

ALASKA COMMUNITY HEALTH AIDE PROGRAM CERTIFICATION BOARD

Supplemental Work Experience Log - Behavioral Health Aide III

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 and has work experience that aligns with the Behavioral Health Aide III Scope of Practice requirement under subsection S&P B2.20.300(d)(1) Minimum Experience may substitute relevant work experience on an hour for hour basis. See S&P B2.20.300(d)(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 III Scope of Practice and included:

- ☐ Treatment Planning of Co-Occurring Disorders
- ☐ Treatment Implementation of Co-Occurring Disorders
- ☐ Child and Youth Services
- ☐ Clinical Case Review
- ☐ Quality Assurance Case Review
- ☐ Other: