

BHA/P CONTINUING EDUCATION LOG

Certification #: _____

Certification Period: _____

BHA/P Name: _____

Employer & City: _____

1. You may use this form to record your continuing education and practicum.
2. Record continuing education activities for 2 years prior to certification renewal.
3. If your agency has a form that collects this information in another format, you may submit that form instead. Please do not send CE certificates unless requested.
4. If you have questions, please refer to Chapter 3. Continuing Education, (*Sec. 3.10.070 Community Health Aide Program Standards and Procedures, as amended.*)

TRAINING TITLE	SPONSOR	Date Completed M/D/YY	Hours Received
Ethics and Consent (4 hours required)			
Confidentiality and Privacy (4 hours required)			
Cross Cultural Communication (4 hours required)			
TOTAL HOURS			

Required: Minimum of 40 hours or more in the past 2 years. Required courses are indicated on the log, the remaining 28 hours must be related to knowledge and skills refer to (Sec. 2.40.500).