

ALASKA COMMUNITY HEALTH AIDE PROGRAM CERTIFICATION BOARD

Supplemental Work Experience Log - Behavioral Health Aide I

Applicant Name (First and Last): _____

An applicant who demonstrates that they satisfy the applicable requirements of S&P B2.30.010 BHA/P Knowledge, Skills, and Scope of Practice and has the capacity to provide culturally appropriate services in a village setting may substitute prior relevant work experience that aligns with the Behavioral Health Aide I Scope of Practice requirement under subsection S&P B2.20.100(c)(1) Minimum Experience may substitute relevant work experience on an hour for hour basis. See S&P B2.20.100(c)(2) Exceptions and Substitutions.

Instructions: For each request of exception or substitution, provide a Supplemental Work Experience Log documenting the work experience you would like considered as meeting the requirements for certification.

Employer: _____

Date of Hire (MM/YYYY): _____

Total Hours Worked: _____

Check all that apply.

Work Setting:

- ☐ Mental Health
- ☐ Substance Use
- ☐ Social Service
- ☐ Prevention/Early Intervention
- ☐ Other:
- ☐

Population Served:

- ☐ Rural
- ☐ Tribal
- ☐ Alaska Native
- ☐ Other:

Type of Supervision Received:

- ☐ Clinical
- ☐ Non-clinical

Primary work activities were related to the BHA I Scope of Practice and included:

- ☐ Wellness Promotion
- ☐ Talking Circles
- ☐ Psychoeducation
- ☐ Advocacy
- ☐ Community Needs Assessment
- ☐ Screening
- ☐ Intake
- ☐ Referral
- ☐ Case Management
- ☐ Life Skills Development
- ☐ Medication Education
- ☐ Individual Interventions
- ☐ Group Interventions
- ☐ Other: