

# ALASKA COMMUNITY HEALTH AIDE PROGRAM CERTIFICATION BOARD

## Supplemental Work Experience Log - Behavioral Health Practitioner

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 Practitioner Scope of Practice requirement under subsection S&P B2.20.400(d)(1) Minimum Experience may substitute relevant work experience on an hour for hour basis. See S&P B2.20.400(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:

#### Primary work activities were related to the BHP Scope of Practice and included:

- ☐ Behavioral Health Aide Mentoring
- ☐ Child-Centered Interventions
- ☐ Other:

#### Population Served:

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

#### Type of Supervision Received:

- ☐ Clinical
- ☐ Non-clinical