites. A dental health aide may be certified under this section to perform the functions of a dental assistant under the conditions set forth in subsections (b) through (c) of this section provided the dental health aide satisfies the requirements of:         <ul> <li>(2) 2.30.200 [PDHA II training &amp; education requirements] and 2.30.210 [PDHA II supervision &amp; competencies].</li> <li>(b) Dental Supervision. A dental health aide certified under this article who satisfies the</li> </ul> </li> </ul>
30 31 32 33 34 35 36 37 38	<ul> <li>(a) Prerequisites. A dental health aide may be certified under this section to perform the functions of a dental assistant under the conditions set forth in subsections (b) through (c) of this section provided the dental health aide satisfies the requirements of:         <ul> <li>(2) 2.30.200 [PDHA II training &amp; education requirements] and 2.30.210 [PDHA II supervision &amp; competencies].</li> <li>(b) Dental Supervision. A dental health aide certified under this article who satisfies the requirements of this section may perform the functions of a dental assistant only under the direct or</li> </ul> </li> </ul>
30 31 32 33 34 35 36 37 38 39	<ul> <li>(a) Prerequisites. A dental health aide may be certified under this section to perform the functions of a dental assistant under the conditions set forth in subsections (b) through (c) of this section provided the dental health aide satisfies the requirements of:</li></ul>
30 31 32 33 34 35 36 37 38 39 40	<ul> <li>(a) Prerequisites. A dental health aide may be certified under this section to perform the functions of a dental assistant under the conditions set forth in subsections (b) through (c) of this section provided the dental health aide satisfies the requirements of: <ul> <li>(2) 2.30.200 [PDHA II training &amp; education requirements] and 2.30.210 [PDHA II supervision &amp; competencies].</li> </ul> </li> <li>(b) Dental Supervision. A dental health aide certified under this article who satisfies the requirements of this section may perform the functions of a dental assistant only under the direct or indirect supervision of a <ul> <li>(1) dentist;</li> </ul> </li> </ul>
30 31 32 33 34 35 36 37 38 39 40 41	<ul> <li>(a) Prerequisites. A dental health aide may be certified under this section to perform the functions of a dental assistant under the conditions set forth in subsections (b) through (c) of this section provided the dental health aide satisfies the requirements of:         <ul> <li>(2) 2.30.200 [PDHA II training &amp; education requirements] and 2.30.210 [PDHA II supervision &amp; competencies].</li> <li>(b) Dental Supervision. A dental health aide certified under this article who satisfies the requirements of this section may perform the functions of a dental assistant only under the direct or indirect supervision of a</li></ul></li></ul>
30 31 32 33 34 35 36 37 38 39 40	<ul> <li>(a) Prerequisites. A dental health aide may be certified under this section to perform the functions of a dental assistant under the conditions set forth in subsections (b) through (c) of this section provided the dental health aide satisfies the requirements of: <ul> <li>(2) 2.30.200 [PDHA II training &amp; education requirements] and 2.30.210 [PDHA II supervision &amp; competencies].</li> </ul> </li> <li>(b) Dental Supervision. A dental health aide certified under this article who satisfies the requirements of this section may perform the functions of a dental assistant only under the direct or indirect supervision of a <ul> <li>(1) dentist;</li> </ul> </li> </ul>
30 31 32 33 34 35 36 37 38 39 40 41 42 43 44	<ul> <li>(a) Prerequisites. A dental health aide may be certified under this section to perform the functions of a dental assistant under the conditions set forth in subsections (b) through (c) of this section provided the dental health aide satisfies the requirements of: <ul> <li>(2) 2.30.200 [PDHA II training &amp; education requirements] and 2.30.210 [PDHA II supervision &amp; competencies].</li> </ul> </li> <li>(b) Dental Supervision. A dental health aide certified under this article who satisfies the requirements of this section may perform the functions of a dental assistant only under the direct or indirect supervision of a <ul> <li>(1) dentist;</li> <li>(2) dental health aide therapist;</li> <li>(3) licensed dental hygienist; or</li> <li>(4) [RESERVED]</li> <li>(5) dental health aide therapist practitioner; or</li> </ul> </li> </ul>
30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45	<ul> <li>(a) Prerequisites. A dental health aide may be certified under this section to perform the functions of a dental assistant under the conditions set forth in subsections (b) through (c) of this section provided the dental health aide satisfies the requirements of: <ul> <li>(2) 2.30.200 [PDHA II training &amp; education requirements] and 2.30.210 [PDHA II supervision &amp; competencies].</li> </ul> </li> <li>(b) Dental Supervision. A dental health aide certified under this article who satisfies the requirements of this section may perform the functions of a dental assistant only under the direct or indirect supervision of a <ul> <li>(1) dentist;</li> <li>(2) dental health aide therapist;</li> <li>(3) licensed dental hygienist; or</li> <li>(4) [RESERVED]</li> <li>(5) dental health aide therapist practitioner; or</li> <li>(6) primary dental health aide II or expanded function dental health aide I or II who</li> </ul> </li> </ul>
30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46	<ul> <li>(a) Prerequisites. A dental health aide may be certified under this section to perform the functions of a dental assistant under the conditions set forth in subsections (b) through (c) of this section provided the dental health aide satisfies the requirements of: <ul> <li>(2) 2.30.200 [PDHA II training &amp; education requirements] and 2.30.210 [PDHA II supervision &amp; competencies].</li> </ul> </li> <li>(b) Dental Supervision. A dental health aide certified under this article who satisfies the requirements of this section may perform the functions of a dental assistant only under the direct or indirect supervision of a <ul> <li>(1) dentist;</li> <li>(2) dental health aide therapist;</li> <li>(3) licensed dental hygienist; or</li> <li>(4) [RESERVED]</li> <li>(5) dental health aide therapist practitioner; or</li> </ul> </li> </ul>
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$\begin{array}{c} 30\\ 31\\ 32\\ 33\\ 34\\ 35\\ 36\\ 37\\ 38\\ 39\\ 40\\ 41\\ 42\\ 43\\ 44\\ 45\\ 46\\ 47\\ 48\\ 49\\ 50\\ 51\\ 52\\ 53\\ \end{array}$	<ul> <li>(a) Prerequisites. A dental health aide may be certified under this section to perform the functions of a dental assistant under the conditions set forth in subsections (b) through (c) of this section provided the dental health aide satisfies the requirements of: <ul> <li>(2) 2.30.200 [PDHA II training &amp; education requirements] and 2.30.210 [PDHA II supervision &amp; competencies].</li> </ul> </li> <li>(b) Dental Supervision. A dental health aide certified under this article who satisfies the requirements of this section may perform the functions of a dental assistant only under the direct or indirect supervision of a <ul> <li>(1) dentist;</li> <li>(2) dental health aide therapist;</li> <li>(3) licensed dental hygienist; or</li> <li>(4) [RESERVED]</li> <li>(5) dental health aide therapist practitioner; or</li> <li>(6) primary dental health aide II or expanded function dental health aide I or II who is performing procedures under the general supervision of a dentist.</li> </ul> </li> <li>Section 2.30.250. Dental Assistant Function Requirements. <ul> <li>(a) Training, Education and Preceptorship. In addition to performing functions as provided for the level of certification achieved by the dental health aide, a dental health aide may perform the functions of a dental assistant, if the dental health aide has successfully completed one of the following:</li> </ul></li></ul>
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$\begin{array}{c} 30\\ 31\\ 32\\ 33\\ 34\\ 35\\ 36\\ 37\\ 38\\ 39\\ 40\\ 41\\ 42\\ 43\\ 44\\ 45\\ 46\\ 47\\ 48\\ 49\\ 50\\ 51\\ 52\\ 53\\ \end{array}$	<ul> <li>(a) Prerequisites. A dental health aide may be certified under this section to perform the functions of a dental assistant under the conditions set forth in subsections (b) through (c) of this section provided the dental health aide satisfies the requirements of: <ul> <li>(2) 2.30.200 [PDHA II training &amp; education requirements] and 2.30.210 [PDHA II supervision &amp; competencies].</li> </ul> </li> <li>(b) Dental Supervision. A dental health aide certified under this article who satisfies the requirements of this section may perform the functions of a dental assistant only under the direct or indirect supervision of a <ul> <li>(1) dentist;</li> <li>(2) dental health aide therapist;</li> <li>(3) licensed dental hygienist; or</li> <li>(4) [RESERVED]</li> <li>(5) dental health aide therapist practitioner; or</li> <li>(6) primary dental health aide II or expanded function dental health aide I or II who is performing procedures under the general supervision of a dentist.</li> </ul> </li> <li>Section 2.30.250. Dental Assistant Function Requirements. <ul> <li>(a) Training, Education and Preceptorship. In addition to performing functions as provided for the level of certification achieved by the dental health aide, a dental health aide may perform the functions of a dental assistant, if the dental health aide has successfully completed one of the following:</li> </ul></li></ul>

1	(3) a program provided by a <u>dental assistant, dental hygienist, dental health aide</u>							
2	hygienist, dental health aide therapist, dental health aide therapist practitioner, or dentist who directly							
3	supervised the person carrying out a sufficient number of patient encounters for the person to develop							
4	satisfactory skills, as determined by the supervising dentist, in each of the functions identified in							
4 5 6 7 8	2.30.250(d) [dental assistant function requirements; competencies].							
6								
7	Section 2.30.100(b)(1)							
	2.30.100 (b) (1) delivery of a minimum of 20 topical fluoride treatments, which must include a							
9	minimum of 5 varnish, 5 rinse and 5 foam or gel treatments;							
10								
11	Section 2.30.010(a)							
12	(a) Generally. The supervision of a dental health aide may be general, indirect, <u>direct via</u>							
13	telehealth or direct, as defined in section 2.30.010(b) [supervision of DHAs; definitions of levels of							
14	supervision], provided that							
15 16	Seation 2 20 010(h)							
10	Section 2.30.010(b) (b) Definitions of Levels of Supervision. For the purposes of this article:							
18	<ul> <li>(b) Definitions of Levels of Supervision. For the purposes of this article:</li> <li>(1) "Direct supervision" means the dentist, dental health aide therapist, or dental</li> </ul>							
19	health aide therapist practitioner in the dental office, personally diagnoses the condition to be treated,							
20	personally authorizes the procedure, and before dismissal of the patient evaluates the performance of							
21	the dental health aide;							
22	(2) "General supervision" means the dentist, dental health aide therapist, or dental							
23	health aide therapist practitioner has authorized the procedures and they are being carried out in							
24	accordance with standing orders issued to a specific dental health aide; and							
25	(3) "Indirect supervision" means a dentist, dental health aide therapist, or dental health							
26	aide therapist practitioner is in the facility, authorizes the procedures, and remains in the dental facility							
27	while the procedures are being performed by the dental health aide-: and							
28	(4) "Direct via telehealth" means the dentist, dental health aide therapist, or dental							
29	health aide therapist practitioner via telehealth including a video component, personally diagnoses the							
30	condition to be treated, personally authorizes the procedure, and before dismissal of the patient							
31	evaluates the performance of the dental health aide and this form of supervision is only allowed for							
32	Primary Dental Health Aide I preceptorships.							
33								
34 35	Section 2.30.100(b) (b) Preceptorship. A dental health aide must after completion of the requirements in subsection							
33 36	(a) of this section, under the direct supervision <u>or direct via telehealth supervision</u> of a dentist, dental							
37	health aide therapist or dental hygienist, satisfactorily complete a preceptorship, which must include							
38	satisfactory performance in the							
39	(1) delivery of a minimum of 20 fluoride treatments, which must include a							
40	minimum of 5 varnish, 5 rinse and 5 foam or gel treatments;							
41	(2) delivery of a minimum of 40 oral hygiene sessions of which							
42	(A) a minimum of 10 must be with children under 6 years of age;							
43	(B) a minimum of 10 must be with patients between ages 6 and 14; and							
44	(C) a minimum of 10 must be with patients over age 14;							
45	(3) delivery of a minimum of 20 diet education sessions, including a minimum of:							
46	(A) 10 provided to the primary caregiver of children under age 6; and							
47	(B) 5 provided to an adult regarding the adult's own diet; and							
48	(4) an additional 40 hours of relevant work experience.							
49								
50								
51 52	October 6, 2021, three sections were amended, as follows:							
52 53	Section 2 30 240(d)							
55 54	Section 2.30.240(d). Sec. 2.30.240. Dental Radiology Requirements.							
Ът	500. 2.50.240. Dentai Radiology Requirements.							

1					
1		<b>npetencies.</b> In addition to meeting all other requirements of this section, a dental			
2 3		perform dental radiology, if the dental health aide successfully demonstrates and			
3 4	maintains	an un doustanding of			
	(1)	an understanding of: (A) $= $ components of an x ray machine			
5		<ul> <li>(A) components of an x-ray machine,</li> <li>(B) kilovoltage (kVp),</li> </ul>			
7		(C) density and contrast,			
5 6 7 8 9		(D) milliamperage (mA),			
0		(E) exposure time,			
10		(F) film type,			
10		(G) automatic processing equipment,			
11		(H) darkroom lighting, and			
12		(I) <del>purpose of film mounts</del> ;			
13		(J) variety of digital radiography systems, and			
15		(K) <u>basic knowledge of film radiography systems, and</u>			
16	(2)	competency in the following:			
10	(2)	(A) radiological protection,			
18		(B) radiographic quality,			
10		(C) radiographic technique,			
20		(D) processing technique,			
20		(E) presentation of radiographs,			
22		<ul><li>(F) radiographic infection control,</li></ul>			
23		(G) special radiograph techniques,			
24		(H) maintenance of processor equipment, and			
25		(I) mounting and labeling of radiographs, and			
26		(J) knowledge of digital dental radiology; and			
27	(3)	satisfactory performance of the following skills:			
28		(A) radiological protection of operator and patient,			
29		(B) use and storage of the lead apron and thyroid collar,			
30		<ul> <li>(C) review medical history and identify contraindications for performing x-</li> </ul>			
31	rays <u>.</u>	(c) review measure mission and measure contained and the performing r			
32	149 0 <u>1</u>	(D) dosimeter (film badge) and radiology reports;			
33		(E) recognition and correction of:			
34		(i) distortion,			
35					
36		(iii) cone-cutting, <del>and</del>			
37		(iv) automatic processing problems;			
38		(F) use of film sensor holding devices,			
39		(G) positioning and exposing intra-oral radiographs,			
40		(H) troubleshooting:- <u>technique errors</u> ,			
41		(iii) technique errors, and			
42		(iv) processing errors;			
43		(I)film handling during processing,			
44		(J) <u>film image labeling, and</u>			
45		(K) use of landmarks to mount film display images.			
46		(L) use of daylight loader; and			
47		(M) basic knowledge of digital radiography.			
48					
49	Section 7.20.120.				
50	Sec. 7.20.120. Dental ]				
51	(a) Subject M	atter. A course in dental radiology must address the following topics:			
52	(1)	components of an x-ray machine,			
53	(2)	kilovoltage (kVp),			
54	(3)	density and contrast,			
55	(4)	milliamperage (mA),			

1	(5) exposure time,
2 3	(6) film sensor type,
3	(7) automatic processing equipment,
4	(8) darkroom lighting,
5	(9) purpose of film mounts,
6	(10) radiological protection,
7	(11) radiographic quality,
8	(12) radiographic technique,
9	(13) processing technique,
10	(14) presentation of radiographs,
11	(15) radiographic infection control,
12	(16) special radiograph techniques,
13	(17) maintenance of processor equipment,
14	(18) mounting and labeling of radiographs,
15	(19) radiological protection of operator and patient,
16	(20) use and storage of the lead apron and thyroid collar,
17	(21) review medical history and identify contraindications for performing x-rays,
18	(22) dosimeter (film badge) and radiology reports,
19	(23) recognition and correction of
20	(A) distortion,
21	(B) overlap, <u>and</u>
22	(C) cone-cutting; <u>and</u>
23	(D) automatic processing problems;
24	(24) use of film <u>sensor</u> holding device for,
25	(25) positioning and exposing intra-oral radiographs,
26	(26) troubleshooting <u>technique errors</u> ,
27	(A) technique errors, and
28	(B) processing errors;
29 30	(27) film handling during processing,
30 31	<ul> <li>(28) film image labeling,</li> <li>(29) use of landmarks to mount film display images.</li> </ul>
32	(29) use of fandmarks to mount find display images, (30) use of daylight loader; and
33	(31) basic knowledge of <del>digital film</del> radiography <del>, ;and</del>
34	(31) variety of digital radiography systems.
35	(52) <u>variety of digital factography systems.</u>
36	Section 2.20.210(c)(5)
37	Section 2.20.210 (C(3) Sec. 2.20.210. Community Health Aide II Competencies. In addition to meeting the requirements
38	of section 2.20.110 [CHA I competencies], a certified community health aide II must successfully
39	demonstrate and maintain:
40	(c) satisfactory performance of the following skills:
41	(5) the following treatments and procedures:
42	(A) wound:
43	(i) irrigation,
44	(i) closure strips,
45	
46	
46 47	(iv) suture removal;
	(B) orthopedics:
48	(i) crutch fit/walk,
49	(ii) plaster splinting;
50	(C) intravenous therapy;
51	(D) dental prevention:
52	(i) tooth brushing,
53	(ii) flossing,
54	(iii) disclosing tablets,
55	(iv) fluoride application;

l	(v) [Reserved]
	(E) Performing 12 lead ECG.
2 3 4 5	January 13, 2022, six sections were amended, as follows:
1	
	Section 2.30.410(a).
5	Sec. 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies.
7	(a) Dental Supervision.
3	(1) An expanded function dental health aide I may perform the functions identified for a
)	dental assistant under sections 2.30.250(c) [dental assistant function requirements; competencies] and
)	2.30.410(b) [EFDHA I supervision & competencies; competencies] only under the direct or indirect 5
l	supervision of a dentist, dental health aide therapist, or dental health aide therapist practitioner.
2	
3 1	Section 2.30.510(b).
	Sec. 2.30.510. Expanded Function Dental Health Aide II Training and education Requirements.
	(b) <b>Competencies.</b> In addition to satisfying the requirements of 2.30.500 [EFDHA II
	training & education requirements], a certified expanded function dental health aide <u>II</u> must
	demonstrate and maintain the following: Section 7.20.200
; )	Section 7.20.200 Sec. 7.20.200. Basic Restorative Functions
)	
,	(a) Subject Matter. A course in basic restorative functions must address the following topics:
)	(1) advanced tooth morphology, structure and function;
	<ul><li>(1) advanced tooli hiorphology, structure and function,</li><li>(2) discrimination between acceptable and unacceptable restoration;</li></ul>
	<ul><li>(3) placement and finishing of Class I, II and V dental amalgams (simple fillings) after</li></ul>
	preparation by the dentist, <del>or</del> dental health aide therapist, or dental health aide therapist practitioner;
	(4) dental composite placement Class I, III and V (simple fillings) after preparation by a
	dentist, <del>or</del> dental health aide therapist, or <u>dental health aide therapist practitioner</u> ; and
)	Section 7.20.210
	Sec. 7.20.210 Advanced Restorative Functions
	(a) Subject Matter. A course in advanced restorative functions must address the following
	topics:
	(1) the basics of occlusion as they apply to restorative dentistry; and
	<ul> <li>(1) and custos of occlusion as may apply to restorative dentisity, and</li> <li>(2) current state-of-the-art dentinal bonding agents;</li> </ul>
	<ul> <li>(2) current state of the art definition of cusp protected amalgam and complex Class II</li> <li>(3) placement and finishing of cusp protected amalgam and complex Class II</li> </ul>
	amalgams (complex fillings) after preparation by the dentist, dental health aide therapist, or dental
	health aide practitioner;
	(4) placement and finishing of dental composite Class II and IV (complex fillings)
	after preparation by the dentist, dental health aide therapist, or dental health aide therapist
	practitioner; and
	Section 2.50.200.
	Sec. 2.50.200. Requirements for Renewal.
	(a) A certified community health aide, community health practitioner, dental health aide,
	or behavioral health aide or practitioner applying for certificate renewal shall:
	(1) apply on a form provided by the Board;
	(2) pay the application fees required by the Board;
	(3) provide evidence satisfactory to the Board that the applicant has met the
	continuing education requirements of the Board;
	(4) provide evidence satisfactory to the Board that the applicant continues to
	demonstrate the practical professional competencies required for the level of certification sought;
	(A) for a community health aide or community health practitioner, a re-
	entry evaluation, following CHAP guidelines, will be conducted for an applicant who has not been employed in direct patient even for a minimum of 20 hours with a minimum of 20 patient encounters
-	employed in direct patient care for a minimum of 80 hours with a minimum of 30 patient encounters in the six months prior to submission of the application;
5	in the six months prior to submission of the application,

1	(B) for a community health aide or community health practitioner, a
2 3	biennial clinical competency evaluation will be conducted
3	(5) continue to meet the requirements of chapter 2 [certification of CHA/Ps,
4	DHAs, & BHAs]; and
5	(6) if seeking recertification as a community health practitioner, no less often than
6	once every six years, the individual must re-satisfy the requirements of section 2.20.500 [CHP
$\tilde{7}$	training & education requirements]; or
8	
	(7) if seeking recertification as a dental health aide therapist practitioner, no less
9	often than once every six years, the individual must re-satisfy the requirements of section 2.30.700(3)
10	and (4) [DHATP training & education requirements].
11	(b) An applicant who has not been employed as a community health aide, community health
12	practitioner, dental health aide, or behavioral health aide or behavioral health practitioner an average of
13	at least 15 hours a week for at least six months of the previous 12 months prior to submission of the
14	application must provide evidence satisfactory to the Board that he or she has been monitored in the
15	performance of each required competence until he or she has demonstrated successful performance of
16	each.
17	cacii.
	Section 2 20 700(4)
18	Section 2.30.700(4)
19	Sec. 2.30.700. Dental Health Aide Therapist Practitioner Training and Education Requirements.
20	
21	(4) Letter of Recommendation to the CHAP Certification board by the applicant's
22	supervising dentist direct clinical supervisor verifying the DHAT meets clinical competency and has
23	satisfactory completion of 30 chart audits.
24	
25	
26	June 2, 2022, five sections were amended, as follows:
27	
• •	$S_{}$ (1) = 2.20 (400/L)
28	Section 2.30.400(b)
28 29	
29	Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education
29 30	
29 30 31	Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.
29 30 31 32	<ul> <li>Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.</li> <li>(b) Preceptorship. An expanded function dental health aide I who has satisfied the</li> </ul>
29 30 31 32 33	<ul> <li>Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.</li> <li>(b) Preceptorship. An expanded function dental health aide I who has satisfied the requirements of</li> </ul>
29 30 31 32 33 34	Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements. (b) Preceptorship. An expanded function dental health aide I who has satisfied the requirements of (1) subsection (a)(2)(A) [EFDHA I training & education; (basic restorative
29 30 31 32 33 34 35	<ul> <li>Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.</li> <li>(b) Preceptorship. An expanded function dental health aide I who has satisfied the requirements of         <ul> <li>(1) subsection (a)(2)(A) [EFDHA I training &amp; education; (basic restorative functions course)] must, after completion of the other requirements in subsection (a) [EFDHA I</li> </ul> </li> </ul>
29 30 31 32 33 34 35 36	<ul> <li>Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.</li> <li>(b) Preceptorship. An expanded function dental health aide I who has satisfied the requirements of         <ul> <li>(1) subsection (a)(2)(A) [EFDHA I training &amp; education; (basic restorative functions course)] must, after completion of the other requirements in subsection (a) [EFDHA I training and education] of this section, satisfactorily complete a preceptorship, which must</li> </ul> </li> </ul>
29 30 31 32 33 34 35 36 37	<ul> <li>Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.</li> <li>(b) Preceptorship. An expanded function dental health aide I who has satisfied the requirements of         <ul> <li>(1) subsection (a)(2)(A) [EFDHA I training &amp; education; (basic restorative functions course)] must, after completion of the other requirements in subsection (a) [EFDHA I training and education] of this section, satisfactorily complete a preceptorship, which must (A) be under the direct supervision of a dentist or DHATP;</li> </ul> </li> </ul>
29 30 31 32 33 34 35 36 37 38	<ul> <li>Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.</li> <li>(b) Preceptorship. An expanded function dental health aide I who has satisfied the requirements of         <ul> <li>(1) subsection (a)(2)(A) [EFDHA I training &amp; education; (basic restorative functions course)] must, after completion of the other requirements in subsection (a) [EFDHA I training and education] of this section, satisfactorily complete a preceptorship, which must</li></ul></li></ul>
29 30 31 32 33 34 35 36 37 38 39	<ul> <li>Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.</li> <li>(b) Preceptorship. An expanded function dental health aide I who has satisfied the requirements of         <ul> <li>(1) subsection (a)(2)(A) [EFDHA I training &amp; education; (basic restorative functions course)] must, after completion of the other requirements in subsection (a) [EFDHA I training and education] of this section, satisfactorily complete a preceptorship, which must</li></ul></li></ul>
29 30 31 32 33 34 35 36 37 38 39 40	<ul> <li>Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.</li> <li>(b) Preceptorship. An expanded function dental health aide I who has satisfied the requirements of         <ul> <li>(1) subsection (a)(2)(A) [EFDHA I training &amp; education; (basic restorative functions course)] must, after completion of the other requirements in subsection (a) [EFDHA I training and education] of this section, satisfactorily complete a preceptorship, which must</li></ul></li></ul>
29 30 31 32 33 34 35 36 37 38 39 40 41	<ul> <li>Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.</li> <li>(b) Preceptorship. An expanded function dental health aide I who has satisfied the requirements of         <ul> <li>(1) subsection (a)(2)(A) [EFDHA I training &amp; education; (basic restorative functions course)] must, after completion of the other requirements in subsection (a) [EFDHA I training and education] of this section, satisfactorily complete a preceptorship, which must</li></ul></li></ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42	<ul> <li>Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.</li> <li>(b) Preceptorship. An expanded function dental health aide I who has satisfied the requirements of         <ul> <li>(1) subsection (a)(2)(A) [EFDHA I training &amp; education; (basic restorative functions course)] must, after completion of the other requirements in subsection (a) [EFDHA I training and education] of this section, satisfactorily complete a preceptorship, which must</li></ul></li></ul>
29 30 31 32 33 34 35 36 37 38 39 40 41	<ul> <li>Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.</li> <li>(b) Preceptorship. An expanded function dental health aide I who has satisfied the requirements of         <ul> <li>(1) subsection (a)(2)(A) [EFDHA I training &amp; education; (basic restorative functions course)] must, after completion of the other requirements in subsection (a) [EFDHA I training and education] of this section, satisfactorily complete a preceptorship, which must</li></ul></li></ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42	<ul> <li>Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.</li> <li>(b) Preceptorship. An expanded function dental health aide I who has satisfied the requirements of         <ul> <li>(1) subsection (a)(2)(A) [EFDHA I training &amp; education; (basic restorative functions course)] must, after completion of the other requirements in subsection (a) [EFDHA I training and education] of this section, satisfactorily complete a preceptorship, which must</li></ul></li></ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	<ul> <li>Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.</li> <li>(b) Preceptorship. An expanded function dental health aide I who has satisfied the requirements of         <ul> <li>(1) subsection (a)(2)(A) [EFDHA I training &amp; education; (basic restorative functions course)] must, after completion of the other requirements in subsection (a) [EFDHA I training and education] of this section, satisfactorily complete a preceptorship, which must</li></ul></li></ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45	<ul> <li>Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.</li> <li>(b) Preceptorship. An expanded function dental health aide I who has satisfied the requirements of <ul> <li>(1) subsection (a)(2)(A) [EFDHA I training &amp; education; (basic restorative functions course)] must, after completion of the other requirements in subsection (a) [EFDHA I training and education] of this section, satisfactorily complete a preceptorship, which must</li> <li>(A) be under the direct supervision of a dentist or DHATP;</li> <li>(B) continue after completion of the training under subsection (a)(2) for a minimum of six months or 800 hours, whichever is longer; and</li> <li>(C) include satisfactory performance in the dental health aide's clinical setting under direct supervision of a dentist or DHATP of a minimum of 50 restorations of which a minimum of 5 must be in each classification of amalgam class I, class II, and class V and composite class I, class III and class V; or</li> </ul> </li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44	<ul> <li>Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.</li> <li>(b) Preceptorship. An expanded function dental health aide I who has satisfied the requirements of         <ul> <li>(1) subsection (a)(2)(A) [EFDHA I training &amp; education; (basic restorative functions course)] must, after completion of the other requirements in subsection (a) [EFDHA I training and education] of this section, satisfactorily complete a preceptorship, which must</li></ul></li></ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47	<ul> <li>Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.</li> <li>(b) Preceptorship. An expanded function dental health aide I who has satisfied the requirements of <ul> <li>(1) subsection (a)(2)(A) [EFDHA I training &amp; education; (basic restorative functions course)] must, after completion of the other requirements in subsection (a) [EFDHA I training and education] of this section, satisfactorily complete a preceptorship, which must</li> <li>(A) be under the direct supervision of a dentist or DHATP;</li> <li>(B) continue after completion of the training under subsection (a)(2) for a minimum of six months or 800 hours, whichever is longer; and</li> <li>(C) include satisfactory performance in the dental health aide's clinical setting under direct supervision of a dentist or DHATP of a minimum of 50 restorations of which a minimum of 5 must be in each classification of amalgam class I, class II, and class V and composite class I, class III and class V; or</li> </ul> </li> <li>Section 2.30.550(b) and (d).</li> <li>Sec. 2.30.550. Stainless Steel Crown Placement Requirements.</li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48	<ul> <li>Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.</li> <li>(b) Preceptorship. An expanded function dental health aide I who has satisfied the requirements of <ul> <li>(1) subsection (a)(2)(A) [EFDHA I training &amp; education; (basic restorative functions course)] must, after completion of the other requirements in subsection (a) [EFDHA I training and education] of this section, satisfactorily complete a preceptorship, which must</li> <li>(A) be under the direct supervision of a dentist or DHATP;</li> <li>(B) continue after completion of the training under subsection (a)(2) for a minimum of six months or 800 hours, whichever is longer; and</li> <li>(C) include satisfactory performance in the dental health aide's clinical setting under direct supervision of a dentist or DHATP of a minimum of 50 restorations of which a minimum of 5 must be in each classification of amalgam class I, class II, and class V and composite class I, class II and class V; or</li> </ul> </li> <li>Section 2.30.550(b) and (d).</li> <li>Section 2.30.550(b) and (d).</li> <li>b) Dental Supervision. An expanded function dental health aide I or II may perform</li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49	<ul> <li>Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.</li> <li>(b) Preceptorship. An expanded function dental health aide I who has satisfied the requirements of <ul> <li>(1) subsection (a)(2)(A) [EFDHA I training &amp; education; (basic restorative functions course)] must, after completion of the other requirements in subsection (a) [EFDHA I training and education] of this section, satisfactorily complete a preceptorship, which must</li> <li>(A) be under the direct supervision of a dentist <u>or DHATP</u>;</li> <li>(B) continue after completion of the training under subsection (a)(2) for a minimum of six months or 800 hours, whichever is longer; and</li> <li>(C) include satisfactory performance in the dental health aide's clinical setting under direct supervision of a dentist <u>or DHATP</u> of a minimum of 50 restorations of which a minimum of 5 must be in each classification of amalgam class I, class II, and class V and composite class I, class III and class V; or</li> </ul> </li> <li>Section 2.30.550(b) and (d).</li> <li>Sec. 2.30.550. Stainless Steel Crown Placement Requirements.</li> <li>(b) Dental Supervision. An expanded function dental health aide I or II may perform stainless steel crown placement only under the direct or indirect supervision of a dentist or provision of a dentist or provision</li></ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50	<ul> <li>Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.</li> <li>(b) Preceptorship. An expanded function dental health aide I who has satisfied the requirements of <ul> <li>(1) subsection (a)(2)(A) [EFDHA I training &amp; education; (basic restorative functions course)] must, after completion of the other requirements in subsection (a) [EFDHA I training and education] of this section, satisfactorily complete a preceptorship, which must</li> <li>(A) be under the direct supervision of a dentist or DHATP;</li> <li>(B) continue after completion of the training under subsection (a)(2) for a minimum of six months or 800 hours, whichever is longer; and</li> <li>(C) include satisfactory performance in the dental health aide's clinical setting under direct supervision of a dentist or DHATP of a minimum of 50 restorations of which a minimum of 5 must be in each classification of amalgam class I, class II, and class V and composite class I, class II and class V; or</li> </ul> </li> <li>Section 2.30.550(b) and (d).</li> <li>Section 2.30.550(b) and (d).</li> <li>b) Dental Supervision. An expanded function dental health aide I or II may perform</li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51	<ul> <li>Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.</li> <li>(b) Preceptorship. An expanded function dental health aide I who has satisfied the requirements of <ul> <li>(1) subsection (a)(2)(A) [EFDHA I training &amp; education; (basic restorative functions course)] must, after completion of the other requirements in subsection (a) [EFDHA I training and education] of this section, satisfactorily complete a preceptorship, which must</li> <li>(A) be under the direct supervision of a dentist or DHATP;</li> <li>(B) continue after completion of the training under subsection (a)(2) for a minimum of six months or 800 hours, whichever is longer; and</li> <li>(C) include satisfactory performance in the dental health aide's clinical setting under direct supervision of a dentist or DHATP of a minimum of 50 restorations of which a minimum of 5 must be in each classification of amalgam class I, class II, and class V and composite class I, class II and class V; or</li> </ul> </li> <li>Section 2.30.550(b) and (d).</li> <li>Sec. 2.30.550. Stainless Steel Crown Placement Requirements.</li> <li>(b) Dental Supervision. An expanded function dental health aide I or II may perform stainless steel crown placement only under the direct or indirect supervision of a dentist, or dental health aide therapist, or dental health aide therapist practitioner.</li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52	<ul> <li>Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.</li> <li>(b) Preceptorship. An expanded function dental health aide I who has satisfied the requirements of <ul> <li>(1) subsection (a)(2)(A) [EFDHA I training &amp; education; (basic restorative functions course)] must, after completion of the other requirements in subsection (a) [EFDHA I training and education] of this section, satisfactorily complete a preceptorship, which must</li> <li>(A) be under the direct supervision of a dentist <u>or DHATP;</u></li> <li>(B) continue after completion of the training under subsection (a)(2) for a minimum of six months or 800 hours, whichever is longer; and</li> <li>(C) include satisfactory performance in the dental health aide's clinical setting under direct supervision of a dentist <u>or DHATP</u> of a minimum of 50 restorations of which a minimum of 5 must be in each classification of amalgam class I, class II, and class V and composite class I, class III and class V; or</li> </ul> </li> <li>Section 2.30.550(b) and (d).</li> <li>Sec 2.30.550. Stainless Steel Crown Placement Requirements.</li> <li>(b) Dental Supervision. An expanded function dental health aide I or II may perform stainless steel crown placement only under the direct or indirect supervision of a dentist, <del>or</del> dental health aide therapist practitioner.</li> <li>(d) Preceptorship. A dental health aide must after completion of the requirements in</li> </ul>
$\begin{array}{c} 29\\ 30\\ 31\\ 32\\ 33\\ 34\\ 35\\ 36\\ 37\\ 38\\ 39\\ 40\\ 41\\ 42\\ 43\\ 44\\ 45\\ 46\\ 47\\ 48\\ 49\\ 50\\ 51\\ 52\\ 53\\ \end{array}$	<ul> <li>Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.</li> <li>(b) Preceptorship. An expanded function dental health aide I who has satisfied the requirements of <ul> <li>(1) subsection (a)(2)(A) [EFDHA I training &amp; education; (basic restorative functions course)] must, after completion of the other requirements in subsection (a) [EFDHA I training and education] of this section, satisfactorily complete a preceptorship, which must</li> <li>(A) be under the direct supervision of a dentist or DHATP;</li> <li>(B) continue after completion of the training under subsection (a)(2) for a minimum of six months or 800 hours, whichever is longer; and</li> <li>(C) include satisfactory performance in the dental health aide's clinical setting under direct supervision of a dentist or DHATP of a minimum of 50 restorations of which a minimum of 5 must be in each classification of amalgam class I, class II, and class V and composite class I, class III and class V; or</li> </ul> </li> <li>Section 2.30.550(b) and (d).</li> <li>Sect. 2.30.550. Stainless Steel Crown Placement Requirements.</li> <li>(b) Dental Supervision. An expanded function dental health aide I or II may perform stainless steel crown placement only under the direct supervision of a dentist, or dental health aide therapist practitioner.</li> <li>(d) Preceptorship. A dental health aide must after completion of the requirements in subsection (a) of this section, satisfactorily complete a preceptorship, which must</li> </ul>
$\begin{array}{c} 29\\ 30\\ 31\\ 32\\ 33\\ 34\\ 35\\ 36\\ 37\\ 38\\ 39\\ 40\\ 41\\ 42\\ 43\\ 44\\ 45\\ 46\\ 47\\ 48\\ 49\\ 50\\ 51\\ 52\\ 53\\ 54\\ \end{array}$	<ul> <li>Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.</li> <li>(b) Preceptorship. An expanded function dental health aide I who has satisfied the requirements of <ul> <li>subsection (a)(2)(A) [EFDHA I training &amp; education; (basic restorative functions course)] must, after completion of the other requirements in subsection (a) [EFDHA I training and education] of this section, satisfactorily complete a preceptorship, which must</li> <li>(A) be under the direct supervision of a dentist or DHATP;</li> <li>(B) continue after completion of the training under subsection (a)(2) for a minimum of six months or 800 hours, whichever is longer; and</li> <li>(C) include satisfactory performance in the dental health aide's clinical setting under direct supervision of a dentist or DHATP of a minimum of 50 restorations of which a minimum of 5 must be in each classification of amalgam class I, class II, and class V and composite class I, class III and class V; or</li> </ul> </li> <li>Section 2.30.550(b) and (d).</li> <li>Section 2.30.550(b) and (d).</li> <li>Section 2.30.550(b) and (d).</li> <li>Section 2.30.550. Stainless Steel Crown Placement Requirements.</li> <li>(b) Dental Supervision. An expanded function dental health aide I or II may perform stainless steel crown placement only under the direct or indirect supervision of a dentist, or dental health aide therapist practitioner.</li> <li>(d) Preceptorship. A dental health aide must after completion of the requirements in subsection (a) of this section, satisfactorily complete a preceptorship, which must     <ul> <li>(1) be under the direct supervision of a dentist or dental health aide therapist.</li> </ul> </li> </ul>
$\begin{array}{c} 29\\ 30\\ 31\\ 32\\ 33\\ 34\\ 35\\ 36\\ 37\\ 38\\ 39\\ 40\\ 41\\ 42\\ 43\\ 44\\ 45\\ 46\\ 47\\ 48\\ 49\\ 50\\ 51\\ 52\\ 53\\ \end{array}$	<ul> <li>Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.</li> <li>(b) Preceptorship. An expanded function dental health aide I who has satisfied the requirements of <ul> <li>(1) subsection (a)(2)(A) [EFDHA I training &amp; education; (basic restorative functions course)] must, after completion of the other requirements in subsection (a) [EFDHA I training and education] of this section, satisfactorily complete a preceptorship, which must</li> <li>(A) be under the direct supervision of a dentist or DHATP;</li> <li>(B) continue after completion of the training under subsection (a)(2) for a minimum of six months or 800 hours, whichever is longer; and</li> <li>(C) include satisfactory performance in the dental health aide's clinical setting under direct supervision of a dentist or DHATP of a minimum of 50 restorations of which a minimum of 5 must be in each classification of amalgam class I, class II, and class V and composite class I, class III and class V; or</li> </ul> </li> <li>Section 2.30.550(b) and (d).</li> <li>Sect. 2.30.550. Stainless Steel Crown Placement Requirements.</li> <li>(b) Dental Supervision. An expanded function dental health aide I or II may perform stainless steel crown placement only under the direct supervision of a dentist, or dental health aide therapist practitioner.</li> <li>(d) Preceptorship. A dental health aide must after completion of the requirements in subsection (a) of this section, satisfactorily complete a preceptorship, which must</li> </ul>

1	(2) include satisfactory performance under the direct supervision of a dentist <u>or</u>
2	dental health aide therapist practitioner in the expanded function dental health a minimum of 20 stainless
3	steel crowns.
4	
5	Section 3.10.050(a)(1)(E)
6	Sec. 3.10.050. DHA Continuing Education Requirements.
7	(E) if the dental health aide has not completed the requirements for another
8	level of certification or module during the concluding two-year certification period, satisfactory
9	completion of 24 contact hours of continuing education approved by the Board on varied or updated
10 11	topics. (i) $\Delta t$ least 10 hours must cover one or more of the covers of study.
11	(i) At least 10 hours must cover one or more of the course of study subjects or competencies listed in sections 2.30.100 [PDHA I training & education requirements] through
12	2.30.610 [DHAT supervision & competencies];
14	(ii) Only 4 hours of the required 24 hours can be related to emergency
15	medicine (this includes BLS); and
16	(iii) All but the 4 hours of emergency medicine must be related to the
17	practice of dentistry.
18	
19	Section 3.10.200 (a) and (b)
20	Section 3.10.200 Approved Continuing Education Programs for DHA.
21	(a) <b>Competencies.</b> To be approved by the Board, a continuing education program for a
22	dental health aide must
23 24	(1) cover one or more of the course of study subjects or competencies listed in
24 25	sections 28 2.30.100 [PDHA I training & education requirements] through 2.30.610 [DHAT supervision & 29 competencies]; meet the requirements set forth in section 3.10.050 (a)(1)(C) [DHA Continuing
$\frac{23}{26}$	Education Requirements]; and
27	(2) directly relate to the clinical practice of a dental health aide; and
28	<ul><li>(3) be no less than 1 hour in length</li></ul>
29	
29 30	(b) sponsorship. A continuing education program that meets the section 3.10.200(a)
29 30 31	(b) <b>sponsorship.</b> A continuing education program that meets the section 3.10.200(a) [approved continuing education programs for DHA; competencies] and is sponsored by any of the
29 30 31 32	(b) <b>sponsorship.</b> A continuing education program that meets the section 3.10.200(a) [approved continuing education programs for DHA; competencies] and is sponsored by any of the following organizations considered approved by the Board:
29 30 31 32 33	<ul> <li>(b) sponsorship. A continuing education program that meets the section 3.10.200(a) [approved continuing education programs for DHA; competencies] and is sponsored by any of the following organizations considered approved by the Board:         <ul> <li>(1) a certified CHA/P Training Center;</li> </ul> </li> </ul>
29 30 31 32 33 34	<ul> <li>(b) sponsorship. A continuing education program that meets the section 3.10.200(a) [approved continuing education programs for DHA; competencies] and is sponsored by any of the following organizations considered approved by the Board:         <ul> <li>(1) a certified CHA/P Training Center;</li> <li>(2) the American Dental Association (ADA CERP);</li> </ul> </li> </ul>
29 30 31 32 33 34 35	<ul> <li>(b) sponsorship. A continuing education program that meets the section 3.10.200(a) [approved continuing education programs for DHA; competencies] and is sponsored by any of the following organizations considered approved by the Board:         <ol> <li>a certified CHA/P Training Center;</li> <li>the American Dental Association (<u>ADA CERP</u>);</li> <li>the Academy of General Dentistry (<u>AGD PACE</u>);</li> </ol> </li> </ul>
29 30 31 32 33 34 35 36	<ul> <li>(b) sponsorship. A continuing education program that meets the section 3.10.200(a) [approved continuing education programs for DHA; competencies] and is sponsored by any of the following organizations considered approved by the Board: <ol> <li>a certified CHA/P Training Center;</li> <li>the American Dental Association (ADA CERP);</li> <li>the Academy of General Dentistry (AGD PACE);</li> <li>the Alaska Dental Society;</li> </ol> </li> </ul>
29 30 31 32 33 34 35 36 37	<ul> <li>(b) sponsorship. A continuing education program that meets the section 3.10.200(a)</li> <li>[approved continuing education programs for DHA; competencies] and is sponsored by any of the following organizations considered approved by the Board: <ol> <li>a certified CHA/P Training Center;</li> <li>the American Dental Association (ADA CERP);</li> <li>the Academy of General Dentistry (AGD PACE);</li> <li>the Alaska Dental Society;</li> <li>the Alaska Dental Hygiene Society;</li> </ol> </li> </ul>
29 30 31 32 33 34 35 36 37 38	<ul> <li>(b) sponsorship. A continuing education program that meets the section 3.10.200(a) [approved continuing education programs for DHA; competencies] and is sponsored by any of the following organizations considered approved by the Board: <ol> <li>a certified CHA/P Training Center;</li> <li>the American Dental Association (ADA CERP);</li> <li>the Academy of General Dentistry (AGD PACE);</li> <li>the Alaska Dental Society;</li> <li>the Alaska Dental Hygiene Society;</li> <li>an accredited postsecondary educational institution;</li> </ol> </li> </ul>
29 30 31 32 33 34 35 36 37	<ul> <li>(b) sponsorship. A continuing education program that meets the section 3.10.200(a)</li> <li>[approved continuing education programs for DHA; competencies] and is sponsored by any of the following organizations considered approved by the Board: <ol> <li>a certified CHA/P Training Center;</li> <li>the American Dental Association (ADA CERP);</li> <li>the Academy of General Dentistry (AGD PACE);</li> <li>the Alaska Dental Society;</li> <li>the Alaska Dental Hygiene Society;</li> </ol> </li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41	<ul> <li>(b) sponsorship. A continuing education program that meets the section 3.10.200(a) [approved continuing education programs for DHA; competencies] and is sponsored by any of the following organizations considered approved by the Board: <ol> <li>a certified CHA/P Training Center;</li> <li>the American Dental Association (ADA CERP);</li> <li>the Academy of General Dentistry (AGD PACE);</li> <li>the Alaska Dental Society;</li> <li>the Alaska Dental Hygiene Society;</li> <li>an accredited postsecondary educational institution;</li> <li>the Indian Health Service or other agencies of the Federal government; or</li> </ol> </li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42	<ul> <li>(b) sponsorship. A continuing education program that meets the section 3.10.200(a) [approved continuing education programs for DHA; competencies] and is sponsored by any of the following organizations considered approved by the Board: <ol> <li>a certified CHA/P Training Center;</li> <li>the American Dental Association (ADA CERP);</li> <li>the Academy of General Dentistry (AGD PACE);</li> <li>the Alaska Dental Society;</li> <li>the Alaska Dental Hygiene Society;</li> <li>an accredited postsecondary educational institution;</li> <li>the Indian Health Service or other agencies of the Federal government; or</li> <li>an emergency care course approved by the State of Alaska, Indian Health Service, American Heart Association, or American Red Cross.</li> </ol> </li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	<ul> <li>(b) sponsorship. A continuing education program that meets the section 3.10.200(a) [approved continuing education programs for DHA; competencies] and is sponsored by any of the following organizations considered approved by the Board: <ol> <li>a certified CHA/P Training Center;</li> <li>the American Dental Association (<u>ADA CERP</u>);</li> <li>the Academy of General Dentistry (<u>AGD PACE</u>);</li> <li>the Alaska Dental Society;</li> <li>the Alaska Dental Hygiene Society;</li> <li>the Alaska Dental Hygiene Society;</li> <li>an accredited postsecondary educational institution;</li> <li>the Indian Health Service or other agencies of the Federal government; or</li> <li>an emergency care course approved by the State of Alaska, Indian Health Service, American Heart Association, or American Red Cross.</li> </ol> </li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44	<ul> <li>(b) sponsorship. A continuing education program that meets the section 3.10.200(a) [approved continuing education programs for DHA; competencies] and is sponsored by any of the following organizations considered approved by the Board: <ol> <li>a certified CHA/P Training Center;</li> <li>the American Dental Association (ADA CERP);</li> <li>the Academy of General Dentistry (AGD PACE);</li> <li>the Alaska Dental Society;</li> <li>the Alaska Dental Hygiene Society;</li> <li>an accredited postsecondary educational institution;</li> <li>the Indian Health Service or other agencies of the Federal government; or</li> <li>an emergency care course approved by the State of Alaska, Indian Health Service, American Heart Association, or American Red Cross.</li> </ol> </li> <li>Sec. 3.10.100 Approved Continuing Educations Programs for CHA/P. <ul> <li>Competencies. To be approved by the Board, a continuing education program must</li> </ul> </li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45	<ul> <li>(b) sponsorship. A continuing education program that meets the section 3.10.200(a) [approved continuing education programs for DHA; competencies] and is sponsored by any of the following organizations considered approved by the Board: <ol> <li>a certified CHA/P Training Center;</li> <li>the American Dental Association (ADA CERP);</li> <li>the Academy of General Dentistry (AGD PACE);</li> <li>the Alaska Dental Society;</li> <li>the Alaska Dental Hygiene Society;</li> <li>an accredited postsecondary educational institution;</li> <li>the Indian Health Service or other agencies of the Federal government; or</li> <li>an emergency care course approved by the State of Alaska, Indian Health Service, American Heart Association, or American Red Cross.</li> </ol> </li> <li>Sec. 3.10.100 Approved Continuing Educations Programs for CHA/P. <ol> <li>competencies. To be approved by the Board, a continuing education program must</li> <li>cover one or more of the course of study subjects or competencies listed in</li> </ol> </li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46	<ul> <li>(b) sponsorship. A continuing education program that meets the section 3.10.200(a) [approved continuing education programs for DHA; competencies] and is sponsored by any of the following organizations considered approved by the Board: <ol> <li>a certified CHA/P Training Center;</li> <li>the American Dental Association (ADA CERP);</li> <li>the Academy of General Dentistry (AGD PACE);</li> <li>the Alaska Dental Society;</li> <li>the Alaska Dental Hygiene Society;</li> <li>the Alaska Dental Hygiene Society;</li> <li>an accredited postsecondary educational institution;</li> <li>the Indian Health Service or other agencies of the Federal government; or</li> <li>an emergency care course approved by the State of Alaska, Indian Health Service, American Heart Association, or American Red Cross.</li> </ol> </li> <li>Sec. 3.10.100 Approved Continuing Educations Programs for CHA/P. <ol> <li>cover one or more of the course of study subjects or competencies listed in sections 2.20.100 [CHA I training &amp; education requirements] through .510 [CHP competencies], the</li> </ol> </li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47	<ul> <li>(b) sponsorship. A continuing education program that meets the section 3.10.200(a) [approved continuing education programs for DHA; competencies] and is sponsored by any of the following organizations considered approved by the Board: <ol> <li>a certified CHA/P Training Center;</li> <li>the American Dental Association (ADA CERP);</li> <li>the Academy of General Dentistry (AGD PACE);</li> <li>the Alaska Dental Society;</li> <li>the Alaska Dental Hygiene Society;</li> <li>the Alaska Dental Hygiene Society;</li> <li>an accredited postsecondary educational institution;</li> <li>the Indian Health Service or other agencies of the Federal government; or</li> <li>an emergency care course approved by the State of Alaska, Indian Health Service, American Heart Association, or American Red Cross.</li> </ol> </li> <li>Sec. 3.10.100 Approved Continuing Educations Programs for CHA/P. <ol> <li>cover one or more of the course of study subjects or competencies listed in sections 2.20.100 [CHA I training &amp; education requirements] through .510 [CHP competencies], the CHA/P Curriculum, or the CHAM;</li> </ol> </li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48	<ul> <li>(b) sponsorship. A continuing education program that meets the section 3.10.200(a) [approved continuing education programs for DHA; competencies] and is sponsored by any of the following organizations considered approved by the Board: <ol> <li>a certified CHA/P Training Center;</li> <li>the American Dental Association (ADA CERP);</li> <li>the Academy of General Dentistry (AGD PACE);</li> <li>the Alaska Dental Society;</li> <li>the Alaska Dental Hygiene Society;</li> <li>the Alaska Dental Hygiene Society;</li> <li>an accredited postsecondary educational institution;</li> <li>the Indian Health Service or other agencies of the Federal government; or</li> <li>an emergency care course approved by the State of Alaska, Indian Health Service, American Heart Association, or American Red Cross.</li> </ol> </li> <li>Sec. 3.10.100 Approved Continuing Educations Programs for CHA/P. <ol> <li>cover one or more of the course of study subjects or competencies listed in sections 2.20.100 [CHA I training &amp; education requirements] through .510 [CHP competencies], the CHA/P Curriculum, or the CHAM;</li> <li>directly relate to the clinical practice of a community health aide or community</li> </ol> </li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49	<ul> <li>(b) sponsorship. A continuing education program that meets the section 3.10.200(a) [approved continuing education programs for DHA; competencies] and is sponsored by any of the following organizations considered approved by the Board: <ol> <li>a certified CHA/P Training Center;</li> <li>the American Dental Association (ADA CERP);</li> <li>the Academy of General Dentistry (AGD PACE);</li> <li>the Alaska Dental Society;</li> <li>the Alaska Dental Hygiene Society;</li> <li>the Alaska Dental Hygiene Society;</li> <li>an emergency care course approved by the State of Alaska, Indian Health Service, American Heart Association, or American Red Cross.</li> </ol> </li> <li>Sec. 3.10.100 Approved Continuing Educations Programs for CHA/P. <ul> <li>competencies. To be approved by the Board, a continuing education program must</li> <li>cover one or more of the course of study subjects or competencies listed in sections 2.20.100 [CHA I training &amp; education requirements] through .510 [CHP competencies], the CHA/P Curriculum, or the CHAM;</li> <li>directly relate to the clinical practice of a community health aide or community health practitioner; and</li> </ul> </li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51	<ul> <li>(b) sponsorship. A continuing education program that meets the section 3.10.200(a) [approved continuing education programs for DHA; competencies] and is sponsored by any of the following organizations considered approved by the Board: <ol> <li>a certified CHA/P Training Center;</li> <li>the American Dental Association (ADA CERP);</li> <li>the Academy of General Dentistry (AGD PACE);</li> <li>the Alaska Dental Society;</li> <li>the Alaska Dental Hygiene Society;</li> <li>the Alaska Dental Hygiene Society;</li> <li>an accredited postsecondary educational institution;</li> <li>the Indian Health Service or other agencies of the Federal government; or</li> <li>an emergency care course approved by the State of Alaska, Indian Health Service, American Heart Association, or American Red Cross.</li> </ol> </li> <li>Sec. 3.10.100 Approved Continuing Educations Programs for CHA/P. <ol> <li>cover one or more of the course of study subjects or competencies listed in sections 2.20.100 [CHA I training &amp; education requirements] through .510 [CHP competencies], the CHA/P Curriculum, or the CHAM;</li> <li>directly relate to the clinical practice of a community health aide or community</li> </ol> </li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52	<ul> <li>(b) sponsorship. A continuing education program that meets the section 3.10.200(a) [approved continuing education programs for DHA; competencies] and is sponsored by any of the following organizations considered approved by the Board: <ul> <li>a certified CHA/P Training Center;</li> <li>the American Dental Association (<u>ADA CERP</u>);</li> <li>the Academy of General Dentistry (<u>AGD PACE</u>);</li> <li>the Alaska Dental Society;</li> <li>the Alaska Dental Society;</li> <li>the Alaska Dental Society;</li> <li>the Alaska Dental Society;</li> <li>an accredited postsecondary educational institution;</li> <li>the Indian Health Service or other agencies of the Federal government; or</li> <li>an emergency care course approved by the State of Alaska, Indian Health Service, American Heart Association, or American Red Cross.</li> </ul> </li> <li>Sec. 3.10.100 Approved Continuing Educations Programs for CHA/P. <ul> <li>cover one or more of the course of study subjects or competencies listed in sections 2.20.100 [CHA I training &amp; education requirements] through .510 [CHP competencies], the CHA/P Curriculum, or the CHAM;</li> <li>d) directly relate to the clinical practice of a community health aide or community health practitioner; and</li> <li>be no less than 1 hour in length</li> <li><b>Sponsorship</b>. A continuing education program for CHA/P; competencies] and is sponsored by</li> </ul> </li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53	<ul> <li>(b) sponsorship. A continuing education program that meets the section 3.10.200(a) [approved continuing education programs for DHA; competencies] and is sponsored by any of the following organizations considered approved by the Board: <ol> <li>a certified CHA/P Training Center;</li> <li>the American Dental Association (ADA CERP);</li> <li>the Academy of General Dentistry (AGD PACE);</li> <li>the Alaska Dental Society;</li> <li>the Alaska Dental Hygiene Society;</li> <li>an accredited postsecondary educational institution;</li> <li>the Indian Health Service or other agencies of the Federal government; or</li> <li>an emergency care course approved by the State of Alaska, Indian Health Service, American Heart Association, or American Red Cross.</li> </ol> </li> <li>Sec. 3.10.100 Approved Continuing Educations Programs for CHA/P. <ol> <li>cover one or more of the course of study subjects or competencies listed in sections 2.20.100 [CHA I training &amp; education requirements] through .510 [CHP competencies], the CHA/P Curriculum, or the CHAM;</li> <li>dentectly relate to the clinical practice of a community health aide or community health practitioner; and</li> <li>be no less than 1 hour in length</li> <li>Sponsorship. A continuing education program that meets the requirements of section 3.10.10(a) [approved continuing education programs for CHA/P; competencies] and is sponsored by any of the following organizations is considered approved by the Board:</li> </ol> </li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54	<ul> <li>(b) sponsorship. A continuing education program that meets the section 3.10.200(a) [approved continuing education programs for DHA; competencies] and is sponsored by any of the following organizations considered approved by the Board: <ol> <li>a certified CHA/P Training Center;</li> <li>the American Dental Association (ADA CERP);</li> <li>the Academy of General Dentistry (AGD PACE);</li> <li>the Alaska Dental Society;</li> <li>the Alaska Dental Society;</li> <li>the Alaska Dental Society;</li> <li>an accredited postsecondary educational institution;</li> <li>the Indian Health Service or other agencies of the Federal government; or</li> <li>an emergency care course approved by the State of Alaska, Indian Health Service, American Heart Association, or American Red Cross.</li> </ol> </li> <li>Sec. 3.10.100 Approved Continuing Educations Programs for CHA/P. <ol> <li>competencies. To be approved by the Board, a continuing education program must</li> <li>cover one or more of the course of study subjects or competencies listed in sections 2.20.100 [CHA I training &amp; education requirements] through .510 [CHP competencies], the CHA/P Curriculum, or the CHAM;</li> <li>d) directly relate to the clinical practice of a community health aide or community health practitioner; and</li> <li>be no less than 1 hour in length</li> <li>Sponsorship. A continuing education program that meets the requirements of section 3.10.100(a) [approved continuing education program for CHA/P; competencies] and is sponsored by any of the following organizations is considered approved by the Board:</li> </ol> </li> </ul>
29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53	<ul> <li>(b) sponsorship. A continuing education program that meets the section 3.10.200(a) [approved continuing education programs for DHA; competencies] and is sponsored by any of the following organizations considered approved by the Board: <ol> <li>a certified CHA/P Training Center;</li> <li>the American Dental Association (ADA CERP);</li> <li>the Academy of General Dentistry (AGD PACE);</li> <li>the Alaska Dental Society;</li> <li>the Alaska Dental Hygiene Society;</li> <li>an accredited postsecondary educational institution;</li> <li>the Indian Health Service or other agencies of the Federal government; or</li> <li>an emergency care course approved by the State of Alaska, Indian Health Service, American Heart Association, or American Red Cross.</li> </ol> </li> <li>Sec. 3.10.100 Approved Continuing Educations Programs for CHA/P. <ol> <li>cover one or more of the course of study subjects or competencies listed in sections 2.20.100 [CHA I training &amp; education requirements] through .510 [CHP competencies], the CHA/P Curriculum, or the CHAM;</li> <li>dentectly relate to the clinical practice of a community health aide or community health practitioner; and</li> <li>be no less than 1 hour in length</li> <li>Sponsorship. A continuing education program that meets the requirements of section 3.10.10(a) [approved continuing education programs for CHA/P; competencies] and is sponsored by any of the following organizations is considered approved by the Board:</li> </ol> </li> </ul>

4	
l	(4) an accredited postsecondary educational institution;
2	(5) the Indian Health Service;
3	(6) an emergency care course approved by the State of Alaska, Indian Health
4	Service, American Heart Association, or American Red Cross; or
5	(7) Smiles for Life.
6 7	(c) Tribal Continuing Education Programs. A continuing education program provided by
8	the tribe or tribal organization's health program that meets the requirements of section 3.10.100(a)
o 9	[approved continuing education programs for CHA/P; competencies] shall be approved by the Board. Submission of the plan or CHA/P Curriculum for the continuing education program or programs to the
10	Board may be done prior to or after the program has been conducted. Approval may be granted for
11	more than one program at a time. Re approval need not be obtained for an approved program that is
12	being repeated within a three year period after
13	(d) Self-Study Programs. A self study continuing education program sponsored by one of
14	the organizations listed in subsections 3.10.100(b) [approved continuing education programs for
15	CHA/P; sponsorship] or (c) [approved continuing education programs for CHA/P; tribal continuing
16	education programs] that meets the requirements of section 3.10.100(a) [approved continuing
17	education programs for CHA/P; competencies] is considered approved by the Board.
18	(e) Other. A continuing education program not sponsored by one of the organizations listed
19	in subsections 3.10.100(b) [approved continuing education programs for CHA/P; sponsorship] or (c)
20	[approved continuing education programs for CHA/P; tribal continuing education programs] must be
21	individually approved by the Board. Such approval can be provided at the time of application for
22	recertification if the applicant submits evidence sufficient to permit the Board to determine whether the
$\frac{-}{23}$	training meets the requirements of this section.
24	
25	(b) Approval. The applicant must request approval for continuing education program on a
26	form provided by the Board.
27	(1) <u>The Board will decide if the program is approved for continuing education.</u>
28	(2) The Board will decide the number of continuing education hours and may limit
29	the number of hours granted for each program.
30	(3) <u>Submission of the plan or CHA/P Curriculum for the continuing education</u>
31	program or programs to the Board is recommended to be done prior to the program being conducted.
32	(4) <u>Approval may be granted for more than one program at a time.</u>
33	(5) <u>Re-approval need not be obtained for an approved program that is being repeated</u>
34	within a three year period after the most recent approval unless the content or instructor(s) has
35	changed.
36	
37	
38	October 13, 2022, twenty sections were amended, as follows:
39	
40	Section 1.20.010 was amended, as follows:
41	
42	Sec. 1.20.010. Definitions. In these Standards and Procedures
43	(1) <u>"ARC" means Academic Review Committee;</u>
44	(2) "ART" means atraumatic restorative treatment;
45	(3) "Atraumatic restorative treatment" means a maximally preventive and minimally
46	invasive approach to stop further progression of dental caries. It involves the removal of soft,
47	completely demineralized carious tooth tissues with hand instruments, and is followed by restoration of
48	the cavity with an adhesive dental material that simultaneously seals the remaining tooth structure that
49	remains at risk;
50	(4) "Behavioral health aide" means a behavioral health aide I, II, and III, except
51	when the level is specified;
52	(5) "Behavioral health professional" means a person who
53	(A) has at least a master's degree in psychology, social work, counseling,
54	marriage and family therapy, substance abuse or addiction, nursing with a psychiatric mental health
55	specialty, or a related field; and

1	(D) $(1, 1)$							
1	(B) satisfies the requirements of section $2.40.010(a)(2)$ [supervision of							
2	BHA/Ps; clinical oversight; qualifications];							
3	<ul> <li>(6) "BHA" means behavioral health aide;</li> <li>(7) (DHA) (DHA</li></ul>							
4	(7) "BHAM" means the <u>Behavioral Health Aide Manual</u> , or its successor if approved by this Board:							
5	approved by this Board; (8) "BHA/P" means behavioral health aide or behavioral health practitioner: "BHP"							
6	(8) "BHA/P" means behavioral health aide or behavioral health practitioner; "BHP"							
7	means behavioral health practitioner;							
8	(9) <u>"BHARC" means Behavioral Health Academic Review Committee;</u>							
9	(10) "BLS" means Basic Life Support certification, which must include certification							
10	in cardiopulmonary resuscitation ("CPR") techniques based upon training equivalent to that required							
11	for completion of a CPR course certified by the American Heart Association or American Red Cross;							
12	(11) "Board" means the Community Health Aide Program Certification Board;							
13	(12) <u>"CHA" means community health aide;</u>							
14	(13) "CHAM" means the Alaska Community Health Aide/Practitioner Manual, 2006							
15	Edition, as revised, or its successor if approved by this Board;							
16	(14) <u>"CHAP" means the program, including community health aides, dental health</u>							
17	aides, and behavioral health aides;							
18	(15) <u>"CHAPCB" means Community Health Aide Program Certification Board;</u>							
19	(16) "CHA/P" means community health aide or community health practitioner;							
20	(17) "CHA/P Curriculum" means the Community Health Aide Basic Training							
21	Curriculum, 1993, revised as of May, 1997, unless other revisions are adopted in which case "CHA/P							
22	Curriculum" will incorporate those revisions;							
23	(18) "CHP" means community health practitioner;							
24	(19) "Community health aide" means a community health aide I, II, III, and IV,							
25	except when the level is specified;							
26	(20) "Contact hour" means no less than 50 minutes of instructional or clinical time,							
27	provided that							
28	(A) a course, seminar, or workshop offered or approved by an organization							
29	from which educational or continuing education requirements may be obtained will be accepted for the							
30	number of continuing education credits designated by the organization offering it; and							
31	(B) academic credit will be converted to contact hours, as follows:							
32	(iii) one semester academic credit equals 15 contact hours;							
33	(iv) one quarter academic credit equals 10 contact hours;							
34	(21) <u>"DARC" means Dental Academic Review Committee;</u>							
35	(22) "Dental health aide" means primary dental health aides I and II, dental health							
36	aide hygienists, expanded function dental health aides I and II, dental health aide therapists, and dental							
37	health aide therapist practitioner, except as used in Article 30 of Chapter 2 regarding requirements for							
38	special classes of dental health aides;							
39	(23) "Dental hygienist" means a person licensed as a dental hygienist in Alaska under							
40	AS 08.32.010 or a dental hygienist in the employ of the federal government in the discharge of official							
41	duties who is a dental hygienist licensed in one of the states or territories of the United States;							
42	(24) "Dentist" means a person licensed as a dentist in Alaska or a dentist in the							
43	employ of the federal government in the discharge of official duties who is licensed in one of the states							
44	or territories of the United States;							
45	(25) "DHA" means dental health aide;							
46	(26) "DHA Advanced Dental Procedures" means the curriculum set forth in section							
47	7.20.040 [DHA advanced dental procedures];							
48	(27) "DHA Core Curriculum" means the curriculum set forth in section 7.20.010							
49	[DHA core curriculum]; and							
50	(28) [Repealed October 3, 2006]							

1	(29) "DHA Curriculum" means a curriculum for training dental health aides					
2	approved by the Board pursuant to Article 20 [DHA curricula] of Chapter 7 [certification of DHA					
2 3	training and curriculum];					
4	(30) "DHAH" means dental health aide hygienist;					
5	(31) "DHAT" means dental health aide therapist;					
6	(32) "DHATP" means dental health aide therapist practitioner;					
7	(33) "EFDHA" means expanded function dental health aide;					
8	(34) "eLearning" means formal instruction where students and instructors are					
9	separated by geography, time or both for the majority of the instructional period;					
10	(35) "EMT" means Emergency Medical Technician;					
11	(36) "ETT" means Emergency Trauma Technician;					
12	(37) "ISDEAA" means the Indian Self-Determination and Education Assistance Act,					
13	Pub. L. 93-638, as amended, 25 U.S.C. § 450 et seq.;					
14	(38) "Licensed behavioral health clinician" means a person who					
15	(A)					
16	residency or is Board certified in psychiatry;					
17	(ii) is a registered nurse who has completed a master's degree with					
18	a psychiatric mental health specialty; or					
19	(iii) has completed either a doctorate or master's degree in					
20	psychology, social work, counseling, marriage and family therapy, substance abuse or addiction, or a					
20	related field;					
21						
22	(B) under which the person is authorized to diagnose disorders contained within the <i>Diagnostic and Statistical Manual of Mental Disorders</i> ; and					
23 24						
24 25	(C) is fully or provisionally licensed in the State of Alaska or is in the					
23 26	employ of the federal government and is fully or provisionally licensed in one of the states or territories					
20 27	of the United States; and $(D)$ = set inferent equations and a function 2.40.010(c)(2) [sum equivision of					
27	(D) satisfies the requirements of section 2.40.010(a)(2) [supervision of BHA/Ps; clinical oversight; qualifications];					
28 29						
30	<ul> <li>(39) "PDHA" means primary dental health aide;</li> <li>(40) <u>"RAC" means Review and Approval Committee;</u></li> </ul>					
31	(40) <u>KAC means Review and Approval Commutee</u> , (41) "Satisfactory performance" means the community health aide, community health					
32	practitioner, or dental health aide, behavioral health aide, or behavioral health practitioner can do the					
33	skill using the CHAM or other materials for reference without other assistance. "Satisfactory					
34	performance" is measured by having the community health aide or practitioner, or dental health aide,					
35	or behavioral health aide or practitioner demonstrate the skill with sufficient expertise to meet the					
35 36	standard of care in a daily work situation; and					
30 37						
38	(42) "Session" means a <u>basic training</u> course offered by a CHA/P Training Center					
38 39	providing a curriculum approved by the Board.					
39 40						
40 41	Section 2.20.100 was amended, as follows:					
42	Section 2.20.100 was amenucu, as follows.					
43	Sec. 2.20.100. Community Health Aide I Training and Education Requirements. A person meets the					
44	training and education requirements to be a certified community health aide I upon successful					
45	completion of					
46	(a) a Presession, or its equivalent, unless waived under section 5.10.040 [trainees selection					
47	process] by the CHA/P Training Center prior to admission to the Session I training course required					
48	under section 2.20.100(c) [CHA I training & education requirements; (session I training course)];					
49	(b) an EMT or ETT training course approved by the State of Alaska, or its equivalent as					
50	determined by the Board;					
51	(c) Session I training course provided by a CHA/P Training Center; and					
52	(d) approved field work Field Training Requirements including:					

1	(1)	approved field work after completion of training center component of Session I;
2	including	
3	(2)	a minimum of 20 patient encounters;
4	(3)	Post Session Learning Needs (PSLN), which identifies individual learning needs
5		tial skills; and [RESERVED]
6	1 0	Practice skills on Post Session Practice Checklist, and which identifies the skills
7	(4)	<u>1 factice skins on</u> fost Session f factice Checklist, <u>and which identifies the skins</u>
8	to be taught.	Dest Session Learning Needs (DSLN) if indicated
	(5)	Post Session Learning Needs (PSLN), if indicated.
9	Section 2 20 110	
10	Section 2.20.110 was an	iended, as follows:
11 12	See 2 20 110 Commun	to Health Aida I Compatancias A contified community health aida I must
12	successfully demonstrate	ity Health Aide I Competencies. A certified community health aide I must
13 14		
		erstanding of the topics addressed in the CHA/P Curriculum for Session I, which
15		roblem-specific complaints (acute care) for adults and children of the following
16	body systems:	
17	(1)	eye,
18	(2)	ear,
19	(3)	respiratory,
20	(4)	digestive,
21	(5)	skin;
22	(b) compet	ency in the following subjects to the level of performance required after meeting
23	the requirements of	section 2.20.100 [CHA I training & education requirements]:
24	(1)role	of the community health aides and practitioners, dental health aides, and
25	behavioral health ai	des and practitioners in the village;
26		munity health aide's and practitioner's general scope of work;
27	(3)	medical ethics, including patient confidentiality and patient rights;
28	(4)	community health aide's and practitioner's medical-legal coverage;
29	(5)	State of Alaska reporting requirements;
30	(6)	consent for treatment issues;
31	(7)	introductory interviewing skills;
32	(7) (8)	general health/wellness and disease processes;
33	(8)	infection and communicable diseases;
34		
34 35	(10)	introductory anatomy and function of the human body;
	(11)	introductory medical vocabulary/abbreviations;
36	(12)	importance of thorough documentation of patient encounter;
37	(13)	introduction to approach to child care and sick child
38	(14)	introductory mental health issues, including suicide and other emergencies, and
39	<u>self help;</u>	
40		introductory pharmacology, including identification and treatment of severe
41	allergic reactions; a	
42	(16)	[RESERVED]
43	(17)	emergency care (to supplement reinforce ETT or EMT training), including
44	primary and second	ary survey, bleeding control, airway management, BLS, shock, abdominal injury,
45	altered level of con	sciousness, facial trauma, spinal protection, altered level of consciousness,
46		chest pain, acute orthopedic injuries, burns, <u>cold injuries (inc.</u> hypothermia <del>)</del>
47		g, and uncomplicated emergency delivery, poisoning, and identification and
48	• •	allergic reactions. and
49		story performance of the following skills:
50	(1)	use of the CHAM;
51	(1) $(2)$	problem-specific history taking;
52	(2) (3)	physical examinations of:
52	(3)	Physical chammatons of

1			(A)	vital signs of infant:
2				(i) <u>apical pulse</u> ,
3				(ii) <u>brachial pulse</u> ,
4				(iii) respiration,
5				(iv) <u>pulse oximetry (SpO2)</u> ,
6				(v) rectal temperature,
7				(vi) <u>axillary temperature</u> ,
8				(vii) length,
9				(viii) weight,
10				(ix) head circumference;
11			(B)	vital signs of child and adult:
12				(i) radial pulse,
13				(ii) apical pulse,
14				(iii) respirations,
15				(iv) <u>pulse oximetry (SpO2)</u> ,
16				(v) oral temperature,
17				(vi) blood pressure, <u>manual auscultation</u> ,
18				(vii) height,
19				(viii) weight,
20				(ix) orthostatic vital signs;
21			(C)	systems:
22			(-)	(i) general appearance,
23				(ii) ear,
24				(iii) eye, including Snellen,
25				(iv) nose,
26				(v) throat,
27				(vi) neck, including nodes,
28				(vii) lungs,
29				(viii) heart,
30				(ix) abdomen,
31				(x) skin <del>; and ,</del>
32			(D)	sick child; <u>and</u>
33			(E)	screening physical exam on adult.
34	(	4)	-	ance and interpretation of the following lab tests and procedures:
35			(A)	general lab technique and documentation (CLIA, etc.);
36				blood glucose,
37			(C)	hemoglobin,
38			(D)	rapid strep,
39		<b>(7</b> )	(E)	urine dipstick <del>;</del>
40	(	5)		ance only of the following lab tests <u>and procedures</u> :
41 42			(A)	finger stick,
42 43			(B)	capillary tube,
43 44			(C) (D)	<u>venipuncture,</u> centrifuge/separate blood,
44			(D) (E)	adult clean catch urine specimen,
46			(E) (F)	throat culture <del>;</del> ,
40 47			(G)	specimen collection for infection (for example: nose, nasopharynx, ear,
48	wound);			specification concertion for interview (for example, nose, nasophalylix, ear,
49		6)	assessm	ent, including:
50	(	<i></i> ,	(A)	use of the CHAM,
51			(B)	use of assessment lists,
52			(C)	use of assessment charts,
			< / i	

1(b)initial function of a set setsment;3(7)medicines:4(A)dosc calculations,5(B)reconstitution oral,6(C)paresteer4 reconstitution for M or SQ injection.7(D)label reading and making,8(E)oral (awallowed, mucosal and sublingual)9(F)drops for car;10(G)drops for car;11(H)injections:12(i)intramuscular hip,13(ii)intramuscular infant thigh,14(iii)intramuscular infant thigh,15(i)intramuscular infant thigh,16(1)inbaler/spacer,17(j)nebulizer,18(K)rectal (including suppositorics),19(L)transdermale,20(M)tepical (including suppositorics),11(B)use of patient ducation sections,21(B)use of patient ducation sections,22(A)csplatining assessment,23(B)use of patient ducation sections,24(C)use of patient ducation sections,25(D)CHAM Medicine Handbook for medicine instructions;26(9)the following treatments and procedures:27(a)car:33(B)cyclic version;34(i)remover foreinage35(ii) formorescion and nasal packing for bleeding;36(ii) compression and nasal packing fo	1		(D)	listing multiple assessments,
3       (7)       medicines:         4       (A)       dose calculations,         5       (B)       reconstitution oral,         6       (C)       parenteral-reconstitution for M or SQ injection,         7       (D)       lable reading and making,         8       (F)       oral (swallowed, nucceal and sublingual)         9       (F)       drops for exat;         10       (G)       drops for cara;         11       (H)       injections:         12       (i)       intramuscular infant thigh,         14       (ii)       intramuscular infant thigh,         15       (iii)       intramuscular infant thigh,         16       (i)       indular, suppositories),         17       (J)       nobicizer,         18       (K)       rectal (including: sterile application)         21       (B)       use of patient education sections,         22       (A)       explaining assessment,         23       (B)       use of patient education sections,         24       (C)       use of patient education sections,         25       (D)       CLHAM Medicine Unadbook for medicine instructions;         26       (9)       the followin			. ,	
4(A)does calculations,5(B)reconstitution oral,6(C)persitent reconstitution for IM or SO injection.7(D)label reading and making,8(E)pard (swallowed, nucceas) and sublingual)9(F)drops for eye and ear;10(G)drops for eye and ear;11(H)injections:12(i)intramuscular hip,13(ii)intramuscular upper arm (deltoid),14(iii)intramuscular upper arm (deltoid),15(iii)intramuscular infant thigh,16(I)inhela/spacer,17(J)nebulizer,18(K)rectal (including storile application)21(B)patient ducation, including:22(A)explaining assessment,23(B)use of patient ducation sections,24(C)use of patient ducation sections,25(D)CHAM Medicine Handbook for medicine instructions;26(9)the following treatments and procedures:27(A)ear:30(ii)suction,31(iv)remove foreign body,32(b)eyelid eversion;33(B)eyelid eversion;34(i)intorescen stain,35(i)intorescen stain,36(ii)eyelid eversion;37(i)suction,38(v)yeplid eversion;39(C)nose: <td></td> <td>(7)</td> <td></td> <td></td>		(7)		
5(B)reconstitution oral,6(C)premeter-leconstitution for IM or SQ injection.7(D)lable reading and making,8(E)orgat(swallowed, nuccosal and sublingual)9(F)drops for eye and ear;10(G)drops for eye and ear;11(H)injections:12(i)intranuscular hip,13(ii)intranuscular inper arm (deloid).14(iii)intranuscular infant thigh,15(iii)intranuscular infant thigh,16(I)inhaler/spacer,17(J)nebulizer,18(K)rectal (including suppositories),19(I.)transdermale,20(M)topical (including suppositories),21(B)patient education including;22(A)explaining assessment,23(B)use of patient education handouts,24(C)use of patient education handouts,25(D)CHAM Medicine Handbook for medicine instructions;26(9)the following treatments and procedures:27(A)errition,28(i)use of patient education handouts,30(B)eye atches,31(iv)remove drainage32(v)erreture ation,33(B)eye:44(i)inducescen stain,35(ii)irrigation (including use of topical anesthetic, if available).36(iii) <t< td=""><td></td><td><math>(\prime)</math></td><td></td><td></td></t<>		$(\prime)$		
6(C) parenteral reconstitution for IN or SQ injection.7(D)label reading and making.8(F)ortops for eye and ear;10(G)drops for ear;11(H)injections:12(i)intramuscular hip,13(ii)intramuscular upper arm (deltoid),14(iii)intramuscular hip,15(iii)intramuscular upper arm (deltoid),16(i)nebulizer,17(I)nebulizer,18(K)rectal (including suppositories),19(L)transdermale,20(M)topical (including sterile application)21(B)use of patient education sections,22(A)explaining assessment,23(B)use of patient education bandouts,24(C)use of patient education bandouts,25(D)CHAM Medicine Handbook for medicine instructions;26(9)the following treatments and procedures:27(A)eart30(ii)remove drainage31(iv)remove drainage32(i)irrigation,33(B)eye34(i)irrigation (including use of topical anesthetic, if available),35(i)fil compression and nasal packing for bleeding;36(ii)fulcersecting, fil37(iii)remove drainage38(v)eye patients,39(C)Nose44<			. ,	
7(D)label reading and making,8(F)oral (swallowed, mucosal and sublingual)9(F)drops for eye and-aer;10(G)drops for eye and-aer;11(H)injections:12(i)intramuscular hip,13(ii)intramuscular infant thigh,14(iii)intramuscular infant thigh,15(iii)intramuscular infant thigh,16(i)inbaler/spacer,17(J)nebulizer,18(K)rectal (including suppositories),19(L)transdermaler,20(M)topical (including sterile application)21(8)patient education, including:22(A)explaining assessment,23(B)use of patient education handouts,24(C)use of patient education handouts,25(D)CHAM Medicine Handbook for medicine instructions;26(9)the following treatments and procedures:27(A)eart28(i)irrigation,30(ii)remove drainage32(v)remove drainage33(B)eye:34(i)firigation (including use of topical anesthetic, if available).35(ii)filowerscein stain,36(iii)eye lackes,37(i)remove drainage38(b)eye39(c)mession and nasal packing for bleeding:44(i)<			. ,	
8(E) $oral (swallowed, mucosal and sublingual)$ 9(F)drops for eye undeux;10(G)drops for eye undeux;11(H)injections:12(i)intramuscular hip,13(ii)intramuscular upper arm (deltoid),14(iii)intramuscular upper arm (deltoid),15(iii)intramuscular upper arm (deltoid),16(i)inhaler/spacer,17(J)nebulizer,18(K)rectal (including suppositories),19(I)transformals,20(M)topical (including sterile application)21(8)patient education, including;22(A)explaining assessment,23(B)use of patient education sections,24(C)use of patient education for medicine instructions;25(D)CHM Medicine Handbook for medicine instructions;26(9)the following reatments and procedures:27(A)ear:28(i)section,30(iii)remove foreign body,31(iv)curret entants32(b)eye:33(B)eye:44(i)florescein stain,35(ii)florescein stain,36(iii)curret entons,37(iv)explaining,38(v)eye patches,39(E)Wound care;41(D)respiratory;42				
9(F)drops for eye and ear; drops for ear;10(G)drops for ear;11(II)injections:12(i)intranuscular hip,13(ii)intranuscular infant high,14(iii)intranuscular infant high,15(iii)intranuscular infant high,16(I)inbaler/spacer,17(J)nebulizer,18(K)rectal (including suppositories),19(L)transdermale,20(M)topical (including sterile application)21(8)patient education, including:22(A)explaining assessment,23(B)use of patient education handouts,24(C)use of patient aduation handouts,25(D)CHAM Medicine Handbook for medicine instructions;26(9)the following treatments and procedures:27(A)erglaining,28(i)irrigation,29(ii)suction,30(iii)remove foreign body,31(iv)remove foreign body,33(B)eyei34(i)irrigation (including use of topical anesthetic, if available).35(ii)florensecion stain,36(v)eyelat deversion;37(v)small foreign body removal,38(v)small foreign body removal,41(D)respiratory;42(i)reglation,38(c)<			. ,	
10(G) $\frac{drops for err}{injections:}$ 11(H)injections:12(i)intranuscular upper arm (deltoid).13(ii)intranuscular upper arm (deltoid).14(iii)intranuscular infant thigh,15(iii)intranuscular infant thigh,16(i)inhaler/spacer,17(j)nebulizer,18(K)rectal (including sterile application)21(8)patient education, including:22(A)explaining assessment,23(B)use of patient education sections,24(C)use of patient education sections,25(D) <i>CHAM Medicine Handbook</i> for medicine instructions;26(9)the following treatments and procedures:27(A)ear:28(i)remove foreign body,30(ii)remove foreign body,31(iv)remove foreign body,33(B)eye:34(i)irrigation (including use of topical anesthetic, if available).35(ii)freign body removal,36(v)eye patches,37(v)eye patches,38(v)eye patches,39(C)noxe:41(D)resplatory;42(i)compression and nasal packing for bleeding;43(i)removal,44(i)compression and nasal packing for bleeding;45(ii)would care;46 </td <td></td> <td></td> <td></td> <td></td>				
11(H)injections:12(i)intramuscular upper arm (deltoid).13(ii)intramuscular upper arm (deltoid).14(iii)intramuscular infant thigh.15(iii)intramuscular infant thigh.16(1)inhaler/spacer.17(J)nebulizer.18(K)rectal (including suppositories).19(L)transdermal*.20(M)topical (including sterile application)21(8)patient education, including:22(A)explaining assessment.23(B)use of patient education sections,24(C)use of patient education bandouts,25(D)CHAM Medicine Handbook for medicine instructions;26(9)the following treatments and procedures:27(a)suction,28(i)suction,30(ii)suction,31(iv)remove foreign body,32(v)current outer canal;33(B)eye:34(i)irrigation (including use of topical anesthetic, if available).35(ii)fuorescein stain,36(iii)reginatory:37(i)reginatory:38(v)eye patches,41(D)reginatory:42(i)reginatory:43(f)Wound care:44(i)reginatory:45(ii)station,46(iii)				
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13(ii) intramuscular upper arm (deltoid),14(iii) intramuscular infant thigh,15(iii) (iv) subcutancous (upper arm, thigh, abdomen);16(1) inhaler/spacer,17(1) nebulizer,18(K) rectal (including suppositories),19(L) transdermale,20(M) topical (including sterile application)21(8) patient education, including:22(A) explaining assessment,23(B) use of patient education handouts,24(C) use of patient education handouts,25(D) CHAM Medicine Handbook for medicine instructions;26(9) the following treatments and procedures:27(A) ear:28(i) irrigation,29(ii) suction,30(iii) remove foreign body,31(iv) remove foreign body,32(i) irrigation (including use of topical anesthetic, if available),33(B) eye:34(i) irrigation (including use of topical anesthetic, if available),35(ii) fluorescein stain,36(i) orrigation (including use of topical anesthetic, if available),37(i) compression and nasal packing for bleeding;41(b) reasiratory;42(i) peak flow43(E) Wound carre;44i) cycluation,45(i) jirgation/cleaning,46(ii) skine (clearing,47(i) skine (clearing,48(i) jergationg,49(v) stupie removal,49(vi) stapie removal, <td></td> <td></td> <td>(11)</td> <td>•</td>			(11)	•
14intramuscular infant thigh, (iii) intramuscular infant thigh, (iii) (iv) subcutaneous (upper arm, thigh, abdomen):15(iii) (iv) subcutaneous (upper arm, thigh, abdomen):16(1) inhalder/spacer,17(1) nebulizer,18(K) rectal (including suppositories),19(1) transdermalta,20(M) topical (including sterile application)21(8) patient education, including:22(A) explaining assessment,23(B) use of patient education bacdouts,24(C) use of patient education bandouts,25(D) CHAM Medicine Handbook for medicine instructions;26(9) the following treatments and procedures:27(A) ear:28(i) irrigation,29(ii) suction,30(iii) remove foreign body,31(iv) remove foreign body,32(b) eye:33(B) eye:34(i) irrigation (including use of topical anesthetic, if available).35(ii) fluorescein stain,36(v) eye patches,39(C) nose:40(i) compression and nasal packing for bleeding;41(b) respiratory;42(i) peak flow43(E) Wound care;44(i) evaluation,45(ii) lexind calore,46(iii) suture,47(v) suture, removal,48v.) suture removal,49(vi) stature,51(F) internoval,51(F) internoval,<				
15(iii) (iv) subcutaneous (upper arm, thigh, abdomen):16(1) inhaler/spacer,17(1) nebulizer,18(K) rectal (including suppositories),19(L) transdermale,20(M) topical (including sterile application)21(8) patient education, including:23(A) explaining assessment,23(B) use of patient education sections,24(C) use of patient education sections,25(D) CHAM Medicine Handbook for medicine instructions;26(9) the following treatments and procedures:27(A) ear:(i) irrigation,28(i) irrigation,29(ii) remove foreign body,31(iv) remove drainage32(v) curette outer canal;33(B) eyee:34(i) irrigation (including use of topical anesthetic, if available),35(ii) fluorescein stain,36(iii) eyelid eversion;37(iv) small foreign body removal,38(v) eye patches,39(C) nose;41(D) respiratory;42(i) preak flow43(E) Wound care;44i) evaluation,45ii) jirrigation/cleaning,46ii) jirrigation/cleaning,47v) suture,48v) suture removal,49vi) staple removal,51(F) (iberding blisters51(F) (iberding blisters51(F) debriding blisters				
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19(L)transfermal;20(M)topical (including sterile application)21(B)patient education, including:22(A)explaining assessment,23(B)use of patient education sections,24(C)use of patient education handouts,25(D) $CHAM Medicine Handbook for medicine instructions;26(9)the following treatments and procedures:27(A)ear:(ii)irrigation,29(iii)suction,30(iii)remove foreign body,31(iv)remove foreign body,33(B)eye:34(i)irrigation (including use of topical anesthetic, if available),35(ii)fluorescein stain,36(iii)eye led eversion;37(iv)small foreign body removal,38(v)eye patches,39(C)nose:41(D)respiratory:42(i) compression and nasal packing for bleeding;43(E)Wound care;44i.) evaluation,45iii.) irrigation/eleaning,46iii.) statter,48v.) suture,49vi.) staple removal,49vi.) staple removal,49vi.) staple removal,51(F)intravenous fluid therapy$				
20       (M) topical (including sterile application)         21       (B) patient education, including:         22       (A) explaining assessment,         23       (B) use of patient education sections,         24       (C) use of patient education handouts,         25       (D) CHAM Medicine Handbook for medicine instructions;         26       (9) the following treatments and procedures:         27       (A) ear:         28       (i) irrigation,         29       (ii) suction,         30       (iii) remove drainage         31       (iv) curette outer canal;         32       (v) curette outer canal;         33       (B) eye:         34       (i) irrigation (including use of topical anesthetic, if available).         35       (ii) fluorescein stain,         36       (iii) eyelid eversion;         37       (i) compression and nasal packing for bleeding;         41       (D) respiratory;         42       (i) peak flow         43       (E) Wound care;         44       i.) <u>evaluation,</u> 45       iii) jskin closure strips,         46       iii) skin closure strips,         47       v.) suture, removal,         48				
21(8)patient education, including:22(A)explaining assessment,23(B)use of patient education sections,24(C)use of patient education handouts,25(D) $CHAM$ Medicine Handbook for medicine instructions;26(9)the following treatments and procedures:27(A)ear:28(i)suction,30(ii)suction,31(iv)remove drainage32(v)currette outer canal;33(B)eye:34(i)irrigation (including use of topical anesthetic, if available),35(ii)fluorescein stain,36(iii)eyelid eversion;37(iv)small foreign body removal,38(v)eye patches,40(i)compression and nasal packing for bleeding;41(D)respiratory;42(i) peak flow43(E)Wound care;44i.) evaluation,45iii) sinc losure strips,46iii) sinc losure strips,47iv.) suture,48v.) suture,49vi.) staple removal,50vii.) debriding blisters51(F)intravenous fluid therapy				
22(A) explaining assessment,23(B) use of patient education sections,24(C) use of patient education handbook,25(D) CHAM Medicine Handbook for medicine instructions;26(9) the following treatments and procedures:27(A) ear:28(i) irrigation,29(ii) suction,30(iii) remove foreign body,31(iv) remove foreign body,33(B) eye:34(i) irrigation (including use of topical anesthetic, if available),35(ii) fluorescein stain,36(iii) eyeld eversion;37(iv) eye patches,38(v) eye patches,39(C) nose:41(D) respiratory:42(i) capitation,43(E) Wound care:44i.) evaluation,45ii.) stin closure strips,47iv.) suture,48v.) suture,49vi.) staple removal,50vii.) debriding blisters51(F) intravenous fluid therapy		(8)	· · ·	
23       (B) use of patient education sections,         24       (C) use of patient education handouts,         25       (D) CHAM Medicine Handbook for medicine instructions;         26       (9) the following treatments and procedures:         27       (A) ear:         28       (i) irrigation,         29       (ii) suction,         30       (iii) remove foreign body,         31       (iv) remove drainage         32       (v) curetie outer canal;         33       (B) eye:         34       (i) irrigation (including use of topical anesthetic, if available),         35       (ii) fluorescein stain,         36       (iv) small foreign body removal,         37       (iv) small foreign body removal,         38       (v) eye patches,         39       (C) nose:         41       (D) respiratory:         42       (i) peak flow         43       (E) Wound care:         44       i.) evaluation,         45       ii.) isting tormoval,         46       ii.) isting tormoval,         47       iv.) suture,         48       v.) suture removal,         49       vi.) staple removal,         50       v		(•)	-	-
24(C)use of patient education handouts,25(D) $CHAM$ Medicine Handbook for medicine instructions;26(9)the following treatments and procedures:27(A)ear:28(i)irrigation,29(ii)suction,30(iii)remove foreign body,31(iv)remove drainage32(v)curtete outer canal;33(B)eye:34(i)irrigation (including use of topical anesthetic, if available),35(ii)fluorescein stain,36(iii)fluorescein stain,37(v)eye patches,38(v)eye patches,39(C)nose;41(D)respiratory;42(i) peak flow43(E)Wound care;44i.) evaluation,45iii.) skin closure strips,47iv.) suture,48v.) suture removal,49vi.) debriding bitsters51(F)intravenous fluid therapy			. ,	
25(D) $CHAM$ Medicine Handbook for medicine instructions;26(9)the following treatments and procedures:27(A)ear:28(i)irrigation,29(ii)suction,30(iii)remove foreign body,31(iv)remove drainage32(v)curette outer canal;33(B)eye:34(i)irrigation (including use of topical anesthetic, if available).35(ii)fluorescein stain,36(iii)eyelid eversion;37(iv)small foreign body removal,38(v)eye patches,39(C)nose:41(D)respiratory:42(i) compression and nasal packing for bleeding;41(D)respiratory:42(i) peak flow43(E)Wound care;44i.) evaluation,45ii.) irrigation/cleaning,46iii.) skin closure strips,47iv.) suture,48v.) suture,49v.) suture removal,49v.) suture removal,51(F)intravenous fluid therapy			. ,	-
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36(iii)eyelid eversion;37(iv)small foreign body removal,38(v)eye patches,39(C)nose:40(i) compression and nasal packing for bleeding;41(D)respiratory:42(i) peak flow43(E)Wound care:44i.) evaluation,45iii.) irrigation/cleaning,46iii.) skin closure strips,47iv.) suture,48v.) suture removal,49vi.) staple removal,50vii.) debriding blisters51(F)intravenous fluid therapy				
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48v.) suture removal,49vi.) staple removal,50vii.) debriding blisters51(F) intravenous fluid therapy				
49vi.) staple removal,50vii.) debriding blisters51(F) intravenous fluid therapy				
50vii.) debriding blisters51(F)intravenous fluid therapy				
51 (F) <u>intravenous fluid therapy</u>				
			. ,	

1	(i) elastic bandage,
2	(ii) hot/cold packs,
3	(iii) splinting,
4	(iv) reducing dislocated joints (including shoulder, "nursemaid's
5	elbow", elbow, patella ankle, finger;
6	(H) other:
7	
	(i) oxygen,
8	(ii) oral suction;
9	(iii) <u>stabilization of impaled object;</u>
10	(I) prevention:
11	(i) handwashing,
12	(ii) clean/sterile technique,
13	(iii) universal or standard precautions;
14	(iv) mailing hazardous substances;
15	(J) reporting; and
16	(K) recording.
17	Section 2.20.200 was amended, as follows:
18	
19	Sec. 2.20.200. Community Health Aide II Training and Education Requirements. A person
20	meets the training and education requirements to be a certified community health aide II upon successful
21	completion of
22	(1) all requirements under sections 2.20.100 [CHA I training & education
23	requirements] through 2.20.110 [CHA I competencies];
24	(2) current ETT or EMT certification or its equivalent, as determined by the Board;
25	(3) Session II training course provided by a CHA/P Training Center; and
26	(4) <u>Field Training Requirements:</u>
27	(A) 200 hours of approved field work after completion of <u>training center</u>
28	<u>component of</u> Session II, including:
29 30	(B) a minimum of 60 patient encounters;
30 31	(B) Post Session Learning Needs (PSLN), which identifies individual learning needs in performing essential skills; and [RESERVED]
32	(E) (C) Practice skills on Post Session Practice Checklist, and , which
33	identifies the skills to be taught.
34	(F) (D) Post Session Learning Needs (PSLN), if indicated.
35	(1) $(D)$ <u>rost session Learning Needs (FSLN), it indicated.</u>
36	Section 2.20.210 was amended, as follows:
37	Section 2.20.210 was amended, as follows.
38	Sec. 2.20.210. Community Health Aide II Competencies. In addition to meeting the
39	requirements of section 2.20.110 [CHA I competencies], a certified community health aide II must
40	successfully demonstrate and maintain:
41	(a) understanding of the topics addressed in the CHA/P Curriculum for Session II, which
42	generally includes problem-specific complaints (acute care) for adults and children of the following body
43	systems:
44	(1) dental, mouth and teeth
45	
46	
47	(4) respiratory,
48	(f) circulatory,
49	(6) digestive,
50	(0) urgestive, (7) urinary,
51	(7) utiliary, (8) male reproductive,
52	(8) inale reproductive, (9) female reproductive,
52 53	(9) remain reproductive, (10) musculoskeletal,
55	

1	(11) nervous,
2	(12) endocrine,
3	(13) skin <del>; </del>
4	(14) <u>sick child care</u> ,
5	(15) <u>introduction to prenatal care;</u>
6	(b) competency in the following subjects to the level of performance required after meeting
7	the requirements of section 2.20.200 [CHA II training & education requirements]:
8	(1) dental health and prevention;
9	(2) mental health issues, including self-help, mental illness and mental health
10	emergencies, mental health promotion for patients and families, substance abuse and dependency, and grief,
11	loss, dying and death;
12	(3) management of medicines in the village;
13	(4) introduction to tuberculosis disease;
14	(5) introduction to sexually transmitted diseases infections and sexually transmitted
15	disease infection issues;
16	(6) HIV disease and issues;
17	(7) emergency care review, including medical evacuation <u>primary and secondary</u>
18	survey, bleeding control, airway management, BLS, shock, spinal protection, splinting, cold injuries,
19	medevac, serial monitoring and documentation;
20	(c) satisfactory performance of the following skills:
21	(1) physical examinations of
22	(A) the following systems:
23	(i) mouth and teeth,
24	(i) <u>(ii) Circulatory:</u>
25	I. heart,
26	II. <u>pulses (including carotid, radial, femoral, posterior</u>
27	tibialis, dorsalis pedis).
28	(iii) back/costal vertebral angle (CVA),
29	(iii) (iv) genitals:
30	(I) male,
31	(II) female: external/cervical motion;
32	(iv) (v) external anus,
33	(v) (vi) <u>return prenatal exam</u> ,
34	(vi) (vii) extremities,
35	(viii) musculoskeletal,
36	(viii) (ix) nervous system,
37	$\frac{(ix)}{(ix)}$ (x) mental status;
38	(B) <u>screening physical exam of adults;</u>
39 40	(2) performance and interpretation of the following lab tests:
	<ul> <li>(A) purified protein derivative (PPD);</li> <li>(D) for all a same black discussions.</li> </ul>
41	(B) fecal occult blood;
42	(C) <u>urine pregnancy test;</u> (2) $(1 - 6)^{1} + (1 - 2)^{1} + (1 - 2)^{1}$
43	(3) perform the following lab tests <u>and procedures</u> :
44 45	(A) venipuncture for blood tests; (D) herelaticla
45 46	(B) <u>heelstick;</u> (C) Nowhere bloodered concerning test
46 47	(C) <u>Newborn bloodspot screening test</u> (D) clean establishing speciment
47 48	(D) clean catch urine specimen; (E) non alagn eatch uring specimen;
48 49	(E) <u>non-clean catch urine specimen;</u> (E) infant (hag):
49 50	<ul><li>(F) infant (bag);</li><li>(G) urine culture;</li></ul>
50 51	
51 52	<ul> <li>(H) stool for ova and parasites;</li> <li>(I) <u>sputum for TB testing;</u></li> </ul>
52	(I) <u>sputum for TB testing;</u>

1	(4) topical medicines;
2	(A) topical;
3	(B) <u>vaginal suppository/creams;</u>
4	(C) <u>intradermal injection</u>
5	(D) giving IM and SQ immunizations;
6	
7	
8	(A) wound: <u>(review wound care [Sec. 2.20.110 (c) (9) (E) CHA I</u>
8 9	<u>competencies] and</u>
9 10	(i) irrigation, splinter removal; (ii) closure string, ring removal;
10	(ii) elosure strips, <u>ring removal;</u>
11	(iii) <u>suture</u> , <u>fishhook removal</u> ;
	(iv) suture removal;
13	(B) orthopedics:
14	(i) crutch fit/walk,
15	(ii) plaster splinting;
16	(C) intravenous <u>fluid</u> therapy;
17	(D) dental prevention:
18	(i) tooth brushing,
19	(ii) flossing,
20	(iii) disclosing tablets,
21	(iv) fluoride application;
22	(v) [Reserved]
23	(E) <u><b>P</b></u> -performing 12 lead ECG.
24	(6) <u>health and patent education.</u>
25	
26	Section 2.20.300 was amended as follows:
27	
28	Sec. 2.20.300. Community Health Aide III Training and Education Requirements. A person
29	meets the training and education requirements to be a certified community health aide III upon successful
30 31	completion of (1) all requirements up der sections 2.20.100 [CIIA Litraining & education
32	(1) all requirements under sections 2.20.100 [CHA I training & education
32	requirements] through 2.20.210 [CHA II competencies];
33 34	<ul> <li>(2) <u>current ETT or EMT certification or its equivalent, as determined by the Board;</u></li> <li>(2) Section III training course matrided have CILA (D. Training Contemport</li> </ul>
34 35	(3) Session III training course provided by a CHA/P Training Center; and
	(4) <u>Field Training Requirements, including</u> :
36	(A) 200 hours of approved field work after completion of <u>training center</u>
37	<u>component of Session III, including:</u>
38	(B) a minimum of 60 patient encounters; (C) $P = (C + i) P = (C +$
39	(C) Post Session Learning Needs (PSLN) which identifies individual
40	learning needs in performing essential skills; and [RESERVED]
41	(D) <u>Practice skills on</u> Post Session Practice Checklist,
42	(E) which identifies the skills to be taught.
43	(F) <u>Post Session Learning Needs (PSLN), if indicated.</u>
44	
45	Section 2.20.310 was amended, as follows:
46	
47	Sec. 2.20.310. Community Health Aide III Competencies. In addition to meeting the
48 49	requirements of sections 2.20.110 [CHA I competencies] and 2.20.210 [CHA II competencies], a certified
49 50	community health aide III must successfully demonstrate and maintain (a) an understanding of the topics addressed in the CHA/P Curriculum for Session
50 51	(a) an understanding of the topics addressed in the CHA/P Curriculum for Session III, which generally include:
52	
52 53	(1) male reproductive health; (2) female reproductive health;
55	(2) female reproductive health;

-		
1	(3)	adolescent health;
2	(4)	well child care;
3	(5)	sick child care;
4	(6)	newborn care; <del>and</del>
5	(7)	urinary, and
6	(8)	problem-specific complaints (acute care) of the following body
7	systems:	
8		(A) male reproductive;
9		(B) female reproductive;
10		(C) breast;
11		ency in the following subjects to the level of performance required after
12	meeting the requirements of sectio	n 2.20.300 [CHA III training & education requirements]:
13	(1)	women's reproductive health issues;
14	(2)	men's reproductive health issues;
15	(3)	sexually transmitted infections and sexually transmitted infection
16	issues;	
17	(4)	family planning issues;
18	(5)	prenatal care;
19	(6)	mental health issues, including substance abuse during pregnancy,
20	family problems, domestic violence	
21	(7)	fetal alcohol syndrome;
22	(8)	labor and delivery, including the importance of avoiding village
23	deliveries;	
24	(9)	post-partum issues;
25	(10)	
26	(11)	well child care issues;
27	(12)	adolescent health care issues;
28	(13)	immunization issues;
29	(14)	[RESERVED]
30	(15)	nutrition; and
31	(16)	[RESERVED]
32	(17)	emergency care review, emphasizing infants, children, and special
33		ts; and serial monitoring and documentation;
34	(c) satisfactory perfe	formance of the following skills:
35	(1)	history taking:
36		(A) initial prenatal visit; [RESERVED]
37		(B) <u>return prenatal <del>re</del>visit;</u>
38		(C) well child;
39	(2)	physical examination of:
40		(A) breast system;
41		(B) prenatal revisit;
42		(C) well child;
43	(3)	performance and interpretation of urine pregnancy lab test;
44	(4)	performance only of the following lab tests:
45		(A) <u>phenylketonuria (PKU)</u> <u>newborn bloodspot screening test;</u>
46		(B) urethral swab;
47	(5)	medicines:
48		(A) vaginal suppository/creams; and
49		(B) immunizations.
50	(6)	the following treatments and procedures:
51		(A) <u>venipuncture, fingerstick, heelstick, capillary tube</u>

1	(B) wounds: review wound care [review wound care [Sec.		
2	2.20.110 (c) (9) (E) CHA I competencies] and		
3	<u>(i) abscess care,</u>		
4			
5	Section 2.20.400 was amended, as follows:		
6			
7	Sec. 2.20.400. Community Health Aide IV Training and Education Requirements. A person		
8	meets the training and education requirements to be a certified community health aide IV upon successful		
9	completion of		
10	(1) all requirements under sections 2.20.100 [CHA I training & education requirements]		
11	through .310;		
12	(2) <u>current ETT or EMT certification or its equivalent, as determined by the Board</u>		
13	(3) Session IV training course provided by a CHA/P Training Center; and		
14	(4) <u>Field Training Requirements, including</u> :		
15	(A) 200 hours of approved field work after completion of training center component		
16	of Session IV, including		
17	(B) a minimum of 60 patient encounters;		
18	(C) Post Session Learning Needs, which identifies individual learning needs in		
19	performing essential (B)skills; and [RESERVED]		
20	(D) Practice skills on Post Session Practice Checklists, and which identifies the skills		
21	to be taught.		
22	(E) Post Session Learning Needs (PSLN), if indicated.		
23			
24	Section 2.20.410 was amended, as follows:		
25			
26 27	Sec. 2.20.410. Community Health Aide IV Competencies. In addition to meeting the		
27 28	requirements of sections 2.20.110 [CHA I competencies], 2.20.210 [CHA II competencies], and 2.20.310		
28 29	[CHA III competencies]; a certified community health aide IV must successfully demonstrate and maintain (a) an understanding of the topics addressed in the CHA/P Curriculum for Session IV, which		
30	generally include long-term care complaints (chronic care) of the following body systems:		
31			
32			
32	$ \begin{array}{c} (2) & \text{ear,} \\ (2) & \text{require term} \end{array} $		
33 34	(3) respiratory, (4) simulatory		
35	(4) circulatory, (5) direction		
	(5) digestive,		
36	(6) musculoskeletal,		
37	(7) nervous,		
38	(8) endocrine,		
39 40	$(9) \qquad \text{skin};$		
40	(b) competency in the following subjects to the level of performance required after meeting		
41	the requirements of section 2.20.400 [CHA IV training & education requirements]:		
42	(1) management of tuberculosis in the village;		
43	(2) introductory environmental health issues, including food/water borne disease,		
44	rabies, and injury prevention;		
45	(3) chronic disease;		
46	(4) introductory cancer issues;		
47	(5) pharmacology;		
48	(6) clinic management;		
49	(7) emergency care review;		
50	(8) adult <u>health</u> surveillance;		
51	(9) approach to elder health care;		
52	(10) <u>substance abuse and dependency concepts;</u>		

1	(11) introduction to smoking cessation training;		
2	(c) satisfactory performance of the following skills:		
3	(1) complete history taking;		
4	(2) <u>complete screening physical exam on adult;</u>		
5	(3) <u>health and patient education:</u>		
6	(4) the following treatments and procedures:		
7	(A) [RESERVED]		
8	(B) postural drainage,-		
9	$\begin{array}{c} (C) \\ peak flow; \end{array}$		
10	$\begin{array}{c} (D) \\ \hline diabetic foot exam. \end{array}$		
11	(E) wound care: review wound care [Sec. 2.20.210 (c) (5) (A) CHA II		
12	competencies]		
12	<u>competencies</u>		
13	Section 5.20.005 was amended, as follows:		
15	Section 5.20.005 was amenucu, as follows.		
16	Section 5.20.005 was added, as follows:		
17			
18	Sec. 5.20.005 Review and Approval Committee (RAC) is a subcommittee of Alaska Area		
19	Community Health Aide Program Directors that periodically reviews CHAP Training Centers for		
20	compliance with the Certification Board Standards		
21			
22	Section 5.20.055 was amended, as follows:		
23			
24	Section 5.10.055. Field Training.		
25	(a) The CHA/P Training Center staff must evaluate each trainee at the end of each		
26	training-center portion of a session and prepare a packet of Field Training Requirements for session		
27	<u>completion</u> . to complete the session.		
28	(b) <u>Completion of the session's Field Training Requirements is the responsibility of</u>		
29	the employing Tribal Health Organization.		
30	(c) CHA/P Training Center staff must review the Field Training Requirements for		
31	completion, before accepting a CHA to be accepted in to the next session.		
32			
33			
34	Chapter 6. was amended as follows:		
35	1		
36	Certification of CHA/P Training Curriculum and		
37	<u>the Alaska Community Health Aide/Practitioner Manual (CHAM)</u>		
38			
39	Sec. 6.10.010. Continuous Review of curriculum. The Board shall develop, and follow a process		
40	and schedule for periodic review, amendment, and adoption of all aspects of the CHA/P Curriculum and		
41	standards relied upon in the Community Health Aide Program for Alaska. Comments and participation		
42	shall be solicited from Association of Alaska Community Health Aide Program Directors, field staff,		
43	community health aides and practitioners, CHA/P Training Center staff, and health care providers who		
44 45	relate in any way to the Community Health Aide Program.		
45 46	See 6 10 020 Continuous Deview of CHAM The Deard -1-11 January fullows and 1		
46 47	Sec. 6.10.020. Continuous Review of CHAM. The Board shall develop, follow a process and schedule for periodic review, amendment, and adoption of all aspects of the Alaska Community Health		
47 48	Aide/Practitioner Manual (CHAM), relied upon in the Community Health Aide Program for Alaska.		
40 49	Comments and participation shall be solicited from Association of Alaska Community Health Aide		
50	Program Directors, field staff, community health aides and practitioners, CHA/P Training Center staff, and		
51	health care providers who relate in any way to the Community Health Aide Program.		
52	neural euro providero who relate in any way to the Community relatin Aide Program.		
53	Sec. 6.10.100 Academic Review Committee (ARC) is a subcommittee of Association of Alaska		
54	Community Health Aide Program Directors that advises the Association of Alaska Community Health Aide		

1	Program Directors and Alaska CHAP Certification Board in matters of Community Health		
2	Aide/Practitioner Basic Training including curriculum, CHAM, field training, credentialing, continuing		
3	education, and standards.		
4			
5	Section 3.10.200(a) was amended as follows:		
6			
7	(a) <b>Competencies.</b> To be approved by the Board, a continuing education program for a		
8	dental health aide must		
9	(1) meet the requirements set forth in section 3.10.050 (a)(1)(C) [DHA Continuing		
10	Education Requirements]; and		
11	(2) [RESERVED]		
12	(3) be no less than 1 hour in length		
13	(4) only 4 hours of the required 24 hours can be related to emergency medicine (this		
14	includes BLS); and		
15	(5) all but the 4 hours of emergency medicine must be related to the practice of dentistry		
16			
17	Section 2.40.100 was amended as follows:		
18			
19	Sec. 2.40.100. Behavioral Health Aide I Training, Practicum, and Experience		
20	Requirements.		
21	A person meets the training and education, practicum, and experience requirements to be a		
22	certified behavioral health aide I upon successful completion of the requirements set forth in subsections		
23	(a) [BHA I specialized training program] or (b) [BHA I alternative training] and the requirements of (c)		
24	[BHA I practicum] and (d) [BHA I work experience] of this section.		
25	(a) Behavioral Health Aide I Specialized Training Program. The specialized behavioral		
26	health aide I training program is comprised of Board approved courses, or their equivalent, that satisfy the		
27	requirements of sections:		
28	(1) 8.20.050 [general orientation];		
29	(2) 8.20.100 [orientation to village based behavioral health		
30	services];		
31	(3) 8.20.110 [ethics, and consent, confidentiality and privacy.];		
32	(4) 8.20.115 [confidentiality and privacy]; [RESERVE] (5)		
33	8.20.116 [human development];		
34	(56) 8.20.125 [introduction to behavioral health <u>concerns];</u>		
35	$(\underline{67})$ 8.20.135 [introduction to counseling];		
36	$(7\underline{8})$ 8.20.140 [introduction to documentation];		
37	(89) 8.20.145 [survey of community resources and introduction to case		
38	management];		
39	(9 <u>10</u> ) 8.20.150 [working with diverse populations];		
40	(1011) 8.20.155 [introduction to group counseling];		
41	( <u>1112</u> ) 8.20.160 [crisis intervention];		
42	(1213) 8.20.165 [HIV/AIDS and blood borne pathogensinfectious		
43	diseases];		
44	(1314) 8.20.170 [community approach to promoting behavioral health		
45	prevention];		
46	(14 <u>15</u> ) 8.20.175 [family systems I]; and		
47	(1516) 8.20.180 [recovery, maintaining health, wellness and		
48	<u>balance]</u>		
49			
50	Section 2.40.200(b) was amended as follows:		
51			
52	(a) Behavioral Health Aide II Specialized Training Program. The behavioral health		
53	aide II specialized training program is comprised of Board approved courses, or their equivalent, that		
54	satisfy the requirements of sections:		
55	(1) 8.20.220 [psycho-physiology and behavioral health]		
56	(2) 8.20.225 [introduction to co-occurring disorders];		

1 2 3 4	<ul> <li>(3) 8.20.228 [tobacco dependency use and treatment];</li> <li>(4) 8.20.230 [DSM practice application];</li> <li>(5) 8.20.235 [advanced interviewing skills];</li> </ul>
4	(6) 8.20.240 [ASAM patient placement criteria practice
5	application];
6	(7) 8.20.245 [case studies and elinical applied case management];
7	(8) 8.20.250 [traditional health based practices];
8	(9) 8.20.255 [intermediate therapeutic group counseling];
9	(10) 8.20.260 [applied crisis management];
10	(10) 8.20.200 [applied crisis management], (11) 8.20.270 [community development approach to prevention [RESERVE]; and
11	
11	(12) <u>8.20.271 [community needs and action];</u>
	(1213) 8.20.275 [family systems II]; and (14) 8.20.290 [L 1 min 11 min 1
13	$(\underline{14})$ 8.20.280 [behavioral health documentation]
14	
15	Section 2.40.200(b) was amended as follows:
16	
17	(a) Behavioral Health Aide III Specialized Training Program. The
18	behavioral health aide III specialized training program is comprised of Board approved
19	courses, or their equivalent, that satisfy the requirements of sections:
20	(1) 8.20.325 [treatment of co-occurring disorders];
21	(2) 8.20.335 [advanced behavioral health clinical care];
22	(3) 8.20.340 [documentation and quality assurance];
23	(4) 8.20.345 [introduction to case management supervision
24	RESERVE];
25	(5) 8.20.350 [applied case studies in Alaska Native culture based issues];
26	(6) 8.20.370 [behavioral health clinical team building];
27	(7) 8.20.385 [introduction to supervision]; and
28	(8) 8.20.390 [child development].
29	(b) 0.20.570 [enna development].
30	Section 2.40.400(b) was amended as follows:
	Section 2.40.400(b) was amenucu as follows.
31	(b) Behavioral Health Practitioner Specialized Training Program. The behavioral
32	health practitioner specialized training program is comprised of Board approved courses, or their
33	equivalent, that satisfy the requirements of sections:
34	(1) 8.20.400 [issues in village-based behavioral health care services];
35	(2) 8.20.425 [special issues challenges in behavioral health services];
36	(3) 8.20.485 [competencies for village-based supervision];
37	(4) 8.20.490 [principles and practice of clinical supervision]; and
38	(5) 8.20.495 [child-centered interventions].
39	
40	January 13, 2023, eleven sections were amended, as follows:
41	
42	Chapter 4.
43	<u>Investigations,</u> Discipline, Suspension or Revocation of a Community Health Aide,
44	Community Health Practitioner, Dental Health Aide, Behavioral Health Aide or Behavioral Health
45	Practitioner Certificate
46	
47	Sec. 4 Investigating Complaints. The Board may investigate the conduct or professional
48	performance of a certified Community Health Aide or Practitioner, Dental Health Aide or Practitioner, or
49	Behavioral Health Aide or Practitioner. Upon receipt of a formal written complaint to the Board or any of
50	its members, or if the Board becomes aware of information sufficient to justify an investigation regarding
51	professional conduct, the Board may appoint an Inquiry Panel to investigate, subject to the consent and
52	approval of the Director of the Alaska Area Native Health Service.
53	
54	Sec. 4 Inquiry Panel. An Inquiry Panel of the Board shall be comprised of four appointed
55	members of the Board, with the AANHS federal representative to the Board serving as the Presiding

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Official for the Inquiry Panel. The Inquiry Panel shall have at least one member that shall be in the same general professional discipline as the individual who is the subject of any written complaint or investigation on behalf of the Board. The purpose of the Inquiry Panel is to investigate formal written complaints or information regarding professional conduct, and to make recommendations to the full Board regarding possible discipline or other actions that may be appropriate to be taken by the Board. (a) The Presiding Official shall oversee the Inquiry Panel, including establishing meeting dates/times, handling requests for information from complainants/subjects of any complaint, or other parties, conducting the investigation, presiding over and participating in deliberations, and submitting any recommendations [written report] to the Board. (b) To the extent any member of the Board has an interest that may conflict with their duties on the Inquiry Panel, including an affiliation with a Tribal Health Organization or entity that may be involved in any complaint or investigation, including as employer of any subject of an investigation, that individual Board member shall not participate as an Inquiry Panel member. To the extent any additional steps are necessary to avoid a conflict of interest or the appearance of a conflict of interest, the Board member should consider whether it is appropriate to take additional steps including recusal for purposes of considering any potential recommended discipline or further Board action. (c) Quorum. A majority of Members of the Inquiry Panel (3) shall constitute a quorum and shall be sufficient to take any action consistent with the CHAP Standards & Procedures regarding any investigation. Sec. 4.10.010. Grounds for Discipline. The Board may investigate and impose a disciplinary sanction under this chapter on a person holding a certificate under these standards if the Board finds that the person engaged in any of the following, including but not limited to: (a) secured a certificate through deceit, fraud, or intentional misrepresentation; (b) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities, including holding himself or herself out as another health provider for which he or she has not met applicable licensing or other credentialing requirements; (c) failed to surrender the certificate if required to do so under section 2.10.020 [surrender of a certificate]; (d) has been convicted of a felony or other crime that affects the certified community health aide or practitioner's, dental health aide's, or behavioral health aide or practitioner's ability to continue to practice competently and safely: (e) intentionally or negligently engaged in or permitted the performance of patient care by persons under the certified community health aide or practitioner's, dental health aide's, or behavioral health aide or practitioner's supervision that does not conform to minimum professional standards regardless of whether actual injury to a patient occurred; (f) failed to comply with any requirement or order of the Board applicable to the certified community health aide or practitioner, dental health aide, or behavioral health aide or practitioner, including failure by any community health aide or practitioner, dental health aide or practitioner, or behavioral health aide to participate in an investigation conducted consistent with the CHAP Standards & Procedures; (g) continued to practice after becoming unfit due to (1) professional incompetence; (2) failure to keep informed of current professional practices; (3) addiction or dependency on alcohol or other drugs that impair the ability to practice safely; (4) physical or mental disability; (h) engaged in lewd or immoral conduct in connection with the delivery of service to patients; (i) engaged in unprofessional conduct, including having: (1) failed to use sufficient knowledge, skills or judgment for the community health aide or

1	Sec. 4 Process for Conducting an Inquiry. Upon assignment, the Inquiry Panel shall		
2	provide notice of the nature of the complaint or investigation to the subject of any inquiry, and shall provide		
$\frac{2}{3}$	the subject an opportunity to respond. Any investigation shall be intended to inform the Board regarding		
4	details necessary to conduct its duties under the CHAP Standards & Procedures. An inquiry is intended to		
5	be investigatory as opposed to punitive or non-punitive.		
6			
7	The Inquiry Panel may gather and review relevant information as necessary, including but not		
8	limited to statements by witnesses or other knowledgeable individuals; any Board monitoring activities;		
9	letters of complaint; incident reports; pertinent medical records, reports, recommendations, or evaluations		
10	of any supervisor or peer review; any prior professional review or disciplinary actions; and any provider		
11	statements.		
12	In general, the process for conducting an investigation shall be conducted as expeditiously as		
13	possible.		
14			
15	Sec. 4.10.100. Community Health Aide or Practitioner, Dental Health Aide, or Behavioral		
16	Health Aide or Practitioner Sanctions. When it If the Board, following any investigation or		
17	corresponding recommendations from an Inquiry Panel, finds that a person holding a certificate as		
18	a community health aide or practitioner, dental health aide, or behavioral health aide or		
19	practitioner has violated one of the conditions of section 4.10.010 [grounds for discipline], the		
20	Board may impose the following sanctions singly or in combination, including after a hearing		
21	conducted consistent with Chapter 9:		
22	(1) permanently revoke a certificate to practice;		
23	(2) suspend a certificate for a determinate period of time;		
24	(3) censure a person holding a certificate;		
25	(4) issue a letter of reprimand;		
26	(5) place a person holding a certificate on probationary status and require the person		
27	to		
28	(A) report regularly to the Board upon matters involving the basis of		
29	probation;		
30	(B) limit practice to those areas prescribed;		
31	(C) continue professional education until a satisfactory degree of skill has		
32	been attained in those areas determined by the Board to need improvement; and		
33	(6) impose limitations or conditions on the practice of a person holding a certificate.		
34			
35	If the Board finds that any complaints or charges are unproven or unsubstantiated, the Board may		
36 37	dismiss a complaint or take other action as appropriate consistent with the CHAP Standards & Procedures.		
37 38	See 4 10 110 Withdrawing Drobation The Deard may withdraw provide unlied		
38 39	Sec. 4.10.110. Withdrawing Probation. The Board may withdraw <u>previously applied</u> probationary status if it <u>subsequently</u> finds that the deficiencies that required the sanction have been		
40	remedied.		
40	Temedicu.		
42	Sec. 4.10.120. Summary Suspension. Notwithstanding any other provision, the Board may		
43	summarily suspend a certificate before or during any investigation, before any final hearing as described in		
44	Chapter 9, or during the appeals process as described in Chapter 9 if at any time the Board finds that the		
45	person holding a certificate poses a clear and immediate danger to the safety of any individual patient or		
46	the public health <del>and safety</del> if the person continues to practice. A person whose certificate is suspended		
47	under this subsection shall be entitled to a hearing pursuant to section 9.10.010 [hearings]. The person may		
48	appeal the suspension after a hearing to the Area Director of the Alaska Area Native Health Service.		
49			
50	Sec. 4.10.130. Consistency. The Board shall seek consistency in the application conduct of any		
51	investigation by an Inquiry Panel and its associated recommendations, application of disciplinary		
52	sanctions, and with any significant departure from prior decisions involving similar situations shall to be		
53	explained in findings of fact or appropriate orders.		
54			

	Sec. 9.10.080. Recommendation. If the hearing is conducted by an hearing officer or Inquiry
	<u>Panel</u> , a written recommendation along with all evidence collected will be submitted to the Board for its
	consideration. The recommendation will include
	(1) proposed findings and conclusions on all material facts and law;
	(2) evidence and other reasons <del>that support the proposal</del> ;
	(3) a recommendation for Board action specifying the proposed rule, order, sanction, relief,
	denial or conditions or limitations on certification.
	Sec. 9.10.090. Decision.
	(a) Action by Board. Unless the Board adopts the recommendation of the hearing officer or
	panel "in toto," it must issue a separate written decision that contains an explanation of the grounds for the
	decision
	(b) Notice of Decision. In any case, parties must be notified in writing of the decision within
	a reasonable time.
T.,	ne 8, 2023, seven sections were amended, as follows:
Ju	ie 6, 2025, seven sections were amenucu, as fonows.
	Amend Sec. 2.30.400 (b)(1)(C)
	•
	Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.
	(b) Preceptorship.
	An expanded function dental health aide I who has satisfied the requirements of
	(1) subsection (a)(2)(A) [EFDHA I training & education; (basic restorative functions course)] must, after completion
	of the other requirements in subsection (a) [EFDHA I training and
	education] of this section, satisfactorily complete a preceptorship, which must
	(A) be under the direct supervision of a dentist or DHATP;
	(B) continue after completion of the training under subsection (a)(2) for a minimum of six months or 800 hours,
	whichever is longer; and
	(C) include satisfactory performance in the dental health aide's clinical setting under direct supervision of a dentist or
	DHATP of a minimum of 50 restorations of which a minimum of 5 must be in each classification of amalgam class I,
	class II, <del>and class V and</del> <del>composite class I</del> , class III and class V; or
	Amend Sec. 2.30.410(b)(2)(A)(ii)(I) and (II)
	Sec. 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies
	(2) (A) for an expanded function dental health aide I who has satisfied the requirements of section 2.30.400(a)(2)(A)
	[EFDHA I training & education requirements; training & education; (basic
	restorative functions course)] and (b) [EFDHA I training & education requirements; preceptorship]:
	(i) (I) advanced understanding of tooth morphology, structure and function; and
	(II) an ability to discriminate between acceptable and unacceptable restoration; and
	(ii) competency in and satisfactory performance of the following skills:
	(I) placement and finishing of Class I, II, III and V dental amalgams restorations (simple fillings) after preparation by
	the dentist or dental health aide therapist; and
	(II) dental composite placement Class I, III and V (simple fillings) after preparation by a dentist or dental health aide
	t <del>herapist; and</del> <u>RESERVE</u>
	(III) provide appropriate post-procedure instructions; and
	Amend Sec. 2.30.510. (b)(3)(A) and (B)
	Sec. 2.30.510. Expanded Function Dental Health Aide II Supervision and Competencies.
	(b) Competencies In addition to active the mention of CO 20 500 (PPD) A U ( 1 ) 0 1 (
	(b) Competencies. In addition to satisfying the requirements of 2.30.500 [EFDHA II training & education
	requirements], a certified expanded function dental health aide II must demonstrate and maintain the following:
	(1) the satisfactory performance of the competencies identified in sections
	(A) 2.30.240(d) [dental radiology requirements; competencies];

(B) 2.30.250(c)	) [dental assistant function requirements; competencies];
	) [EFDHA I supervision & competencies; competencies]; and
(2) understanding	
	of occlusion as they apply to restorative dentistry; and
	e-of-the-art dentinal bonding agents;
	n and satisfactory performance of the following skills:
	and finishing of cusp protected amalgam restorations, complex Class II, and Class IV restorations
(complex fillings);	
(B) <del>placement a</del>	and finishing of dental composite Class II and IV (complex fillings); and
Amend Sec. 2.30.61	0 (b)(3)
Sec. 2.30.6 10. Denta	al Health Aide Therapist Supervision and Competencies.
(b) Competencies. In	addition to meeting the requirements of section 2.30.100(a)(1) and (a)(4) [PDHA I training &
	ents; training; (presession) & (BLS)] and 2.30.600 [DHAT training & education requirements], a
	th aide therapist must successfully demonstrate and maintain
(1) an understandin	
(A) medical eva	
(B) dental evalu	
(C) periodontic	
	gement and supervision,
(E) restorative d	entistry,
(F) oral surgery	and local anesthesia,
(G) infection co	
(H) equipment n	
	and preventive dentistry, and
	t of the medicines in the village;
	the above subjects to the level of performance required at the time of meeting the requirements of
	(A) [DHAT training & education requirements; (education options)]; and
	<u>d</u> satisfactory performance under general supervision of a dentist of the following skills:
(A) all of the ski	ills identified in sections 2.30.110 [PDHA I supervision &
Amend 2.30.610 (	b)(1)(H) and 2.30.610 (b)(3)(G)
Sec. 2.30.610 Den	tal Health Aide Therapist Supervision and Competencies.
(b) Competen	cies. In addition to meeting the requirements of section 2.30.100(a)(1) and (a)(4) [PDHA I training
	rements; training; (presession) & (BLS)] and 2.30.600 [DHAT training & education requirements], a
	alth aide therapist must successfully demonstrate and maintain
	rstanding of
	lical evaluation,
	tal evaluation,
	iodontic techniques,
	nic management and supervision,
	torative dentistry,
	l surgery and local anesthesia,
	ection control,
(H) eq	uipment maintenance and repair,
	imunity and preventive dentistry, and
	nagement of the medicines in the village;
	agement of the incuremes in the viriage, ency in the above subjects to the level of performance required at the time of meeting the
	ction 2.30.600(2)(A) [DHAT training & education requirements; (education options)]; and
	ory performance under general supervision of a dentist of (A) all of the skills identified in
	PDHA I supervision & competencies], 2.30.210 [PDHA II supervision & competencies], 2.30.220
	nts], 2.30.230 [dental prophylaxis requirements], 2.30.240 [dental radiology requirements], 2.30.250
	nction requirements], 2.30.260 [ART requirements], 2.30.410 [EFDHA I supervision &
	0.510 [EFDHA II supervision & competencies], and 2.30.550 [stainless steel crown 41 placement
	5.5 to [21 2117 in supervision & competencies], and 2.50.550 [stanness steel clowil 41 platellicit
requirements];	

(B) diagnosis and treatment of caries;

(C) performance of uncomplicated extractions of primary and permanent teeth; (D) response to emergencies to alleviate pain and infection; (E) administration of local anesthetic; (F) recognition of and referring conditions needing space maintenance; (G) maintenance of and repair of dental equipment; Amend Sec. 7.20.200(a)(3) and (4) Sec. 7.20.200. Basic Restorative Functions. (a) Subject Matter. A course in basic restorative functions must address the following topics: (1) advanced tooth morphology, structure and function; (2) discrimination between acceptable and unacceptable restoration; (3) placement and finishing of Class I, II, III and V dental amalgams restorations (simple fillings) after preparation by the dentist, dental health aide therapist, or dental health aide therapist practitioner. (4) dental composite placement Class I, III and V (simple fillings) after preparation by a dentist, dental health aide therapist, or dental health aide therapist practitioner RESERVED; and (5) appropriate post-procedure instructions. Amend Sec. 7.20.210 (a)(3) and (4) Sec. 7.20.210. Advanced Restorative Functions. (a) Subject Matter. A course in advanced restorative functions must address the following topics: (1) the basics of occlusion as they apply to restorative dentistry; and (2) current state-of-the-art dentinal bonding agents; (3) placement and finishing of cusp protected amalgam and complex Class II amalgams restorations (complex fillings) after preparation by the dentist, dental health aide therapist, or dental health aide therapist practitioner; (4) placement and finishing of dental composite Class H and IV restorations (complex fillings) after preparation by the dentist, dental health aide therapist, or dental health aide therapist practitioner; and Amend Sec. 2.50.200 Requirements for Renewal. A certified community health aide, community health practitioner, dental health aide, or behavioral health **(b)** aide or practitioner applying for certificate renewal shall: apply on a form provided by the Board; (1) (2)pay the application fees required by the Board; (3) provide evidence satisfactory to the Board that the applicant has met the continuing education requirements of the Board; (4) provide evidence satisfactory to the Board that the applicant continues to demonstrate the practical professional competencies required for the level of certification sought; for a community health aide or community health practitioner, a re-entry evaluation, following CHAP guidelines, will be conducted for an applicant who has not been employed in direct patient care for a minimum of 80 hours with a minimum of 30 patient encounters in the six months prior to submission of the application; for a community health aide or community health practitioner, a biennial clinical competency evaluation will be conducted; renewal of certification will require one of the following:

- (D) <u>a biennial skills evaluation; ii.</u>
  - (E) <u>a re-entry evaluation;</u>
- (F) <u>a preceptorship; or</u>
- (G) <u>completion of a Basic Training</u> <u>Session (Training Center and Field Training Requirements)</u>