

**COMMUNITY HEALTH AIDE PROGRAM CERTIFICATION BOARD  
BHAP TRAINING LOG**

APPLICANT NAME \_\_\_\_\_

Complete section for level of certification.

<b>BEHAVIORAL HEALTH AIDE I</b>		
<b>WORK EXPERIENCE</b>	<b>Date of Hire</b>	<b>Total Hours Worked</b>
1000 hours of direct supervised work experience providing village-based behavioral health services.		
<b>TRAINING</b>	<b>Date Completed m/d/yy</b>	<b>Training Hours Received</b>
General Orientation (28) See [CHAPCB 8.20.050]*		
Orientation to Village-Based Behavioral Health Services (8) See [CHAPCB 8.20.100]*		
Intro to Ethics and Consent (6) See [CHAPCB 8.20.110]*		
Intro to Confidentiality and Privacy (6) See [CHAPCB 8.20.115]*		
Intro to Behavioral Health (24) See [CHAPCB 8.20.125]*		
Intro to Counseling (12) See [CHAPCB 8.20.135]*		
Intro to Documentation (12) See [CHAPCB 8.20.140]*		
Survey of Community Resources & Case Management (8) See [CHAPCB 8.20.145]*		
Working with Diverse Populations (12) See [CHAPCB 8.20.150]*		
Intro to Group Counseling (8) See [CHAPCB 8.20.155]*		
Crisis Intervention (16) See [CHAPCB 8.20.160]*		
HIV/AIDS & Blood Borne Pathogens (8) See [CHAPCB 8.20.165]*		
Community Approach to Promoting Behavioral Health (8) See [CHAPCB 8.20.170]*		
Recovery, Health, Wellness & Balance I (8) See [CHAPCB 8.20.175]*		
Family Systems I (16) See [CHAPCB 8.20.180]*		
<b>TOTAL TRAINING HOURS</b>		

\*Community Health Aide Program Certification Board Standards and Procedures, as amended

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<b>BEHAVIORAL HEALTH AIDE II</b>		
<b>WORK EXPERIENCE</b>	<b>Date of Hire</b>	<b>Total Hours Worked</b>
2000 hours of direct or indirect (as applicable) supervised work experience providing village-based behavioral health services.		
<b>TRAINING</b> <b>Prerequisites:</b> A BHA II must have satisfied all training and work experience requirements of a BHA I.	<b>Date Completed</b> m/d/yy	<b>Training Hours Received</b>
Psycho-Physiology & Behavioral Health (12) See [CHAPCB 8.20.220]		
Intro to Co-Occurring Disorders (8) See [CHAPCB 8.20.225]		
Tobacco Dependency Treatment (8) See [CHAPCB 8.20.228]		
DSM Practice Application (12) See [CHAPCB 8.20.230]		
Advance Interviewing Skills (16) See [CHAPCB 8.20.235]		
ASAM Practice Application (12) See [CHAPCB 8.20.240]*		
Case Studies & Clinical Case Management (8) See [CHAPCB 8.20.245]*		
Traditional Health Based Practices (8) See [CHAPCB 8.20.240]*		
Intermediate Therapeutic Groups Counseling (16) See [CHAPCB 8.20.255]*		
Applied Crisis Management (8) See [CHAPCB 8.20.260]*		
Community Development Approach to Prevention (12) See [CHAPCB 8.20.270]*		
Family Systems II (16) See [CHAPCB 8.20.275]*		
<b>TOTAL TRAINING HOURS</b>		

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<b>BEHAVIORAL HEALTH AIDE III</b>		
<b>WORK EXPERIENCE</b>	<b>Date of Hire</b>	<b>Total Hours Worked</b>
4000 hours of direct or indirect (as applicable) supervised work experience providing village-based behavioral health services		
<b>TRAINING</b> <b>Prerequisites:</b> A BHA III must have satisfied all training and work experience requirements of a BHA I and BHA II.	<b>Date Completed</b> m/d/yy	<b>Training Hours Received</b>
Treatment of Co-Occurring Disorders (12) See [CHAPCB 8.20.325]*		
Advanced Behavioral Health Clinical Care (40) See [CHAPCB 8.20.335]*		
Documentation & Quality Assurance (16) See [CHAPCB 8.20.340]*		
Intro to Case Management Supervision (16) See [CHAPCB 8.20.345]*		
Applied Case Studies in Alaska Native Culture Based Issues (8) See [CHAPCB 8.20.350]*		
Behavioral Health Clinical Team Building (12) See [CHAPCB 8.20.370]*		
Intro to Supervision (8) See [CHAPCB 8.20.385]*		
<b>TOTAL TRAINING HOURS</b>		

<b>BEHAVIORAL HEALTH PRACTITIONER</b>		
<b>WORK EXPERIENCE</b>	<b>Date of Hire</b>	<b>Total Hours Worked</b>
6000 hours of supervised work experience providing village-based behavioral health services.		
<b>TRAINING</b> <b>Prerequisites:</b> A BHP must have satisfied all training and work experience requirements of a BHA I, BHA II, and BHA III.	<b>Date Completed</b> m/d/yy	<b>Training Hours Received</b>
Issues In Village-Based Behavioral Health Care (40) See [CHAPCB 8.20.400]*		
Special Issues in Behavioral Health Services (16) See [CHAPCB 8.20.425]*		
Competencies for Village-Based Supervision (16) See [CHAPCB 8.20.485]*		
Principals & Practice of Clinical Supervision (40) See [CHAPCB 8.20.490]*		
<b>TOTAL TRAINING HOURS</b>		

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I attest that I have successfully completed the training hours listed above and I have completed the behavioral health related work experience.

_____ Signature of Applicant	_____ Date	_____ Signature of Licensed Clinical Supervisor	_____ Date
		_____ Title	