

Alaska Community Health Aide Program Certification Board
Standards and Procedures
Amended January 14, 2026

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Alaska Community Health Aide Program Certification Board
Standards and Procedures
Amended January 14, 2026

Chapter A-1. General Provisions

Article 10. Authority and Scope

Sec. A1.10.010. Authority.

The Alaska Community Health Aide Program Certification Board is established under the authority of the Act of November 2, 1921 (25 U.S.C. § 13, popularly known as the Snyder Act) pursuant to 25 U.S.C. § 1616l (Section 119 of Pub. L. 94-437), the Indian Health Care Improvement Act, as amended, including the permanent reauthorization and amendments in Section 10221 of the Patient Protection and Affordable Care Act, Pub. L. 111-148, which incorporated by reference, as amended by Section 10221, S. 1790 as reported by the Senate Committee on Indian Affairs in December 2009 and directives and circulars of the United States Department of Health and Human Services, Public Health Service, Indian Health Service, and Alaska Area Native Health Service.

Sec. A1.10.020. Scope.

The Alaska Community Health Aide Program Certification Board sets standards for the community health aide program and certifies individuals as behavioral health aides and practitioners, community health aides and practitioners, and dental health aides (including primary dental health aides, dental health aide hygienists, expanded function dental health aides, and dental health aide therapists and dental health aide therapist practitioners). Each of these individuals is subject to specific requirements and engages in a specific scope of practice set forth in these *Standards*. For historical reasons, these various health aides are often referred to generically as “community health aides”.

Article 20. Definitions

Sec. A1.20.010. Definitions.

In these *Standards and Procedures*:

1. “AANHS” means Alaska Area Native Health Service.
2. “Active certificate” means a certificate that is valid from the effective date through the date of expiration, unless something occurs that requires a Surrender of a Certificate.
3. “ADTEP” means Alaska Dental Therapy Educational Program.
4. “ARC” means Academic Review Committee.
5. “ART” means atraumatic restorative treatment.
6. “Atraumatic restorative treatment” means a maximally preventive and minimally invasive approach to stop further progression of dental caries. It involves the removal of soft, completely demineralized carious tooth tissues with hand instruments, and is followed by restoration of the cavity with an adhesive dental material that simultaneously seals the remaining tooth structure that remains at risk.
7. “Behavioral health aide” means a behavioral health aide I, II, and III, except when the level is specified.
8. “Behavioral health professional” means a person who:

- a. has at least a master’s degree in psychology, social work, counseling, marriage and family therapy, substance abuse or addiction, nursing with a psychiatric mental health specialty, or a related field; and
 - b. satisfies the requirements of section B2.10.100(a)(2) [supervision of BHA/Ps; clinical oversight; qualifications].
9. “BHA” means behavioral health aide or the behavioral health aide workforce.
10. “BHAM” means the *Behavioral Health Aide Manual*, or its successor if approved by this Board.
11. “BHA/P” means behavioral health aide or behavioral health practitioner.
12. “BHP” means behavioral health practitioner.
13. “BHARC” means Behavioral Health Academic Review Committee.
14. “BLS” means Basic Life Support for Healthcare Providers/Professionals certification, which must include certification in cardiopulmonary resuscitation (“CPR”) techniques based upon training equivalent to that required for completion of a CPR course certified by the American Heart Association or American Red Cross.
15. “Board” means the Community Health Aide Program Certification Board.
16. “CHA” means community health aide.
17. “CHAM” means the *Alaska Community Health Aide/Practitioner Manual*, 2006 Edition, as revised, or its successor if approved by this Board.
18. “CHAP” means the program, including community health aides, dental health aides, and behavioral health aides.
19. “CHAPCB” means Community Health Aide Program Certification Board.
20. “CHA/P” means community health aide or community health practitioner.
21. “CHA/P Curriculum” means the *Community Health Aide Basic Training Curriculum*, 1993, revised as of May 1997, unless other revisions are adopted in which case “CHA/P Curriculum” will incorporate those revisions.
22. “CHP” means community health practitioner.
23. “Community health aide” means a community health aide I, II, III, and IV, except when the level is specified.
24. “Contact hour” means no less than 50 minutes of instructional or clinical time, provided that:
 - a. a course, seminar, or workshop offered or approved by an organization from which educational or continuing education requirements may be obtained will be accepted for the number of continuing education credits designated by the organization offering it; and
 - b. academic credit will be converted to contact hours, as follows:
 - i. one semester academic credit equals 15 contact hours; and
 - ii. one quarter academic credit equals 10 contact hours.
25. “DARC” means Dental Academic Review Committee.
26. “Dental health aide” means primary dental health aides I and II, dental health aide hygienists, expanded function dental health aides I and II, dental health aide therapists, and dental health aide therapist practitioner, except as used in chapter D-2 [standards for dental health aides] regarding requirements for special classes of dental health aides.
27. “Dental hygienist” means a person licensed as a dental hygienist in Alaska under AS 08.32.010 or a dental hygienist in the employ of the federal government in the discharge of official duties who is a dental hygienist licensed in one of the states or territories of the United States.
28. “Dentist” means a person licensed as a dentist in Alaska or a dentist in the employ of the federal government in the discharge of official duties who is licensed in one of the states or territories of the United States.
29. “DHA” means dental health aide.
30. “DHA Advanced Dental Procedures” means the curriculum set forth in section D2.20.200 [PDHA II: education, preceptorship and skillsets].
31. “DHA Core Curriculum” means the curriculum set forth in section D2.20.100 [PDHA I: education and preceptorship].
32. “DHA Curriculum” means a curriculum for training dental health aides approved by the Board set forth in section D4.20.100 [training curriculum].

33. “DHAH” means dental health aide hygienist.
34. “DHAT” means dental health aide therapist.
35. “DHATP” means dental health aide therapist practitioner.
36. “EFDHA” means expanded function dental health aide.
37. “eLearning” means formal instruction where students and instructors are separated by geography, time or both for the majority of the instructional period.
38. “EMT” means Emergency Medical Technician.
39. “ETT” means Emergency Trauma Technician.
40. “Inactive” means the health aide no longer meets the requirements for an active certification.
41. “ISDEAA” means the Indian Self-Determination and Education Assistance Act, Pub. L. 93-638, as amended, 25 U.S.C. § 450 et seq.
42. “Lapsed” means a certificate which has expired.
43. “Licensed behavioral health clinician” means a person who:
 - a. is a medical doctor who has completed a postgraduate residency or is Board certified in psychiatry;
 - b. is a registered nurse who has completed a master’s degree with a psychiatric mental health specialty; or
 - c. has completed either a doctorate or master’s degree in psychology, social work, counseling, marriage and family therapy, substance abuse or addiction, or a related field; and
 - d. under which the person is authorized to diagnose disorders contained within the *Diagnostic and Statistical Manual of Mental Disorders*; and
 - e. is fully or provisionally licensed in the State of Alaska or is in the employ of the federal government and is fully or provisionally licensed in one of the states or territories of the United States; and
 - f. satisfies the requirements of section B2.10.100(a)(2) [supervision of BHA/Ps; clinical oversight; qualifications].
44. “PDHA” means primary dental health aide.
45. “RAC” means Review and Approval Committee.
46. “Re-entry” means a BHA, CHA, or DHA returning to clinical practice after an extended clinical absence.
47. “Satisfactory performance” means the behavioral health aide or practitioner, community health aide or practitioner, or dental health aide, can do the skill using the CHAM or other materials for reference without other assistance. “Satisfactory performance” is measured by having the behavioral health aide or practitioner, community health aide or practitioner, or dental health aide, demonstrate the skill with sufficient expertise to meet the standard of care in a daily work situation.
48. “Session” means a basic training course offered by a CHA/P Training Center providing a curriculum approved by the Board.

Article 30. Designation and Citation

Sec. A1.30.010. Designation and Citation.

The *Standards and Procedures* of the Board may be cited as “CB” followed by the number of the chapter, article, and section, separated by periods. For example, this chapter may be cited as “CB A-1” or “chapter A-1”; this article may be cited as “CB A1.30” or “article 30 of this chapter”; this section may be cited as “CB A1.30” or “section A1.30.010”. Except as otherwise indicated by the context, citations in accordance with this section include amendments and reenactments of the provisions cited.

Sec. A1.30.020. Organization of the Standards and Procedures of the Board.

These *Standards and Procedures* were re-organized in 2025 to facilitate reference according to practice discipline. Content common to all three disciplines is first, including Board procedures and operations; followed by *Standards and Procedures* pertaining to each of the disciplines (numbered B-1, B-2, etc. for S&P pertaining to Behavioral Health Aides, C-1, C-2, etc. for *Standards and Procedures* pertaining to Community Health Aides, D-1, D-2, etc. for S&P pertaining to Dental Health Aides).

The “Detailed History of CHAP Certification Board *Standards and Procedures* by Date of Action” which documents all revisions made to the *Standards and Procedures* by date enacted, is an addendum and separate document.

Subsequent to adopting the 2025 version of the *Standards and Procedures*, to simplify reading and use of the *Standards and Procedures*, further revisions will be made to that 2025 document with date of change and annotations being in a separate addendum document rather than the routinely used document routinely accessed.

Chapter A-2. Certification of Behavioral Health Aides, Behavioral Health Practitioners, Community Health Aides, Community Health Practitioners, and Dental Health Aides

Article 10. Certification

Sec. A2.10.010. Certifications as BHA/P, CHA/P, and DHA.

A person who meets all the applicable requirements of these Standards, as referenced below, may be certified as a behavioral health aide, behavioral health practitioner, community health aide, community health practitioner, or dental health aide. See details described below:

- (a) Chapter B-1 [behavioral health aide and behavioral health practitioner certification and recertification];
- (b) Chapter C-1 [community health aide and community health practitioner certification and recertification]; and
- (c) Chapter D-1 [dental health aide certification and recertification].

Chapter A-3. Investigations, Discipline, Suspension, or Revocation

Sec. A3.10.010. Investigating Complaints.

The Board may investigate the conduct or professional performance of a certified behavioral health aide or practitioner, community health aide or practitioner, or dental health aide. Upon receipt of a formal written complaint to the Board or any of its members, or if the Board becomes aware of information sufficient to justify an investigation regarding professional conduct, the Board may appoint an Inquiry Panel to investigate, subject to the consent and approval of the Area Director of the Alaska Area Native Health Service (AANHS).

Sec. A3.10.020. Inquiry Panel.

An Inquiry Panel of the Board shall be comprised of four (4) appointed members of the Board, with the AANHS federal representative to the Board serving as the Presiding Official for the Inquiry Panel. The Inquiry Panel shall have at least one member that shall be in the same general professional discipline as the individual who is the subject of any written complaint or investigation on behalf of the Board.

The purpose of the Inquiry Panel is to investigate formal written complaints or information regarding professional conduct, and to make recommendations to the full Board regarding possible discipline or other actions that may be appropriate to be taken by the Board.

- (a) the Presiding Official shall oversee the Inquiry Panel, including establishing meeting dates/times, handling requests for information from complainants/subjects of any complaint, or other parties, conducting the investigation, presiding over and participating in deliberations, and submitting any recommendations [written report] to the Board.
- (b) to the extent any member of the Board has an interest that may conflict with their duties on the Inquiry Panel, including an affiliation with a tribal health organization or entity that may be involved in any complaint or investigation, including as employer of any subject of an investigation, that individual Board member shall not participate as an Inquiry Panel member. To the extent any additional steps are necessary to avoid a conflict of interest or the appearance of a conflict of interest, the Board member should consider whether it is appropriate to take additional steps including recusal for purposes of considering any potential recommended discipline or further Board action.
- (c) Quorum. A majority of Members of the Inquiry Panel (3) shall constitute a quorum and shall be sufficient to take any action consistent with the *Standards and Procedures* regarding any investigation.

Sec. A3.10.030. Grounds for Discipline.

The Board may investigate and impose a disciplinary sanction under this chapter on a person holding a certificate under these Standards if the Board finds that the person engaged in any of the following, including but not limited to:

- (a) secured a certificate through deceit, fraud, or intentional misrepresentation;
- (b) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities, including holding themselves out as another health provider for which they have not met applicable licensing or other credentialing requirements;
- (c) failed to surrender the certificate if required to do so under section B1.10.050, C1.10.050, D1.10.050 [surrender of a certificate];
- (d) has been convicted of a felony or other crime that affects the certified behavioral health aide or practitioner's community health aide or practitioner's, or dental health aide's ability to continue to practice competently and safely;
- (e) intentionally or negligently engaged in or permitted the performance of patient care by persons under the certified behavioral health aide or practitioner's, community health aide or practitioner's, or dental health aide's supervision that does not conform to minimum professional standards regardless of whether actual injury to a patient occurred;
- (f) failed to comply with any requirement or order of the Board applicable to the certified behavioral health aide or practitioner, community health aide or practitioner, or dental health aide, including failure by any behavioral health aide or practitioner, community health aide or practitioner, or dental health aide to participate in an investigation conducted consistent with the *Standards and Procedures*;
- (g) continued to practice after becoming unfit due to:
 - (1) professional incompetence;
 - (2) failure to keep informed of current professional practices;
 - (3) addiction or dependency on alcohol or other drugs that impair the ability to practice safely; or
 - (4) physical or mental disability;

- (h) engaged in lewd or immoral conduct in connection with the delivery of service to patients;
- (i) engaged in unprofessional conduct, including having:
 - (1) failed to use sufficient knowledge, skills or judgment for the behavioral health aide or practitioner's, community health aide or practitioner's, or dental health aide's level of certification;
 - (2) assumed duties and responsibilities:
 - (A) without sufficient preparation;
 - (B) for which competency has not been maintained;
 - (C) for which the behavioral health aide or practitioner, community health aide or practitioner, or dental health aide, is not certified, provided that such duties were not assumed as part of meeting the requirements for the next level of certification;
 - (D) for which the behavioral health aide or practitioner, community health aide or practitioner, or dental health aide has not been trained through training described in sections B2.20.100 [BHA I training, practicum, and experience requirements] through B2.30.010 [BHA/P knowledge, skills, and scope of practice], C2.20.100 [CHA I training and education requirements] through C2.20.510 [CHP Competencies], or D2.20.100 [PDHA I: education and preceptorship] through D2.20.700 [DHATP: prerequisites and credentialing], as applicable, or continuing education approved under chapter B-3, C-3, D-3, provided that the behavioral health aide or practitioner, community health aide or practitioner, or dental health aide may provide services under this paragraph only at the direction of their employer; or
 - (E) a behavioral health aide or practitioner, community health aide or practitioner, assigned to be available on-call failed to respond to an emergency;
 - (3) knowingly delegated a behavioral health aide or practitioner, community health aide or practitioner, or dental health aide function to another who is not certified to perform that function;
 - (4) violated the confidentiality of information or knowledge concerning a patient;
 - (5) physically or verbally abused a patient;
 - (6) performed duties as a behavioral health aide or practitioner, community health aide or practitioner, or dental health aide while under the influence of alcohol, illegal drugs or any other substance likely to impair the behavioral health aide or practitioner's, community health aide or practitioner's, or dental health aide's ability to provide competent care;
 - (7) violated state or federal laws regulating drugs, including but not limited to forging prescriptions or unlawfully distributing drugs or narcotics;
 - (8) failed to maintain a record for each patient which accurately reflects the patient encounter and interventions provided, or falsification of a patient's records or intentionally making an incorrect entry in a patient's record;
 - (9) left a clinic assignment without properly notifying the appropriate personnel;
 - (10) failed to report, through proper channels, facts known to the behavioral health aide or practitioner, community health aide or practitioner, or dental health aide regarding incompetent, unprofessional or illegal practice of another healthcare provider;
 - (11) signed a record as a witness attesting to the wastage of controlled substances which the behavioral health aide or practitioner, community health aide or practitioner, or dental health aide did not actually witness;
 - (12) exploited a patient for financial gain or offering, giving, soliciting, or receiving fees for referral of a patient;
 - (13) was responsible for untruthful or misleading advertisement of available services;
 - (14) knowingly violated laws regulating health insurance or the potential for health insurance reimbursement;
 - (15) been found guilty of, or entered a plea of nolo contendere or guilty to, any offense under Federal, State or Tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or

crimes against persons within the meaning of section 408 of the Indian Child Protection and Family Violence Prevention Act, P.L. 101-630, 25 U.S.C. § 3207;

(16) failed to comply with applicable mandatory reporting laws of the State of Alaska; or

(17) failed to respond to a request for services where a duty to respond existed.

Sec. A3.10.040. Process for Conducting an Inquiry.

Upon assignment, the Inquiry Panel shall provide notice of the nature of the complaint or investigation to the subject of any inquiry and shall provide the subject an opportunity to respond. Any investigation shall be intended to inform the Board regarding details necessary to conduct its duties under the *Standards and Procedures*. An inquiry is intended to be investigatory as opposed to punitive or non-punitive.

The Inquiry Panel may gather and review relevant information as necessary, including but not limited to statements by witnesses or other knowledgeable individuals; any Board monitoring activities; letters of complaint; incident reports; pertinent medical records, reports, recommendations, or evaluations of any supervisor or peer review; any prior professional review or disciplinary actions; and any provider statements.

In general, the process for conducting an investigation shall be conducted as expeditiously as possible.

Sec. A3.10.100. Behavioral Health Aide or Practitioner, Community Health Aide or Practitioner, Dental Health Aide Sanctions.

If the Board, following any investigation or corresponding recommendations from an Inquiry Panel, finds that a person holding a certificate as a behavioral health aide or practitioner, community health aide or practitioner, or dental health aide has violated one of the conditions of section A3.10.030 [grounds for discipline], the Board may impose the following sanctions singly or in combination, including after a hearing conducted consistent with chapter A-4 [hearings, requests for consideration, and appeals]:

- (a) permanently revoke a certificate to practice;
- (b) suspend a certificate for a determinate period of time;
- (c) censure a person holding a certificate;
- (d) issue a letter of reprimand;
- (e) place a person holding a certificate on probationary status and require the person to:
 - (1) report regularly to the Board upon matters involving the basis of probation;
 - (2) limit practice to those areas prescribed; and/or
 - (3) continue professional education until a satisfactory degree of skill has been attained in those areas determined by the Board to need improvement;
- (f) impose limitations or conditions on the practice of a person holding a certificate and/or
- (g) if the Board finds that any complaints or charges are unproven or unsubstantiated, the Board may dismiss a complaint or take other action as appropriate consistent with the *Standards and Procedures*.

Sec. A3.10.110. Withdrawing Probation.

The Board may withdraw previously applied probationary status if it subsequently finds that the deficiencies that required the sanction have been remedied.

Sec. A3.10.120. Summary Suspension.

Notwithstanding any other provision, the Board may summarily suspend a certificate before or during any investigation, before any final hearing as described in chapter A-4 [hearings, requests for consideration, and appeals], or during the appeals process as described in chapter A-4 [hearings, requests for consideration, and appeals] if at any time the Board finds that the person holding a certificate poses a clear and immediate danger to the safety of any individual patient or the public health if the person continues to practice. A person whose certificate is suspended under this subsection shall be entitled to a hearing pursuant to section A4.10.010 [hearings]. The person may appeal the suspension after a hearing to the Area Director of the Alaska Area Native Health Service.

Sec. A3.10.130. Consistency.

The Board shall seek consistency in the conduct of any investigation by an Inquiry Panel and its associated recommendations, application of disciplinary sanctions, with any significant departure from prior decisions involving similar situations to be explained in findings of fact or appropriate orders.

Chapter A-4. Hearings, Requests for Reconsideration, and Appeals

Article 10. Hearings

Sec. A4.10.010. Hearings.

Upon written request made under section A4.10.030 [request for hearing], the Board must conduct a hearing:

- (a) prior to the imposition of any sanction, except a summary suspension;
- (b) within 10 working days after a summary suspension; and
- (c) within 30 days after the Board receives a request from a person or training center denied:
 - (1) certification;
 - (2) renewal;
 - (3) reinstatement; or
 - (4) a waiver of requirements based on credentials.

Sec. A4.10.020. Scheduling and Telephonic Participation.

- (a) Convenience of the Parties. To the extent possible, hearings must be scheduled at a time and place convenient to the parties. Telephonic participation by any participant is permitted.
- (b) Delay. At the request of, or with the consent of the person requesting a hearing, the hearing may be delayed to a date mutually agreed upon.

Sec. A4.10.030. Request for Hearing.

- (a) Written Request. A party requesting a hearing must notify the Board and other interested parties by submitting a written request for a hearing within 30 days of the date upon which the party received notice of the action being appealed. The request must include a statement identifying the action being appealed, the remedy sought and a statement explaining the facts and points of law that support the requested Board action.

- (b) Notice of Proceeding. At least five working days prior to a hearing under section A4.10.010(b) [hearings] and ten days prior to other hearings, all parties shall receive notice of:
- (1) the time and place of the hearing;
 - (2) their rights to:
 - (A) respond to assertions of facts and law;
 - (B) present evidence, arguments and/or mitigating circumstances; and
 - (C) be accompanied and/or assisted by an attorney or another person.

Sec. A4.10.040. Information Regarding Hearing.

Parties subject to disciplinary action also receive notice of:

- (a) the nature of the hearing;
- (b) the legal authority and jurisdiction under which the hearing may be held; and
- (c) the matters of fact and law asserted.

Sec. A4.10.050. Written Presentation.

Parties subject to disciplinary action may submit a written response any time up to and including the date of the hearing.

Sec. A4.10.060. Conduct of Hearing.

Hearings may be conducted by the Board or a hearing officer or panel selected by the Board. Individuals who have a conflict of interest or who cannot otherwise be fair and impartial must notify the Board of their disqualification.

Sec. A4.10.070. Evidence.

- (a) Presentation. A party may present oral or documentary evidence, submit rebuttal evidence, and conduct cross-examination.
- (b) Subpoena. Upon request of a party or its own motion, the Board, hearing officer or panel may issue a subpoena to secure testimony or other evidence reasonably necessary for a full and fair determination of the matter in dispute.
- (c) Telephonic Participation. Telephonic testimony shall be accepted unless there is good cause to doubt the identity of the witness.

Sec. A4.10.080. Recommendation.

If the hearing is conducted by an Inquiry Panel, a written recommendation along with all evidence collected will be submitted to the Board for its consideration. The recommendation will include:

- (a) proposed findings and conclusions;
- (b) evidence and other reasons;
- (c) a recommendation for Board action specifying the proposed rule, order, sanction, relief, denial or conditions or limitations on certification.

Sec. A4.10.090. Decision.

- (a) Action by Board. Unless the Board adopts the recommendation of the hearing officer or panel “in toto,” it must issue a separate written decision that contains an explanation of the grounds for the decision.
- (b) Notice of Decision. In any case, parties must be notified in writing of the decision within a reasonable time.

Article 20. Reconsideration

Sec. A4.20.010. Requests for Reconsideration.

- (a) Generally. Upon request or upon its own motion, the Board may reconsider all or part of a decision.
- (b) Timing of Request. A request for reconsideration must be filed with the Board within 15 days of receipt of the decision and must include:
 - (1) a statement of the law, facts and/or mitigating circumstances that support the Board action requested; and
 - (2) notice of any additional argument or evidence the requesting party intends to submit for consideration.
- (c) Additional Argument and Evidence. The Board may consider additional argument or evidence provided all parties are notified and afforded:
 - (1) a chance to respond to new argument and/or evidence; and
 - (2) a chance to submit additional argument and/or evidence.
- (d) Mitigating Circumstances. The Board may consider mitigating circumstances.
- (e) Deadline for Action. If the Board does not act on the request for reconsideration within 30 days after receipt, the request is deemed denied.

Article 30. Appeals

Sec. A4.30.010. Notice of Right of Appeal by Behavioral Health Aides, Behavioral Health Practitioners, Community Health Aides, Community Health Practitioners, Dental Health Aides, BHA/P Course Providers and Training Programs, CHA/P Training Centers, and DHA Course Providers and Training Programs.

The Board shall provide notice to each person entitled to appeal an adverse decision made under Article 20 [reconsideration] of this chapter about their right of appeal and the conditions under which it may be exercised.

Sec. A4.30.020. Notice of Appeal to the Board.

A person, including a Board member, who appeals a decision of the Board shall provide notice of the appeal to the Board.

Chapter A-5. Transitional and Temporary Certification

Sec. A5.10.010. Practice Pending Certification.

An individual who has completed the training, education, and clinical practice or preceptorship as a behavioral health aide or practitioner, community health aide or practitioner, or dental health aide may continue to provide services on the same basis as during their training period while final action to approve or deny the application for certification is pending.

Sec. A5.10.020. Between Board Meetings.

Under rules developed by the Board, staff assigned to the Board may issue temporary certifications between Board meetings provided the staff has fully evaluated the application and has determined that the staff would recommend approval of the application to the Board. Such temporary certification is effective only until formal action is taken by the Board on the application.

Chapter A-6. Board Procedure

Sec. A6.10.010. Officers.

The Board shall at its first meeting elect a chair, vice-chair, and a secretary from among its members to terms of one year. Thereafter, annually the Board shall elect a vice-chair and secretary. At the end of the one-year term of the chair, the vice-chair shall succeed to the office of chair.

Sec. A6.10.020. Quorum.

A quorum shall consist of a majority of the members of the Board.

Sec. A6.10.030. Meetings.

- (a) Regular and Special. The Board shall meet no less than twice annually and may hold special meetings at the call of the chair or on the written request of five Board members. Special meetings may be held by teleconference.
- (b) Public and Executive Sessions. Meetings of the Board shall be public, except when the Board goes into an executive session. Executive sessions may be convened only when necessary to protect the privacy of a person or as otherwise authorized under federal law.

Sec. A6.10.040. Committees.

- (a) Executive Committee. The officers shall serve as an Executive Committee. The Executive Committee shall have the authority to take actions between meetings only to the extent authorized by the Board.
- (b) Other Committees. The Board may appoint such committees or rely on committees of the Association of Community Health Aide Program Directors, as may be helpful to the Board in carrying out any of its responsibilities. Such committees may include Board members and non-Board members.

Chapter A-7. Amendments

Sec. A7.10.010. Effective Date.

Amendments to these *Standards and Procedures* may be adopted by this Board and shall become effective on the later of the effective date adopted by the Board or thirty days after the date upon which the amendment was adopted by the Board, unless stayed by the Area Director of the Alaska Area Native Health Service (AANHS).

Sec. A7.10.020. Consideration at More Than One Meeting.

The Board shall not take action on a proposed amendment to these *Standards and Procedures* at the first meeting at which the amendment was proposed unless it first determines that:

- (a) an emergency or other exigent circumstance exists;
- (b) the amendment is necessary to correct an error in the *Standards and Procedures*;
- (c) the amendment does not have a substantive effect; or
- (d) the amendment is necessary to assure compliance with law or regulation to which tribal health programs are subject.

Chapter A-8. Temporary Emergency Guidance

Sec. A8.10.010. Temporary Emergency Guidance in Public Health Emergency or Major Disaster.

Consistent with the authority set forth under A1.10.010, this Board, with the approval of the Area Director of AANHS, may issue temporary emergency guidance or non-statutory waivers regarding the community health aide program and related processes, when the Secretary has declared a public health emergency, or the President has declared a major disaster or emergency.

Sec. A8.10.020. Temporary Standards and Procedures to address IHS Director Directives.

This Board, with the approval of the Area Director of AANHS, may adopt temporary *Standards and Procedures* regarding the community health aide program to address directives of the IHS Director. See 25 U.S.C. § 1616l(d).

Chapter B-1. Behavioral Health Aide Certification and Recertification

BEHAVIORAL HEALTH AIDES			
Behavioral Health Aide I (BHA I) →	Behavioral Health Aide II (BHA II) →	Behavioral Health Aide III (BHA III) →	Behavioral Health Aide Practitioner (BHP)
A BHA can obtain certification at a level that is commensurate with their training/education, work experience, and demonstrated competence and is aligned with their employing organization’s needs or structure.			

Article 10. Term of Certificate

Sec. B1.10.010. Active Certificate.

A certificate is active from the effective date until the date of expiration, unless something occurs that requires a surrender of a certificate.

Sec. B1.10.020. Effective Date.

The effective date of a certificate shall be the date the certificate is provisionally approved by the staff of the Board or final Board approval is granted, whichever is earlier.

Sec. B1.10.030. Date of Issuance.

The date of issuance of a certificate shall be the date the certificate is granted final approval by the Board approval.

Sec. B1.10.040. Date of Expiration.

A certificate as a behavioral health aide or behavioral health practitioner expires two years from the last day of the month following the month in which the Board took final action to approve the certificate.

Sec. B1.10.050. Surrender of a Certificate.

A person certified under chapter B-1 [BHA certification and recertification] of these standards shall notify the employer and the Board if, at any time during the period in which it would otherwise be in effect, the person no longer meets any requirement of initial certification under section B1.20.100 [BHA general requirements]. Certification will be inactivated until the Board is notified that the individual again meets the initial certification requirements.

Article 20. BHA Initial Qualifications

Sec. B1.20.100. BHA General Requirements.

The Board shall issue a behavioral health aide (BHA) or behavioral health practitioner (BHP) certificate to a person who:

- (a) applies on forms provided by the Board;
- (b) pays the application fees required;
- (c) furnishes evidence satisfactory to the Board that the person has not engaged in conduct that is a ground for imposing disciplinary sanctions under chapter A-3 [investigations, discipline, suspension, or revocation]; and

- (d) furnishes evidence satisfactory to the Board that the person has completed the training and education requirements for the highest level of certification being sought, as follows:
 - (1) B2.20.100 [BHA I training, practicum, and experience requirements];
 - (2) B2.20.200 [BHA II training, practicum, and experience requirements];
 - (3) B2.20.300 [BHA III training, practicum, and experience requirements]; or
 - (4) B2.20.400 [BHP training, practicum, and experience requirements];
- (e) furnishes evidence satisfactory to the Board that at the time of consideration of the application the person is employed by the Indian Health Service or a tribe or tribal health organization operating a community health aide program in Alaska under the ISDEAA;
- (f) furnishes evidence satisfactory to the Board that the person will practice as a behavioral health aide or behavioral health practitioner only when employed by the Indian Health Service or a tribe or tribal health organization operating a community health aide program in Alaska under the ISDEAA;
- (g) furnishes evidence satisfactory to the Board that the person will practice as a behavioral health aide or practitioner only within the scope of practice, of the certifications granted to the person as specified in B2.30.010 [BHA/P knowledge, skills, and scope of practice] , except as required to satisfy the conditions for achieving the next level of certification or when practice would be permitted under section A3.10.030(i)(2)(D) [grounds for discipline; unprofessional conduct; duties and responsibilities];
- (h) furnishes evidence satisfactory to the Board that:
 - (1) the person will practice only under supervision and day-to-day direction of individuals who are:
 - (A) familiar with the community health aide program, these Standards, and the BHAM; and
 - (B) employed by the federal government or employed by or under contract with a tribal health organization operating a community health aide program in Alaska under the ISDEAA; and
 - (2) provided that a behavioral health aide or practitioner may practice only under the direct, indirect, or general supervision required under section B2.10.100 [supervision of BHA/Ps]; and
 - (3) notwithstanding the requirements under paragraphs (h)(2), other physicians, dentists, advanced practice providers, licensed behavioral health clinicians, and behavioral health professionals or other independently-licensed qualified healthcare professionals designated by the referral doctor may direct the day-to-day activities of a behavioral health aide or behavioral health practitioner, as appropriate; and
- (i) furnishes evidence satisfactory to the Board that the person meets continuing education requirements as defined in chapter B-3, [continuing education], as applicable.

Sec. B1.20.200. BHA Delayed Application.

An applicant for certification as a behavioral health aide or behavioral health practitioner who completed the required training more than 24 months prior to submitting an application for certification, must provide evidence satisfactory to the Board that they:

- (a) meet all the requirements for initial certification by this Board in article B1.20 [BHA initial qualifications];
- (b) in the 24-month period preceding the application for initial certification by this Board has met the applicable requirements for continuing education set forth in chapter B-3 [BHA continuing education]; and
- (c) has not had an extended clinical absence between the completion of required training and the initial application; or
- (d) if there has been an extended clinical absence between completion of basic training and the initial application, applicant has met the guidelines as set forth in requirements of B1.30.200 [BHA re-entry].

Article 30. BHA Recertification and Re-entry

Sec. B1.30.100. BHA Recertification Requirements.

A behavioral health aide or behavioral health practitioner applying for recertification shall:

- (a) meet the requirements of B1.20.100 [BHA general requirements];
- (b) provide evidence satisfactory to the Board that the applicant has met the continuing education requirements of chapter B-3 [BHA continuing education];
- (c) provide evidence satisfactory to the Board that the applicant continues to demonstrate the practical professional competencies required for the level of certification sought;
- (d) furnish evidence satisfactory to the board that the applicant has not had an extended clinical absence in the 24 months prior to application for recertification, or, if there has been an extended clinical absence, has met the requirements in B1.30.200 [BHA re-entry].

Sec. B1.30.200. BHA Re-Entry.

If an applicant has had an extended clinical absence, defined as an absence of 6 months or more from performing direct client care: a BHA Knowledge and Skills Checklist must be completed as defined in section B2.30.010 [BHA/P knowledge, skills, and scope of practice] with a Master's level or above supervisor defined by section B2.10.100 [supervision of BHA/Ps].

Sec. B1.30.300. Reinstatement or Renewal of a Lapsed BHA Certificate.

The Board will, in its discretion, reinstate or renew a certificate that has lapsed if the applicant provides evidence satisfactory to the Board of (a), (b), and (c) below:

- (a) meets the requirements in B1.20.100 [BHA general requirements];
- (b) meets the continuing education requirements of chapter B-3 [BHA continuing education]; and
- (c) has not had an extended clinical absence between the date of issuance of their last certification and the current application for reinstating a lapsed certificate, or if there has been an extended clinical absence, they must meet the requirements in B1.30.200 [BHA re-entry].

Chapter B-2. Standards for Behavioral Health Aides and Behavioral Health Practitioners

Article 10. BHA Supervision and Scope of Practice

Sec. B2.10.100. Supervision of Behavioral Health Aides and Behavioral Health Practitioners.

- (a) Clinical Oversight.
 - (1) Program Responsibility. A behavioral health aide or practitioner may only practice in a program in which clinical oversight of the behavioral health program is provided and responsibility is taken by a licensed behavioral health clinician who must be:
 - (A) familiar with the BHA/P program, the Standards, and the BHAM; and

- (B) employed by the federal government or employed by or under contract with a tribal health organization operating a community health aide program in Alaska under the ISDEAA.
- (2) Qualifications. A licensed behavioral health clinician or behavioral health professional providing clinical oversight or clinical supervision:
 - (A) must have demonstrated the ability to provide culturally competent services; and
 - (B) if providing direct supervision of behavioral health aides or practitioners:
 - i. must have demonstrated the ability to provide such services in a village setting; and
 - ii. through education and experience, be able to supervise village-based behavioral health aides and practitioners.
- (b) Levels of Supervision. The clinical supervision of a behavioral health aide or practitioner may be direct, indirect, or general as defined in section B2.10.100(c) [supervision of BHA/Ps; definitions of level of supervision] provided that:
 - (1) the person providing clinical supervision must either be a licensed behavioral health clinician or behavioral health professional, provided that a behavioral health practitioner acting within the scope of his or her certification may provide day-to-day support and mentoring of behavioral health aides;
 - (2) the behavioral health aide or practitioner must be supervised at the level of supervision required for the specific service or care being provided;
 - (3) the supervisor may impose a higher level of supervision on the behavioral health aide or practitioner than that provided in this article; and
 - (4) the supervisor may develop an individualized protocol under which the behavioral health aide or practitioner is permitted to engage in a wider range of activities than that allowed under this article, provided:
 - (A) the individualized protocol is in writing signed by the behavioral health aide or practitioner and a licensed behavioral health clinician who is both familiar with the work of the behavioral health aide or practitioner and the setting in which the authorized services will be provided;
 - (B) the level of supervision and level of performance required for each service to be provided under the individualized protocol is specified; and
 - (C) the individualized protocol must be reviewed and updated upon recertification of the behavioral health aide or practitioner.
- (c) Definitions of Level of Supervision. For the purposes of this article:
 - (1) “Direct supervision” means that a licensed behavioral health clinician or a behavioral health professional:
 - (A) consults in advance with the behavioral health aide or practitioner prior to the behavioral health aide or practitioner performing service;
 - (B) is available in person or through the use of telehealth, which for the purposes of supervision and consultation with behavioral health aides and practitioners includes instant messaging and telephone communications, while the behavioral health aide or practitioner performs the service; and
 - (C) reviews the outcome of specific services performed with the behavioral health aide or practitioner on a relatively contemporaneous basis after their completion.
 - (2) “Indirect supervision” means that a licensed behavioral health clinician or a behavioral health professional:
 - (A) consults in advance with the behavioral health aide or practitioner with regard to the plan for performing services; and
 - (B) routinely reviews with the behavioral health aide or practitioner services provided.
 - (3) “General supervision” means, with regard to:
 - (A) direct client services, that a licensed behavioral health clinician or behavioral health professional has authorized and or planned with the behavioral health aide or practitioner and client a treatment,

case management, or services plan that is intended to be carried out by a specific behavioral health aide or practitioner subject to regular case review by the supervisor; or

- (B) outreach (including initial contacts with individuals who may seek or be referred for services, community-based education and prevention activities, and community organization work) that a licensed behavioral health clinician or a behavioral health professional has consulted with and authorized the behavioral health aide or practitioner to perform such activities independently so long as the behavioral health aide or practitioner is within the scope of practice for which the behavioral health aide or practitioner is certified and will be reported to and periodically reviewed by the supervisor.

Sec. B2.10.200. Scope of Practice Prior to Certification as a Behavioral Health Aide or Practitioner.

- (a) Minimum Requirements. A person who satisfies the requirements of subsection B2.10.200(b) [scope of practice prior to certification as a BHA; employment] may perform services of a certified behavioral health aide or practitioner prior to being certified to the extent the services are performed:
 - (1) as part of the required training for certification;
 - (2) as part of a clinical practicum;
 - (3) to satisfy work experience requirements required for certification; or
 - (4) after the application for certification has been submitted to the Board, while certification is pending after successful completion of all training, clinical practicum, and work experience requirements.
- (b) Employment. To be eligible to perform services under subsection B2.10.200(a) [scope of practice prior to certification as a BHA/P; minimum requirements], the person must:
 - (1) be employed by the Indian Health Service or a tribe or tribal health organization operating a community health aide program in Alaska under the ISDEAA;
 - (2) provide only those services for which the person has been trained and has demonstrated successful performance; and
 - (3) provide services only under the direct, indirect, or general supervision as required under section B2.10.200 [supervision of BHA/Ps] and other relevant sections of this chapter B-2 [standards for BHAs].

Article 20. Behavioral Health Aide and Practitioner Training, Practicum, Experience, and Supervision

Sec. B2.20.100. Behavioral Health Aide I Training, Practicum, and Experience Requirements.

A person meets the training and education, practicum, and experience requirements to be a certified BHA I upon successful completion of the requirements set forth in subsections (a) [BHA I specialized training program], (b) [BHA I practicum], and (c) [BHA I work experience].

- (a) BHA I Specialized Training Program. The specialized BHA I training program is comprised of Board approved courses, or their equivalent, that satisfy the requirements of sections:
 - (1) B5.10.100 [general orientation];
 - (2) B5.10.105 [orientation to behavioral health services];
 - (3) B5.10.110 [ethics, consent, confidentiality, and privacy];
 - (4) B5.10.115 [human development];
 - (5) B5.10.120 [introduction to behavioral health concerns];
 - (6) B5.10.125 [introduction to counseling];
 - (7) B5.10.130 [introduction to documentation];

- (8) B5.10.135 [introduction to case management];
 - (9) B5.10.140 [working with diverse populations];
 - (10) B5.10.145 [introduction to group counseling];
 - (11) B5.10.150 [crisis intervention];
 - (12) B5.10.155 [HIV/AIDS and infectious diseases];
 - (13) B5.10.160 [community approach to prevention];
 - (14) B5.10.165 [family systems I]; and
 - (15) B5.10.170 [maintaining health, wellness and balance].
- (b) BHA I Practicum. After completion of the training listed in subsection (a) [BHA I specialized training program], the applicant must additionally complete a 100 hour clinical practicum under the direct supervision of a licensed behavioral health clinician or behavioral health professional. The applicant must satisfactorily perform each of the following:
- (1) no fewer than 25 hours of providing client orientation to services including screening and initial intake, with appropriate case documentation;
 - (2) no fewer than 25 hours of providing case management and referral with appropriate case documentation;
 - (3) no fewer than 35 hours of providing village-based community education, prevention, and early intervention services with appropriate case documentation; and
 - (4) the balance of the hours must be related to practicum components listed in subsections (b)(1) through (b)(3) of this section.
- (c) BHA I Work Experience.
- (1) Minimum Experience. Except as provided in subsection (2) [exceptions and substitutions], prior to being certified as a BHA I, a person, who seeks certification must have provided village-based behavioral health services for no fewer than 1,000 cumulative hours under the direct supervision of a licensed behavioral health clinician or behavioral health professional as outlined in section B2.10.110 [clinical supervision requirement of BHA I].
 - (2) Exceptions and Substitutions. An applicant who demonstrates that they satisfy the applicable requirements of section 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 BHA I scope of practice requirement under subsection (c)(1) [minimum experience] may substitute relevant work experience on an hour for hour basis.

Sec. B2.20.110. Clinical Supervision Requirement for Behavioral Health Aide I.

- (a) Except as provided in section B2.10.100(b) [levels of supervision], a BHA I requires the direct supervision by a licensed behavioral health clinician or a behavioral health professional when carrying out any of the activities referred to in subsection (b) [knowledge and skills] of sections:
- (1) B2.30.100 [working with others];
 - (2) B2.30.105 [cultural competency and individualizing care];
 - (3) B2.30.110 [professional and ethical practice];
 - (4) B2.30.115 [documenting];
 - (5) B2.30.120 [community education and advocacy];
 - (6) B2.30.125 [screening and assessment];
 - (7) B2.30.130 [planning services];
 - (8) B2.30.135 [linking to community resources];
 - (9) B2.30.140 [providing services] (b)(1) care coordination; (b)(2) medication management; (b)(3) individual counseling; (b)(4) crisis management; and

(10) B2.30.145 [professional development].

Sec. B2.20.200. Behavioral Health Aide II Training, Practicum, and Experience Requirements.

A person meets the training and education, practicum, and experience requirements to be a certified BHA II upon successful completion of the requirements set forth in subsections (a) [prerequisites], (b) [BHA II specialized training program], (c) [BHA II practicum], and (d) [BHA II work experience].

- (a) Prerequisites. A BHA II must satisfy all requirements applicable to a:
 - (1) B2.20.100 [BHA I training, practicum, and experience requirements], and
 - (2) B2.20.500 [BHA/P knowledge, skills, and scope of practice].
- (b) BHA II Specialized Training Program. The BHA II specialized training program is comprised of Board approved courses, or their equivalent, that satisfy the requirements of sections:
 - (1) B5.10.200 [psychophysiology and behavioral health];
 - (2) B5.10.205 [introduction to co-occurring disorders];
 - (3) B5.10.210 [tobacco use and treatment];
 - (4) B5.10.215 [Diagnostic and Statistical Manual practice application];
 - (5) B5.10.220 [advanced interviewing skills];
 - (6) B5.10.225 [American Society of Addiction Medicine patient placement criteria practice application];
 - (7) B5.10.230 [case studies and applied case management];
 - (8) B5.10.235 [traditional health based practices];
 - (9) B5.10.240 [intermediate therapeutic group counseling];
 - (10) B5.10.245 [applied crisis management];
 - (11) B5.10.250 [community needs and action];
 - (12) B5.10.255 [family systems II]; and
 - (13) B5.10.260 [behavioral health documentation].
- (c) BHA II Practicum. After meeting the requirements of subsections (a) [prerequisites] and (b) [BHA II specialized training], the applicant must additionally complete a 100 hour clinical practicum under the direct supervision of a licensed behavioral health clinician or behavioral health professional. The applicant must satisfactorily perform each of the following:
 - (1) no fewer than 35 hours of providing client substance use assessment and treatment planning using the Diagnostic and Statistical Manual and American Society of Addiction Medicine patient placement criteria with appropriate case documentation;
 - (2) no fewer than 30 hours of providing life skills and resource development with appropriate case documentation;
 - (3) no fewer than 25 hours of providing community readiness evaluation and prevention plan development with appropriate case documentation; and
 - (4) the balance of the hours must be related to practicum components listed in subsections (c)(1) through (c)(3) of this section.
- (d) BHA II Work Experience.
 - (1) Minimum Experience. Except as provided in subsection (2) [exceptions and substitutions], prior to being certified as a BHA II, a person, who seeks certification must have provided village-based behavioral health services for no fewer than 2,000 cumulative hours under the direct or indirect supervision of a licensed behavioral health clinician or behavioral health professional as outlined in section B2.20.210 [clinical supervision requirement for BHA II].

- (2) Exceptions and Substitutions. An applicant who demonstrates that they satisfy the applicable requirements of section 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 BHA II scope of practice requirement under subsection (d)(1) [minimum experience] may substitute relevant work experience on an hour for hour basis.

Sec. B2.20.210. Clinical Supervision Requirement for Behavioral Health Aide II.

Except as provided in section B2.10.100(b) [levels of supervision], a BHA II requires supervision by a licensed behavioral health clinician or a behavioral health professional, as provided below:

- (a) direct supervision when carrying out any of the activities referred to in subsection (b) [knowledge and skills] of sections:
 - (1) B2.30.105 [cultural competency and individualizing care];
 - (2) B2.30.110 [professional and ethical practice];
 - (3) B2.30.115 [documenting];
 - (4) B2.30.125 [screening and assessment];
 - (5) B2.30.130 [planning services];
 - (6) B2.30.140 [providing services]; (b)(1) care coordination; (b)(2) medication management; (b)(3) individual counseling; (b)(4) crisis management; (b)(5) family counseling; (b)(6) group counseling;
 - (7) B2.30.145 [professional development]; and
- (b) indirect supervision when carrying out any of the activities referred to in subsection (b) [knowledge and skills] of sections:
 - (1) B2.30.100 [working with others];
 - (2) B2.30.120 [community education and advocacy]; and
 - (3) B2.30.135 [linking to community resources].

Sec. B2.20.300. Behavioral Health Aide III Training, Practicum, and Experience Requirements.

A person meets the training and education, practicum, and experience requirements to be a certified BHA III upon successful completion of the requirements set forth in subsections (a) [prerequisites], (b) [BHA III specialized training program], (c) [BHA III practicum], and (d) [BHA III work experience].

- (a) Prerequisites. A BHA III must satisfy all requirements applicable to a:
 - (1) B2.20.100 [BHA I training, practicum, and experience requirements];
 - (2) B2.20.200 [BHA II training, practicum, and experience requirements]; and
 - (3) B2.30.010 [BHA/P knowledge, skills, and scope of practice].
- (b) BHA III Specialized Training Program. The BHA III specialized training program is comprised of Board approved courses, or their equivalent, that satisfy the requirements of sections:
 - (1) B5.10.300 [treatment of co-occurring disorders];
 - (2) B5.10.305 [advanced behavioral health clinical care];
 - (3) B5.10.310 [documentation and quality assurance];
 - (4) B5.10.315 [applied case studies in Alaska Native culture based issues];
 - (5) B5.10.320 [behavioral health clinical team building];
 - (6) B5.10.325 [introduction to supervision]; and
 - (7) B5.10.330 [child development].
- (c) BHA III Practicum. After meeting the requirements of subsections (a) [prerequisites] and (b) [BHA III specialized training], the applicant must additionally complete a 100 hour clinical practicum under the direct supervision of a

licensed behavioral health clinician or behavioral health professional. The applicant must satisfactorily perform each of the following components:

- (1) no fewer than 45 hours of providing behavioral health clinical assessment activities, treatment planning, and life skills and resource development for clients with issues related to co-occurring disorders;
- (2) no fewer than 20 hours of providing quality assurance case review with documentation of review activity;
- (3) no fewer than 20 hours of providing clinical team leadership by leading clinical team case reviews; and
- (4) the balance of the hours must be related to practicum components listed in subsections (c)(1) through (c)(3) of this section.

(d) BHA III Work Experience.

- (1) Minimum Experience. Except as provided in paragraph (2) [exceptions and substitutions] of this subsection, prior to being certified as a BHA III, a person, who seeks certification must have provided village-based behavioral health services for no fewer than 4,000 cumulative hours under the direct, indirect, or general supervision of a licensed behavioral health clinician or behavioral health professional, as outlined in section B2.20.310 [clinical supervision requirement for BHA III].
- (2) Exceptions and Substitutions. An applicant who demonstrates that they satisfy the applicable requirements of section 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 BHA III scope of practice requirement under subsection (d)(1) [minimum experience] may substitute relevant work experience on an hour for hour basis.

Sec. B2.20.310. Clinical Supervision Requirement for Behavioral Health Aide III.

Except as provided in section B2.10.100(b) [levels of supervision], a certified BHA III requires supervision by a licensed behavioral health clinician or a behavioral health professional, as provided below:

(a) direct supervision when carrying out any of the activities referred to in subsection (b) [knowledge and skills] of section:

- (1) B2.30.140 [providing services] (b)(4) [crisis management]; (b)(5) family counseling;

(b) indirect supervision when carrying out any of the activities referred to in subsection (b) [knowledge and skills] of sections:

- (1) B2.30.105 [cultural competency and individualizing care];
- (2) B2.30.110 [professional and ethical practice];
- (3) B2.30.115 [documenting];
- (4) B2.30.125 [screening and assessment];
- (5) B2.30.130 [planning services];
- (6) B2.30.140 [providing services]; (b)(1) care coordination; (b)(2) medication management; (b)(3) individual counseling; (b)(6) group counseling;
- (7) B2.30.145 [professional development];

(c) general supervision when carrying out any of the activities referred to in subsection (b) [knowledge and skills] of sections:

- (1) B2.30.100 [working with others];
- (2) B2.30.120 [community education and advocacy]; and
- (3) B2.30.135 [linking to community resources.].

Sec. B2.20.400. Behavioral Health Practitioner Training, Practicum, and Experience Requirements.

A person meets the training and education, practicum and experience requirements to be a certified BHP upon successful completion of the requirements set forth in subsections (a) [prerequisites], (b) [BHP specialized training program], (c) [BHP practicum], and (d) [BHP work experience].

- (a) Prerequisites. A BHP must satisfy all requirements applicable to a:
 - (1) B2.20.100 [BHA I training, practicum, and experience requirements];
 - (2) B2.20.200 [BHA II training, practicum, and experience requirements];
 - (3) B2.20.300 [BHA III training, practicum, and experience requirements]; and
 - (4) B2.30.010 [BHA/P knowledge, skills, and scope of practice].
- (b) BHP Specialized Training Program. The BHP specialized training program is comprised of Board approved courses, or their equivalent, that satisfy the requirements of sections:
 - (1) B5.10.400 [village-based behavioral health services];
 - (2) B5.10.405 [challenges in behavioral health services];
 - (3) B5.10.410 [competencies for village-based supervision];
 - (4) B5.10.415 [principles and practice of clinical supervision]; and
 - (5) B5.10.420 [child-centered interventions].
- (c) BHP Practicum. After meeting the requirements of subsections (a) [prerequisites] and (b) [BHP specialized training], the applicant must additionally complete a 100 hour clinical practicum under the direct supervision of a licensed behavioral health clinician or behavioral health professional. The individual must satisfactorily perform each of the following:
 - (1) no fewer than 20 hours engaging, mentoring, and supporting, as well as participating in supervision and evaluation of a BHA I, BHA II, or BHA III based on the understanding of the supervisee's level of knowledge and skills, professional goals, and behavior;
 - (2) no fewer than 25 hours of providing clinical team leadership by leading clinical team case reviews;
 - (3) no fewer than 30 hours building cultural competence by learning about the Alaska Native cultural context and developing a wellness framework for this cultural context within which positive therapeutic relationships can be developed; and
 - (4) the balance of the hours may be related to practicum components listed in subsections (c)(1), (c)(2), and (c)(3) of the section or provision of integrated clinical services or child/adolescent services.
- (d) BHP Work Experience.
 - (1) Minimum Experience. Except as provided in paragraph (2) [exceptions and substitutions] of this subsection, prior to being certified as a BHP, a person, who seeks certification must have provided village-based behavioral health services for no fewer than 6,000 cumulative hours under the direct, indirect, or general supervision of a licensed behavioral health clinician or behavioral health professional as outlined in section B2.20.410 [clinical supervision requirement for BHP].
 - (2) Exceptions and Substitutions. An applicant who demonstrates that they satisfy the applicable requirements of section 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 BHP scope of practice requirement under subsection (d)(1) [minimum experience] may substitute relevant work experience on an hour for hour basis.

Sec. B2.40.410. Clinical Supervision Requirement for Behavioral Health Practitioner.

Except as provided in section B2.10.100 [supervision of BHA/Ps; levels of supervision], a certified BHP requires supervision by a licensed behavioral health clinician or a behavioral health professional, as provided below:

- (a) direct supervision when carrying out any of the activities referred to in subsection (b) [knowledge and skills] of section B2.30.140(b)(4) [providing services; crisis management];
- (b) indirect supervision when carrying out any of the activities referred to in subsection (b) [knowledge and skills] of sections:
 - (1) B2.30.110 [professional and ethical practice];
 - (2) B2.30.115 [documenting];
 - (3) B2.30.140 [providing services]; (b)(2) medication management; (b)(3) individual counseling (b)(6) group counseling;
 - (4) B2.30.145 [professional development];
- (c) general supervision when carrying out any of the activities referred to in subsection (b) [knowledge and skills] of sections:
 - (1) B2.30.100 [working with others];
 - (2) B2.30.105 [cultural competency and individualizing care];
 - (3) B2.30.120 [community education and advocacy];
 - (4) B2.30.125 [screening and assessment];
 - (5) B2.30.130 [planning services];
 - (6) B2.30.135 [linking to community resources.]; and
 - (7) B2.30.140(b)(1) [providing services; coordinating care].

Article 30. BHA/P Competencies: Knowledges and Skills

Sec. B2.30.010. Behavioral Health Aide and Practitioner Knowledge, Skills, and Scope of Practice.

- (a) Minimum Knowledge and Skills. In addition to meeting all other requirements of sections B2.20.100 [BHA I training, practicum, and experience requirements], B2.20.200 [BHA II training, practicum, and experience requirements], B2.20.300 [BHA III training, practicum, and experience requirements], and B2.20.400 [BHP training, practicum, and experience requirements], as applicable to the level of certification for which the individual is applying, the BHA/P must understand and successfully demonstrate and maintain the knowledge and skills listed in subsection (b) [knowledge and skills] of sections B2.30.100 [working with others] through B2.30.145 [professional development] at the applicable level of performance described in subsection (a) [level of performance] of each of these sections.
- (b) Scope of Practice refers to the limits of a health professional's knowledge, skills and experience and reflects all tasks and activities they undertake within the context of their professional role.
 - (1) A BHA is able to perform the service activities at and below their level of certification. (e.g. a BHA II can perform everything in the BHA I and BHA II categories.)
 - (2) The Scope of Practice refers to what a BHA is trained to do, but the Tribal Health Organization (THO) determines what area of the client Continuum of Care the BHA can focus on (e.g. a BHA I is trained to perform screening, intake, and referral but may be asked to focus solely on wellness promotion activities.).
 - (3) The following list is not meant to be exhaustive but rather to be representative of the types of services that can be provided at each level of certification.
 - (A) BHA I
 - i. Outreach such as Wellness Promotion, Advocacy, and Community Needs Assessment.
 - ii. Prevention such as Education, and Life Skill & Resource Development/Coaching.
 - iii. Early Interventions such as Screening, Intake, and Referral.
 - iv. Interventions such as Case Management, Crisis Management, Medication Management, Individual, and Group.

- (B) BHA II
 - i. Substance Use Disorder activities such as Assessment, Diagnosis, Treatment Planning, and Treatment Implementation.
 - ii. Community Readiness Assessment.
 - iii. Counseling such as Individual, Family and Group.
- (C) BHA III
 - i. Co-Occurring Disorders activities such as Treatment Planning, and Treatment Implementation.
 - ii. Child/Youth Services.
 - iii. Case Review such as clinical, and quality assurance.
- (D) BHP
 - i. BHA Mentoring.
 - ii. Child-Centered Interventions.

Sec. B2.30.100. Working with Others.

- (a) Level of Performance. A BHA/P must demonstrate the knowledge and perform the skills and competencies described in subsection (b) [knowledge and skills] as provided in paragraphs (1) through (4) of this subsection, as applicable:
 - (1) a BHA I demonstrates the skill, applies it as directed, and routinely seeks assistance;
 - (2) a BHA II utilizes the knowledge or skill consistently and recognizes when to seek assistance;
 - (3) a BHA III utilizes the knowledge or skills consistently as a means toward meeting treatment goals; and
 - (4) a BHP applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of BHA I, BHA II, and BHA III.
- (b) Knowledge and Skills. Working with others is a skill that requires a BHA/P to:
 - (1) Communicate effectively as demonstrated by:
 - (A) Engaging in active and reflective listening;
 - (B) Speaking clearly and slowly enough to be understood;
 - (C) Using non-judgmental words and behaviors;
 - (D) Communicating directly with the client's family and significant other (with client consent);
 - (E) Using "person centered/person first" language; and
 - (F) Using technical language correctly, including clinical terminology; and
 - (2) Build positive relationships as demonstrated by:
 - (A) Demonstrating warmth, empathy, and genuineness;
 - (B) Showing respect and concern for others through words and actions;
 - (C) Focusing on and respecting the concerns and preferences of the client and family;
 - (D) Providing support and encouragement to colleagues and clients;
 - (E) Collaborating with colleagues and clients to complete tasks and solve problems; and
 - (F) Maintaining appropriate boundaries in all relationships.

Sec. B2.30.105. Cultural Competency and Individualizing Care.

- (a) Level of Performance. A BHA/P must demonstrate the knowledge and perform the skills and competencies described in subsection (b) as provided in paragraphs (1) through (4) of this subsection, as applicable:
 - (1) a BHA I recognizes issues and provides general information to clients and the community that incorporates that recognition;
 - (2) a BHA II recognizes symptoms, condition, or characteristics and responds therapeutically with support from the supervisor;

- (3) a BHA III applies knowledge in interaction with a client in the assessment and treatment of that client; and
 - (4) a BHP applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of BHA I, BHA II, and BHA III.
- (b) Knowledge and Skills. Cultural competency and individualizing care is a skill that requires the BHA/P to:
- (1) Deliver culturally relevant services as demonstrated by:
 - (A) Recognizing and adapting to different cultures, including the varied Alaska Native tribes and communities;
 - (B) Recognizing and respecting diversity, differences, and cultural traditions, including among different Alaska Native tribes and communities;
 - (C) Assessing and managing one's own personal biases;
 - (D) Being aware of the traditions of the community;
 - (E) Demonstrating awareness of and sensitivity to the client's' degree of involvement in their traditions, values, and community;
 - (F) Adapting services to the unique characteristics and preferences of the client and family;
 - (G) Applying knowledge of gender expression, gender identity, sexual orientation, life span development, financial status, religion, disability, and intergenerational differences in delivering services;
 - (H) Promoting empowerment as a goal and desirable treatment outcome for Alaska Native/American Indian people by fostering client and family decision-making, problem-solving, and self-determination;
 - (I) Effectively discussing cultural issues and differences with clients;
 - (J) Using cultural views of health and family when assisting in providing services;
 - (K) Utilizing cultural resources and traditional practices when providing services (e.g., storytelling, talking circles, and deferring to elders);
 - (L) Identifying and addressing issues of difference to reduce conflict between individuals and groups; and
 - (2) Obtain consultation on cultural issues as demonstrated by:
 - (A) Routinely considering and discussing cultural issues in supervision and team meetings; and
 - (B) Consulting with elders or traditional healers in the community.

Sec. B2.30.110. Professional and Ethical Practice.

- (a) Level of Performance. A BHA/P must demonstrate the knowledge and perform the skills and competencies described in:
- (1) subsections (b)(2) [ethics], (b)(3) [consent], and (b)(4) [confidentiality and privacy] as provided in paragraphs (A) through (D) of this paragraph, as applicable:
 - (A) a BHA I demonstrates the skill, applies it as directed, and routinely seeks assistance;
 - (B) a BHA II utilizes the skill consistently and recognizes when to seek assistance;
 - (C) a BHA III consistently applies the principles to specific client and community situations; and
 - (D) a BHP applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II and III; and
- (b) Knowledge and Skills. Professional and ethical practice is a skill that requires a behavioral health aide or practitioner to:
- (1) Fulfill responsibilities and commitments as demonstrated by:
 - (A) Minimizing absences, arriving on time, and completing a full work day;
 - (B) Completing assigned duties in a timely way and following through on instructions received, reasonable requests, and promises made;

- (C) Acting professionally in interactions with the client, family, community and other professionals;
 - (D) Working within the limits of assigned duties and role;
 - (E) Recognizing personal limits of knowledge and skills;
 - (F) Seeking additional supervision or consultation when uncertain about what to do or when concerned about the performance of others; and
- (2) Practice ethically as demonstrated by:
- (A) Complying with the BHA Code of Ethics;
 - (B) Complying with laws, regulations, and agency policies;
 - (C) Effectively managing personal and professional boundaries with clients, families, and the community;
 - (D) Modeling appropriate personal and professional behavior;
 - (E) Respecting client and family rights; and
- (3) Obtain client consent as demonstrated by:
- (A) Providing information and obtaining informed consent
 - (B) Complying with special rules and procedures related to consent for: involuntary commitment; mandated reporting; minors; or individuals unable to consent, under guardianship, or subject to a court order; and
- (4) Maintain confidentiality and privacy as demonstrated by:
- (A) Complying with laws, regulations, and agency policies regarding confidentiality and privacy (e.g., HIPAA, Federal Privacy Act, 42 C.F.R, Part 2);
 - (B) Complying with the procedures regarding disclosure of confidential information (e.g., mandated reporting, duty to warn, client authorized releases of information);
 - (C) Maintaining the physical security of confidential information (electronic and hard copy);
 - (D) Educating clients and families about confidentiality, privacy, and their limits;
 - (E) Assisting clients with decisions and process to release confidential information;
 - (F) Maintaining the confidences and privacy of clients and families, even when not required by law, regulation or policy;
 - (G) Protecting client and family anonymity when providing information for statistical information and research;
 - (H) Assisting in ensuring that other individuals providing services comply with the laws, regulations, and policy on confidentiality and privacy; and
- (5) Manage stress and maintain personal health as demonstrated by:
- (A) Recognizing signs of personal stress; and
 - (B) Using self-care strategies to manage stress, maintain health, and prevent burnout.

Sec. B2.30.115. Documenting.

- (a) Level of Performance. A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) as provided in paragraphs (1) through (4) of this subsection, as applicable:
- (1) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;
 - (2) a behavioral health aide II utilizes the skill consistently and recognizes when to seek assistance;
 - (3) a behavioral health aide III consistently applies the skills to specific client and community situations; and
 - (4) a behavioral health practitioner applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II and III.
- (b) Knowledge and Skills. Documenting is a skill that requires a behavioral health aide or practitioner to:

- (1) Complete required documentation as demonstrated by:
 - (A) Completing all required documentation (e.g., screening and assessment, intake, service plans, progress notes, discharge summaries);
 - (B) Producing documentation that is objective, accurate, and legible with correct language, grammar, and spelling;
 - (C) Completing documentation in a timely manner; and
- (2) Respond to client requests to view records as demonstrated by:
 - (A) Reviewing client documentation with clients when they request to do so and when approved by the agency; and
 - (B) Demonstrating sensitivity when assisting clients in understanding their documentation during a records review
- (3) Follow all documentation requirements as demonstrated by:
 - (A) Having knowledge of organization documentation policies;
 - (B) Having familiarity with insurance payer requirements, including the Center for Medicare and Medicaid Services (CMS), and
 - (C) Having knowledge of the documentation requirements of accrediting bodies.

Sec. B2.30.120. Community Education and Advocacy.

- (a) Level of Performance. A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) as provided in paragraphs (1) through (4) of this subsection, as applicable:
 - (1) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;
 - (2) a behavioral health aide II utilizes the skill consistently and recognizes when to seek assistance;
 - (3) a behavioral health aide III consistently applies the skills to specific client and community situations; and
 - (4) a behavioral health practitioner applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II and III.
- (b) Knowledge and Skills. Community education and advocacy is a skill that requires a behavioral health aide or practitioner to:
 - (1) Provide education as demonstrated by:
 - (A) Educating clients, families, and the community about behavioral health conditions and their prevention and treatment;
 - (B) Providing information to destigmatize people with mental health and substance use conditions; and
 - (2) Participate in prevention activities as demonstrated by:
 - (A) Using community gatherings to encourage healthy behaviors;
 - (B) Serving in community workgroups focused on prevention and early intervention with behavioral health conditions;
 - (C) Working with community leaders to develop supports for individuals and families at risk;
 - (D) Engaging and providing support to individuals and families at risk;
 - (E) Educating clients and families about strategies for improving physical and mental health;
 - (F) Assisting in assessing community needs and readiness for prevention and early intervention activities; and
 - (3) Provide advocacy as demonstrated by:
 - (A) Providing information to clients and families about their rights and responsibilities;
 - (B) Supporting individual and family goals and wishes within the agency and with other organizations;
 - (C) Helping clients and families to participate in service planning meetings; and

- (D) Referring clients and families to peer and family support activities and advocacy organizations.

Sec. B2.30.125. Screening and Assessment.

- (a) Level of Performance. A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) as provided in paragraphs (1) through (4) of this subsection, as applicable:
 - (1) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;
 - (2) a behavioral health aide II utilizes the skill consistently and seeks additional intervention or assistance as needed to achieve the purpose of the interaction; and
 - (3) a behavioral health aide III engages the client more effectively based on an understanding of the client's information or behavior; and
 - (4) a behavioral health practitioner performs the skill independently, subject to applicable restrictions, and applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of the skill in behavioral health aides I, II and III.
- (b) Knowledge and Skills. Screening and assessment is a skill that requires a behavioral health aide or practitioner to:
 - (1) Gather information using multiple sources as demonstrated by:
 - (A) Obtaining information from providers knowledgeable of the client and family;
 - (B) Collecting demographic, psychological, social, and medical information through interviews of the client and family;
 - (C) Summarizing all information verbally or in writing;
 - (D) Demonstrating sound judgment in evaluating and using the information collected; and
 - (2) Use screening and diagnostic tools as demonstrated by:
 - (A) Assisting clients in completing screening tools on substance use and mental health conditions;
 - (B) Scoring and interpreting the results of screening tools correctly; and
 - (3) Assess and identify strengths and needs as demonstrated by:
 - (A) Assessing clients' preferred method of communication and language barriers;
 - (B) Identifying client and family strengths and resources;
 - (C) Identifying barriers to engage in services and providing solutions;
 - (D) Identifying client and family goals;
 - (E) Assessing clients' motivation and readiness to participate in services;
 - (F) Identifying client problems, mental health and substance use conditions, and stressors;
 - (G) Identifying signs of abuse and neglect;
 - (H) Assessing level of risk for harm to self or others;
 - (I) Determining whether additional assessment is required and arrange if necessary;
 - (J) (BHA II, III, BHP only) Assessing physical and psychological risk associated with acute intoxication, overdose, withdrawal, detoxification, and co-occurring mental health and substance use disorders;
 - (K) (BHA II, III, BHP only) Applying the criteria in the current version of the Diagnostic and Statistical Manual for Mental Disorders (DSM) in assessing clients' behavioral health conditions; and
 - (L) (BHA II, III, BHP only) Applying the American Society of Addiction Medicine (ASAM) patient placement criteria to guide treatment planning and recommend a level of care.

Sec. B2.30.130. Planning Services.

- (a) Level of Performance. A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) as provided in paragraphs (1) through (4) of this subsection, as applicable:

- (1) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;
 - (2) a behavioral health aide II utilizes the skill consistently and identifies when additional intervention or assistance may be needed to achieve the purpose of the interaction; and
 - (3) a behavioral health aide III engages the client more effectively based on an understanding of the client's information or behavior; and
 - (4) a behavioral health practitioner performs the skill independently, subject to applicable restrictions, and applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II and III.
- (b) Knowledge and Skills. Planning services is a skill that requires a behavioral health aide or practitioner to:
- (1) Identify recommended goals and services as demonstrated by:
 - (A) Identifying recommended short-term and long-term service goals;
 - (B) Identifying service options based on experience and research;
 - (C) Evaluating eligibility and insurance coverage or ability to pay for recommended services; and
 - (2) Support client and/or family member decision-making in developing the plan of care as demonstrated by:
 - (A) Communicating outcome of the screening and assessment to the client and family;
 - (B) Assisting the client and family in understanding the client's conditions and effects;
 - (C) Discussing recommended goals and services with client and family and alternate options;
 - (D) Assisting client in communicating their needs to others;
 - (E) Negotiating and finalizing a plan of care with the client and family based on their preferences; and
 - (3) Assist clients in developing personal plans as demonstrated by
 - (A) Assisting the client in developing a safety plan, as needed;
 - (B) Supporting the client in developing wellness and recovery plans.

Sec. B2.30.135. Linking to Community Resources.

- (a) Level of Performance. A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) as provided in paragraphs (1) through (4) of this subsection, as applicable:
- (1) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;
 - (2) a behavioral health aide II utilizes the skill consistently and identifies when additional intervention or assistance may be needed to achieve the purpose of the interaction;
 - (3) a behavioral health aide III applies knowledge and skills to increase access to resources and engages the client more effectively based on an understanding of the community and the client's information or behavior; and
 - (4) a behavioral health practitioner performs the skill independently, subject to applicable restrictions, and applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II and III.
- (b) Knowledge and Skills. Linking to community resources is a skill that requires the behavioral health aide or practitioner to:
- (1) Identify recommended resources as demonstrated by:
 - (A) Maintaining information on a range of community resources (e.g., service, medical, financial, housing, spiritual, volunteer);
 - (B) Maintaining information on traditional support and intervention resources (Elders, traditional healers);
 - (C) Identifying recommended resources and traditional supports for the client and family based on need and eligibility;

- (D) Identifying resources outside of the community that may need to be brought into the community; and
- (2) Support client and family member decision-making in selecting resources as demonstrated by:
 - (A) Discussing resource recommendations and options with the client and family;
 - (B) Motivating the client and family to access and use resources;
 - (C) Negotiating a plan with the client and family about accessing resources based on their preferences; and
- (3) Connect individuals and families to community resources as demonstrated by:
 - (A) Making a referral and actively connecting the client or family to selected resources;
 - (B) Ensuring that the referral was accepted and client or family is receiving services;
 - (C) Making an alternate referral if the initial referral was unsuccessful; and
 - (D) Drawing on individuals in the community to offer support to the client and family.

Sec. B2.30.140. Providing Services.

- (a) Level of Performance. A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) as provided in paragraphs (1) through (4) of this subsection, as applicable:
 - (1) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;
 - (2) a behavioral health aide II utilizes the skill consistently and identifies when additional intervention or assistance may be needed to achieve the purpose of the interaction;
 - (3) a behavioral health aide III applies knowledge and skills to increase access to resources and engages the client more effectively based on an understanding of the client's information or behavior; and
 - (4) a behavioral health practitioner performs the skill independently, subject to applicable restrictions, and applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II and III.
- (b) Knowledge and Skills. Providing services is a range of skills that includes case management, coordination of services, assistance with medication management, counseling, and crisis management and requires a behavioral health aide or practitioner to:
 - (1) Coordinate Care as demonstrated by:
 - (A) Arranging for assistance, if needed, with language translation or literacy;
 - (B) Implementing the plan of care (e.g., begin services, make referrals);
 - (C) Monitoring client's condition, behavior, and progress on a continuous basis;
 - (D) Recognizing when progress has slowed, address barriers, and work to motivate the client;
 - (E) Evaluating progress and reviewing and revising the plan of care on a regular basis;
 - (F) Encouraging client participation in services and reaching out when the client is not engaged;
 - (G) Participating in developing, coordinating, and monitoring a discharge plan;
 - (H) Establishing working relationships and coordinating care with other providers and teams in the BHA's agency;
 - (I) Establishing working relationships and coordinating care with other providers in other agencies;
 - (J) Assisting in establishing routine and formal working relationships with other agencies; and
 - (2) Assist with medication management as demonstrated by:
 - (A) Reviewing the list of the client's medications and their effects and side effects;
 - (B) Supporting client and family education about medication effects and side effects;
 - (C) Coaching the client on strategies for taking medications as prescribed;
 - (D) Coaching the family on strategies for supporting the client in taking medications;
 - (E) Supporting the client's participation in medical appointments, medical monitoring, and lab testing;

- (F) Assisting the client in monitoring and reporting medication effects and side effects to the medical prescriber; and
- (3) Provide individual counseling as demonstrated by:
 - (A) Providing emotional support, encouragement, and reassurance;
 - (B) Helping the client define the problem by telling their story, discussing their situation, and challenging their current perspective, when warranted;
 - (C) Helping the client set goals by discussing the possibilities and assisting the client to select and commit to new goals;
 - (D) Helping the client take action through problem-solving, education and training, reflecting on past experiences and patterns, creating an action plan, contracting, and providing feedback; and
- (4) Manage crises as demonstrated by:
 - (A) Recognizing behavioral health crises and early warning signs of crises;
 - (B) Assisting in deescalating problems in their early phase;
 - (C) Reporting crises and seeking assistance from a supervisor or licensed behavioral health professional;
 - (D) Seeking assistance, as needed, from Village Public Safety Officers, other first responders, or community members;
 - (E) Assisting in implementing the response for an individual, family, and community crises;
 - (F) Communicating with the family and others about the crisis and the response;
 - (G) Assisting with notifications and investigations of reportable events (e.g., abuse, domestic violence, assaults, neglect, deaths);
 - (H) Providing support to those affected by the crisis and assisting them in accessing supportive services;
 - (I) Assisting the client and family in obtaining services related to the crisis (e.g., domestic violence shelter; emergency foster care);
 - (J) Participating in debriefing meetings to discuss the crisis and the response; and
- (5) (BHA II, III BHP only) Provide family counseling as demonstrated by:
 - (A) Assessing family norms and roles (in nuclear and extended families, clans, biological and non-biological families);
 - (B) Using genograms and sociograms to assess and work with families;
 - (C) Identifying family dynamics, functional and dysfunctional units, and barriers to communication;
 - (D) Identifying the impact within the family of an individual with a mental health or substance use condition and accommodations made by the family for the individual;
 - (E) Identifying the impact on family functioning of stressors (e.g., medical illness, separation, divorce, abuse, financial concerns, housing issues, legal trouble);
 - (F) Engaging members of the family in constructive problem-solving;
 - (G) Assisting the family in improving its functioning; and
- (6) (BHA II, III BHP only) Provide group counseling as demonstrated by:
 - (A) Identifying the functions, limitations, and risks of different types of groups (e.g., educational, psychoeducational, self-help, support, activity, skill development, and therapeutic);
 - (B) Identifying appropriate members for the different types of groups;
 - (C) Orienting new members to groups addressing the purpose, rules, boundaries, and levels of self-disclosure;
 - (D) Running groups effectively, providing adequate structure, encouraging member interaction, and maintaining safety;
 - (E) Assisting clients in ending participation in a group or transitioning to another group; and

- (F) Managing the ending of groups.

Sec. B2.30.145. Professional Development.

- (a) Level of Performance. A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) in their own interaction with supervisors, mentors and trainers, in pursuing their own professional development, and as provided in paragraphs (1) through (3) of this subsection, as applicable:
 - (1) a behavioral health aide I or II does not perform supervision, training, or professional development of other behavioral health aides or practitioners, but a BHA I may provide peer support for a person training to be a behavioral health aide I and a BHA II may provide peer support for a BHA I;
 - (2) a behavioral health aide III demonstrates the skills and competencies and applies it as directed and routinely seeks assistance; and
 - (3) a behavioral health practitioner applies the knowledge and skills to engage, mentor and support, and participate in supervision and evaluation of behavioral health aides I, II and III, based on an understanding of the supervisee's level of knowledge and skills, professional goals, and behavior.
- (b) Knowledge and Skills. Professional development is a skill that requires a behavioral health aide or practitioner to:
 - (1) Seek opportunities to improve knowledge, skills and abilities as demonstrated by:
 - (A) Setting personal goals for professional development;
 - (B) Participating in employer sponsored training and other continuing education activities;
 - (C) Adopting best practices learned through continuing education; and
 - (2) Use supervision effectively as demonstrated by:
 - (A) Participating routinely and constructively in supervision;
 - (B) Using supervision, peer consultation, and self-evaluation to enhance self-awareness and improve professional performance;
 - (C) Using formal evaluations to improve professional performance and the quality of services provided; and
 - (D) (BHA II, III, BHP only) Provide guidance and mentoring to others.

Chapter B-3. BHA Continuing Education

Sec. B3.10.100. BHA/P Continuing Education Requirements.

- (a) A behavioral health aide or practitioner who is an applicant for recertification under B1.30.100 [BHA recertification requirements]:
 - (1) as a behavioral health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or
 - (2) as a behavioral health practitioner;
- (b) must provide evidence satisfactory to the Board that they have completed a minimum of 40 contact hours of continuing education approved by the Board on varied or updated topics during the 24 months prior to the current certificate expiration date, or in the case of a lapsed certificate or delayed application, 24 months prior to the application date, provided that:
 - (1) no fewer than 4 of the required contact hours must be regarding ethics and consent;
 - (2) no fewer than 4 of the required contact hours must be regarding confidentiality and privacy; and

- (3) no fewer than 4 of the required contact hours must be regarding cross cultural communication and understanding and working with diverse populations:
 - (A) various ethnicities or cultural heritages, age groups, genders, lifestyles, family dynamics, or socioeconomic statuses, or diagnostic categories; or
 - (B) effective strategies for working with diverse populations, conducting self-assessments and navigating value differences, developing cultural awareness and an understanding of the potential influence on a person's behavioral health; and
- (4) the balance of the hours must be related to the knowledge and skills identified or related to those described in section B2.30.010 [BHA/P knowledge, skills, and scope of practice]; and
- (5) a minimum of 20 CEUs are completed via live instruction.

Sec. B3.10.200. Approved Continuing Education Programs for BHA/P.

- (a) Competencies. To be approved by the Board, a continuing education program must:
 - (1) contribute to the knowledge or skills described in section B2.30.010 [BHA/P knowledge, skills, and scope of practice] or expand on content or subject matter described in chapter B-5 [BHA/P curricula];
 - (2) directly relate to the scope of practice of a behavioral health aide or practitioner; and
 - (3) be no less than 1 hour in length.
- (b) Sponsorship. A continuing education program that meets the requirements of section B3.10.200(a) [approved continuing education programs for BHA/P; competencies] and is offered or sponsored by any of the following organizations is considered approved by the Board:
 - (1) a certified BHA/P Training Center;
 - (2) Alaska Commission for Behavioral Health Certification (ACBHC);
 - (3) the Indian Health Service (IHS);
 - (4) Alaska Board of Social Work Examiners (ABSWE);
 - (5) Alaska Training Cooperative (AKTC);
 - (6) Accreditation Council for Continuing Medical Education (ACCME);
 - (7) an accredited postsecondary education institution;
 - (8) American Counseling Association (ACA);
 - (9) American Nurses Credentialing Center (ANCC);
 - (10) American Psychiatric Nurses Association (APNA);
 - (11) American Society of Addiction Medicine (ASAM);
 - (12) American Psychological Association (APA);
 - (13) Commission on Rehabilitation Counselor Certification (CRCC);
 - (14) International Certification and Reciprocity Consortium (IC&RC);
 - (15) Livingworks.net (Safetalk);
 - (16) National Association of Alcohol and Drug Abuse Counselors (NAADAC);
 - (17) National Association of Social Workers (NASW) or any state chapter of NASW;
 - (18) National Board of Certified Counselors (NBCC);
 - (19) National Association of Direct Service Providers (NADSP); or
 - (20) QPR Institute.
- (c) Tribal Continuing Education Programs. A continuing education program provided by the tribe or tribal organization's health program that meets the requirements of section B3.10.200(a) [approved continuing education programs for BHA/P; competencies] shall be approved by the Board. Submission of the plan or BHA Curriculum for the continuing education program or programs to the Board may be done prior to or after the program has been conducted. Approval

may be granted for more than one program at a time. Re-approval need not be obtained for an approved program that is being repeated within a three year period after the most recent approval.

- (d) Self-Study Programs. A self-study continuing education program sponsored by one of the organizations listed in subsections B3.10.200(b) [approved continuing education programs for BHA/P; sponsorship] or (c) [approved continuing education programs for BHA/P; tribal continuing education programs] that meets the requirements of section B3.10.200(a) [approved continuing education programs for BHA/P; competencies] is considered approved by the Board.
- (e) Other. A continuing education program not sponsored by one of the organizations listed in subsection B3.10.200(b) [approved continuing education programs for BHA/P; sponsorship] or (c) [approved continuing education programs for BHA/P; tribal continuing education programs] must be individually approved by the Board. Such approval can be provided at the time of application for recertification if the applicant submits evidence sufficient to permit the Board to determine whether the training meets the requirements of this section.

Chapter B-4. Certification of BHA Training Centers

Article 10. Training Programs, Facilities, and Training Staff

Sec. B4.10.010. Certification.

The Board shall issue a BHA Training Center certificate to a training center which:

- (a) applies on a form provided by the Board; and
- (b) adopts and adheres to requirements of sections B4.10.020 [facilities] through B4.10.060 [BHA/P training center self-evaluation].

Sec. B4.10.020. Facilities.

A BHA training center facility must provide classroom, or e-classroom and clinical environments that are conducive to a positive learning experience for faculty and behavioral health aide trainees by ensuring that:

- (a) Traditional classrooms have appropriate space and privacy. Specific consideration and evaluation in the areas of safety, adequacy of space, air quality, lighting, heating, and storage must be documented; and
- (b) e-classrooms have appropriate policies on Internet safety and privacy, appropriate language, emergency procedures for Internet outages, and recommendations on lighting, noise, and an ergonomic environment.

Sec. B4.10.030. Training Staff.

- (a) Qualification and Roles. Behavioral health aide and practitioner training may be coordinated and conducted by any person who generally meets the standards of this section.
 - (1) Director/Instructor of Record. The BHA training center Director/Instructor of Record
 - (A) must be a licensed behavioral health clinician or behavioral health professional who will assume responsibilities for course development, evaluation and revision, and the evaluation of students and instructors.

- (B) should be an individual with a combination of education, research, work, and/or life experience which are relevant to providing leadership in a BHA training center program, including an orientation to Alaska Native culture and traditions and be familiar with the CHA Program.
 - (C) may or may not participate directly in the training but must be familiar with and have approved the curriculum being taught and the qualifications of the training staff, and be available to consult with training staff during the training session should the need arise. Such consultation may occur telephonically or in person.
 - (D) should have a background in health and education and be able to administrate, serve in a statewide liaison role, uphold the mission of the statewide program, and provide program direction, development, and leadership.
- (2) Instructor. BHA training center instructors must consist of a majority of behavioral health professionals or licensed behavioral health clinicians. All instructors will be monitored to assure compliance with the BHA Curriculum and competence in subject being taught. Instructors teaching BHA curriculum via eLearning must demonstrate competency in e-teaching by experience, completed coursework, or other approved measures. All instructors should be certified, licensed, or have other training in the knowledge and skills that they are teaching, including knowledge of Alaska Native traditions and culture.

Sec. B4.10.040. BHA/P Training Administration and Records.

- (a) Educational Program Philosophy. A BHA training program must have on file a mission statement that reflects the statewide nature of the program, and the goals and objectives, which must include quality healthcare, competency based instruction, emphasis on clinical instruction and skills, awareness of cultural influences, emphasis on a positive learning environment, and respect for the unique needs of the adult learner.
- (b) Job Descriptions. Job descriptions must be on file for each member of the training staff which reflect the roles and responsibilities outlined in Sec. B4.10.030(a) [Qualifications and Roles].
- (c) Orientation of New Staff. A training program must have in place a written orientation procedure for new employees which will minimally include the BHA mission, goals, and objectives; the BHA Curriculum; the methods of instruction, and function of the statewide program; cultural diversity; the role of the BHA; and the BHA certification process.
- (d) Commitment of Administration. A training program must document on-going support of staffing positions and program needs and accept and retain records regarding training and continuing education.
- (e) Secretarial Support. A training program should have administrative and secretarial support sufficient to assure timely and smooth functioning of the program and transmittal of records to the Certification Board, as required.
- (f) Training Program Files. A training program must have on file for review: training outlines, learning objectives, lesson plans, session quizzes and exams, behavioral health aide or practitioner evaluation records, application forms, student training files, quality assurance/continuous quality improvement files and a training plan for employees.
- (g) Continuing Education. A training center must have a policy on continuing education requirements for the Director and Instructors. A plan should be developed annually to meet the policy goals.

Sec. B4.10.050. Trainee Services.

- (a) Counseling and Health Services. A system must be in place to refer trainees to confidential counseling by a behavioral health professional or licensed behavioral health clinician which may include having such persons available during course training. A system to provide acute care and emergency health services must also be provided.
- (b) Academic Advising. A training center must provide a system for trainee academic advising pertinent to the role and certification of the BHA.
- (c) Attrition. A system of recording trainee attrition data including the causes and timing of attrition during training must be in place.

- (d) Housing, Meals, and Transportation. Housing, meals and transportation should be available, affordable, and conveniently located to the face-to-face training site.
- (e) Internet Connectivity. A workstation with Internet connectivity must be accessible as an alternate to an eLearning student's own Internet service.

Sec. B4.10.060. BHA Training Center Self-Evaluation.

- (a) BHA Training Center. A behavioral health aide or practitioner training program must have a policy on quality assurance (QA)/continuous quality improvement (CQI). This policy must include:
 - (1) BHA evaluations of training sessions and individual instructors; and
 - (2) documentation of meetings for staff evaluation of training sessions and quarterly program reviews.
- (b) QA/CQI. The QA/CQI process must be in effect, documenting that evaluation tools are in use, trends are identified, and the continuous quality improvement process is being implemented to address and modify those identified trends.

Chapter B-5. Behavioral Health Aide and Practitioner Curricula

Article 10. Behavioral Health Aide and Practitioner Curricula

Sec. B5.10.010. Equivalent Courses.

The Behavioral Health Academic Review Committee (BHARC) shall maintain and provide to the Board a list of courses that the BHARC has determined to contain course content equivalent to that required under this Article 10 [BHA curricula]. Applicants who have satisfactorily completed such courses shall be deemed to have met the applicable curricula requirements.

Sec. B5.10.100. General Orientation.

- (a) Minimum Hours. This course shall be no fewer than 28 contact hours which must include 4 contact hours regarding communication skills identified in section B5.10.100(c) and may be provided as an in-service training program by the employer.
- (b) Content. This course shall provide an introduction to:
 - (1) the Alaska Tribal Health System;
 - (2) the history, statutory authority for, and current status of the Community Health Aide Program;
 - (3) community health aide program certification and the Community Health Aide Program Certification Board;
 - (4) the *Alaska Community Health Aide/Practitioner Manual* (CHAM) and the *Behavioral Health Aide Manual* (BHAM) and their uses;
 - (5) the dental health aide component of the community health aide program;
 - (6) the behavioral healthcare system in Alaska and how individuals may access it; and
 - (7) how the Alaska Tribal Health System is structured and the relationship of behavioral health within the care system, including individual regional differences, as appropriate.
- (c) Communication Skills. During this general orientation, an evaluation of the trainee's communication, including writing skills, shall be conducted. If the trainee's communication skills are insufficient to allow the trainee to successfully complete the remainder of the training and perform the work of a behavioral health aide or practitioner, a plan for

improvement must be developed, before the trainee may proceed with other courses. The plan must be monitored for successful achievement of skills sufficient for the trainee to successfully perform the requisite course work and, ultimately, the work required for certification at the level of certification sought by the trainee. The communication skills improvement plan and monitoring may be required and continued throughout training and certification for each level of behavioral health aide or practitioner certification. This requirement shall not preclude assisting the trainee to satisfy the minimum communication skills requirements through accommodations such as dictation; computer assisted spelling programs and other means to assist the trainee to adequately communicate necessary information.

Sec. B5.10.105. Orientation to Behavioral Health Services.

This course which shall be 8 contact hours, will provide:

- (a) an introduction to:
 - (1) village-based behavioral health services;
 - (2) the rationale and philosophy for providing prevention, early intervention and case management within the community of client residence;
 - (3) emergency behavioral health response protocols; and
 - (4) the use of clinical supervision to support quality of services.
- (b) The instructor will work with each student to create a strength-based professional development plan that identifies the student's training and supervision needs and use the student's test results to identify strengths and areas for development. The BHA/P must present this plan and receive approval and feedback from their supervisor.

Sec. B5.10.110. Ethics, Consent, Confidentiality, and Privacy.

This course, which shall be 16 contact hours, will provide:

- (a) foundational information regarding:
 - (1) the need for professional ethics;
 - (2) the difference among ethics, agency policies and procedures, and laws that govern practice;
 - (3) personal and professional boundaries in a village-based setting, including identification of personal relationships and conflicts and their effect on a professional relationship;
 - (4) client's rights and the duty to protect and advocate for client rights;
 - (5) the code of ethics for Behavioral Health Aides, with discussion of using the code of ethics as guidance in providing client services;
 - (6) the duty to obtain informed consent, including its application to:
 - (A) adults, minors, individuals with limited or impaired capacity, and individuals subject to court order such as guardianship;
 - (B) disclosure of information and the limitations to authorizations; and
 - (C) providers who are delivering services through tele-health modalities;
 - (7) confidentiality and privacy requirements under applicable law and regulation, including the Federal Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA), US Code of Federal Regulations (42 CFR part 2), and their application to delivery of behavioral health services;
 - (8) exceptions to confidentiality requirements that occur without client consent, including:
 - (A) a review of reporting requirements, including those arising from suspected child abuse, elder vulnerable adult abuse;
 - (B) risk of harm to self or others;
 - (C) others permitted by law; and
 - (D) distinguishing among types of court orders (e.g. subpoenas vs. direct judicial orders);

- (9) protecting written and electronic records;
 - (10) protecting privacy in various situations, including crowded settings, and in family and group counseling; and
 - (11) special rules regarding information subject to special confidentiality or privacy rules; and
- (b) applied exercises to:
- (1) identify and develop responses to common ethical, consent, confidentiality and privacy situations; and
 - (2) obtain appropriate authorizations for release of information and how to use and document such authorizations.

Sec. B5.10.115. Human Development.

This course, which shall be 8 contact hours, will provide:

- (a) an introduction to foundational and practice information regarding:
- (1) the development of the individual through the lifespan, from conception through adulthood including common maladaptive behaviors and childhood behavioral health concerns;
 - (2) prevention and early intervention for childhood behaviors and behavioral health concerns;
 - (3) common theories of human development, ages and stages;
 - (4) processes, experiences and influences that affect a developing person;
 - (5) physical, intellectual, social, emotional, spiritual, environmental, sexual, and occupational components of a person;
 - (6) attachment theories and their impact on development, adulthood and potential behavioral health concerns
 - (7) life stages and their role in family dynamics;
 - (8) the interaction of home, school, and community settings on human development; and
 - (9) the interaction of nature and nurture in shaping human development with a focus on socioeconomic status, family background, culture, rural vs. urban settings, and traditional ways of living; and
- (b) applied exercises to help trainees recognize that the stages of development inform behavioral health interventions and treatment.

Sec. B5.10.120. Introduction to Behavioral Health Concerns.

This course, which shall be 24 contact hours (which shall include 8 contact hours regarding mental health, 8 contact hours regarding substance use disorders, and 8 contact hours regarding other behavioral health issues), will provide:

- (a) an introduction to:
- (1) the range of behavioral health issues experienced by individuals, families, and communities;
 - (2) the comprehensive continuum of care that can address behavioral health issues of various degrees of seriousness;
 - (3) common mental health disorders and the associated risk factors and treatment options, including therapeutic medications;
 - (4) addictive substances, including alcohol, tobacco (cigarettes/cigars/pipe, commercial chew, Iqmik/Dedigus/Blackbull), psychoactive substances (stimulants, depressants, opioids and psychedelics), and other substances (e.g., inhalants, anabolic steroids, and prescription drugs) and the associated risk factors and treatment options;
 - (5) other addictive behaviors (e.g. gambling, pornography) and the associated risk factors and treatment options; and
 - (6) other behavioral health issues, including child abuse and neglect, domestic violence, elder abuse, fetal alcohol spectrum disorder (FASD), homicide, disaster events, attention deficit disorder (ADD), attention

deficit hyperactivity disorder (ADHD), developmental disabilities, co-occurring disorders, and other conditions and events that effect behavior and adjustment.

Sec. B5.10.125. Introduction to Counseling.

This course, which shall be 12 contact hours, will provide:

- (a) foundational information about:
 - (1) personal characteristics of an effective counselor (establishing personal counseling values and philosophy);
 - (2) interviewing and listening skills;
 - (3) defining counselor and client roles;
 - (4) how to establish a counseling relationship;
 - (5) problem identification, goal development, and action planning with a client; and
 - (6) the client's responsibility in counseling and how to assist and motivate a client to discover and practice more appropriate and healthy behavior; and
- (b) applied exercises in which trainees can practice the client-centered approach, using communication skills such as listening, attending, and reflection.

Sec. B5.10.130. Introduction to Documentation.

This course, which shall be 12 contact hours, will provide:

- (a) foundational information regarding:
 - (1) the establishment and maintenance of a quality client record, including the essential components of clinical/counseling records, including screening tools, assessments, treatment plans, progress notes, discharge summaries, and authorizations for disclosure;
 - (2) the purpose and elements of case narrative recording, including using data, assessment, and plan (DAP); subjective, objective, assessment and plan (SOAP); data, intervention, response and plan (DIRP) and other formats for case narrative recording;
- (b) an introduction to:
 - (1) the use of standardized information management systems and screening tools widely used by Alaska behavioral health programs;
 - (2) using criteria contained in the *Diagnostic and Statistical Manual* and *American Society of Addiction Medicine (ASAM) Patient Placement Criteria (PCC)* to standardize documentation in relation to treatment and service planning (problem list, goals, objectives, and interventions);
 - (3) documentation requirements specific to prevalent payers and accrediting bodies, such as Medicaid, Medicare, Commission on the Accreditation of Rehabilitation Facilities (CARF), and The Joint Commission; and
 - (4) administrative record keeping; and
- (c) applied exercises in which trainees practice:
 - (1) documenting client related work and consider the effect of confidentiality rules on the application of documentation requirements.

Sec. B5.10.135. Introduction to Case Management.

This course, which shall be 8 contact hours, will provide:

- (a) an introduction to foundational and practice information about:

- (1) the use of available community resources (locally, regionally and statewide) related to coordinating services and case management;
 - (2) identifying and evaluating the appropriateness of potential resources for the individual client and making referrals when necessary;
 - (3) an emphasis on the inventive use of agency-based and other community and family resources;
 - (4) an introduction to the role and delivery of case management services;
 - (5) an emphasis on finding resources for diverse populations and complex clients;
 - (6) roles related to assisting clients in medication management and medication education; and
 - (7) focus on evaluation of service usefulness and accessibility issues that need to be considered in village-based practice; and
- (b) applied exercises in recognizing the role and components of case management.

Sec. B5.10.140. Working with Diverse Populations.

This course, which shall be 12 contact hours, will provide:

- (a) foundational and information regarding:
 - (1) working with clients of different ethnic or racial heritage, age, gender, lifestyle, sexual orientation, spirituality, and socioeconomic status;
 - (2) an introduction to beliefs, attitudes, knowledge and skills generally maintained by an effective multi-culturally aware counselor; and
 - (3) barriers that clients of diverse populations may face when seeking or receiving treatment; and
- (b) applied exercises to develop skills associated with respectfully assessing client needs:
 - (1) strategies for working in Alaska Native communities with other prominent minority/cultural groups in rural Alaska; and
 - (2) regarding the implications of personal and cultural historical trauma.

Sec. B5.10.145. Introduction to Group Counseling.

This course, which shall be 8 contact hours, will provide:

- (a) an introduction to foundational and practice information about:
 - (1) types and uses of groups for education and treatment;
 - (2) how to encourage and support self-help groups, e.g. Alcoholics Anonymous and Adult Children of Alcoholics;
 - (3) how to assess the potential for establishing other groups;
 - (4) group counseling dynamics, including open ended and closed groups;
 - (5) determining the criteria for participation in groups of various types and how to screen appropriate candidates for participation;
 - (6) time-limited group process;
 - (7) privacy and documentation issues arising in various group models; and
 - (8) providing group resources to communities for the purpose of education, prevention, or team building; and
- (b) applied exercises that provide exposure to the therapeutic group process and focus on the purpose, planning and conducting of:
 - (1) educational/informational groups; and
 - (2) “talking circles” or traditional healing groups as a therapeutic group process.

Sec. B5.10.150. Crisis Intervention.

This course, which shall be 16 contact hours, will provide:

- (a) an introduction to foundational and practice information about:
 - (1) common crisis events (domestic violence, physical or sexual abuse or assault, other violence, depression, substance use relapse, psychosis, job loss/financial problems, death, onset of serious medical condition or injury, loss of a relationship, bullying);
 - (2) dynamics of crisis events and response, including:
 - (A) assessment and evaluation of immediate risks, including risk of harm to self or others, and protective factors;
 - (B) using crisis for positive change; and
 - (C) working with families and communities affected by crisis events;
 - (3) stages and course of response to crisis events, including continuum of care from least to most restrictive;
 - (4) applying dynamics of crisis to suicide, including:
 - (A) common misconceptions regarding suicide;
 - (B) age-related suicidal ideation;
 - (C) evaluation of risk of harm to self or others; and
 - (D) working with families and communities affected by suicide;
 - (5) recognition of and immediate response to risk to clients who pose a risk to themselves or others;
 - (6) working with clinical supervisor to respond to imminent crises;
 - (7) the “civil commitment” process under Alaska law;
 - (8) survivor (family, friends, and community) care; and
 - (9) how community-based suicide prevention may be started and supported.

Sec. B5.10.155. HIV/AIDS and Infectious Diseases.

This course, which shall be 8 contact hours, will provide:

- (a) practice information regarding universal precautions and risk reduction;
- (b) health status and risk information regarding hepatitis, sexually transmitted diseases, tuberculosis, HIV and other infectious diseases that pose common risks for individuals with substance use disorders;
- (c) information regarding availability of testing, counseling and treatment for sexually transmitted diseases;
- (d) practice information about how to approach lifestyle or risk issues with clients;
- (e) guidance in providing referral options for client pre-test/post-test counseling support for HIV testing;
- (f) foundational information about how behavioral health issues can increase risk of HIV and other infectious diseases; and
- (g) foundational information about how HIV and infectious diseases can increase risk of developing or worsening behavioral health issues.

Sec. B5.10.160. Community Approach to Prevention.

This course, which shall be 8 contact hours, will provide:

- (a) foundational philosophy and practice information related to:
 - (1) community readiness assessment, community based prevention activities, and community development;
 - (2) key features of prevention (universal, selective, and indicated);
 - (3) determine key stakeholders with whom to partner when addressing community issues; and
 - (4) community readiness and key issue evaluation for developing effective prevention plans; and

- (b) applied exercises for developing:
 - (1) community prevention strategies; and
 - (2) providing brief public presentations.

Sec. B5.10.165. Family Systems I.

This course, which shall be 16 contact hours, will provide, with an emphasis on Alaska Native family systems:

- (a) an introduction to foundational and practice information regarding:
 - (1) family systems theory, kinship patterns, and family dynamics;
 - (2) family roles and effect of behavioral health disorders on individuals within the family and on the family as a system;
 - (3) communication within families and assessment of barriers;
 - (4) common response to stresses such as inadequate housing or income, job loss, illness;
 - (5) recognition and assessment of family norms;
 - (6) understanding life stages and their role in family dynamics;
 - (7) role of extended family;
 - (8) recognition of harm or risk or harm occurring within a family;
 - (9) effects of separation and loss due to divorce, death, foster care, or adoption; and
 - (10) parenting and the importance of healthy parent-child dynamics; and
- (b) a focus on supporting healthy family by identifying strengths and working with families to develop strategies to promote health and healing; and
- (c) applied practice exercises associated with:
 - (1) assessing family functioning;
 - (2) supporting healthy family functioning;
 - (3) improving family communication and support;
 - (4) responding to risks and harm occurring within a family; and
 - (5) teaching clients healthy parenting skills.

Sec. B5.10.170. Maintaining Health, Wellness and Balance.

This course, which shall be 8 contact hours, will provide:

- (a) an introduction to foundational and practice information regarding:
 - (1) how personal health, wellness, and balance improved the ability to provide behavioral health services;
 - (2) strategies for coping with personal and work-related stress so it does not interfere with providing appropriate services;
 - (3) appropriate use of supervision to address issues that arise for behavioral health service providers in a rural or remote setting; and
 - (4) compassion fatigue and vicarious trauma; and
- (b) applied exercises help trainees practice skills associated with the maintenance of their own health and wellness:
 - (1) identification and recognition of personal stress levels and potential impairment; and
 - (2) skills for maintaining their own health and wellness.

Sec. B5.10.200. Psychophysiology and Behavioral Health.

This course, which shall be 16 contact hours, will provide:

- (a) foundational information about:

- (1) the brain-body connection;
 - (2) nervous system structure;
 - (3) neuro-anatomy;
 - (4) neurotransmitter and receptor function; and
 - (5) drug class/medication effects, and working with medical providers regarding medication management; and
- (b) exercises to help the trainee:
- (1) understand the impact and importance of psychoactive substances (legal and illicit), on the brain and body; and
 - (2) develop ability to discuss psychoactive effects/implications with clients.

Sec. B5.10.205. Introduction to Co-Occurring Disorders.

This course, which shall be 8 contact hours, will provide:

- (a) a basic understanding of how mental health, substance use disorders, and other conditions can exist in combination, and affect treatment services and process and therapeutic medication management;
- (b) information about potential cause and origin of mental health disorders, along with a client perspective of the symptoms and limitations;
- (c) applied exercises will help the trainees practice their developing skills associated with identifying and describing these disorders; and
- (d) an understanding of the process of recovery techniques for relapse prevention as they relate to both substance use and mental health disorders.

Sec. B5.10.210. Tobacco Use and Treatment.

This course, which shall be 8 contact hours, will provide information on:

- (a) the magnitude of tobacco use prevalence and morbidity/mortality in Alaska;
- (b) the implications of Alaska Native tobacco use patterns, methods, and products for client evaluation and treatment;
- (c) tobacco-specific biology and pharmacotherapy;
- (d) treating tobacco users with special medical conditions;
- (e) best practices for tobacco treatment: United States Public Health Service (USPHS) *Treating Tobacco Use and Dependence Clinical Practice Guideline* and the Fagerstrom Test for Nicotine Dependence; and
- (f) statewide and regional treatment options and resources.

Sec. B5.10.215. Diagnostic and Statistical Manual Practice Application.

This course, which shall be 12 contact hours, will provide:

- (a) foundational information about:
 - (1) the philosophical and practice basis of evaluating behavioral health disorders using criteria contained in the *Diagnostic and Statistical Manual (DSM)*; and
 - (2) the use of DSM-derived screening tools to develop working impressions and contribute information to clinical diagnosis; and
- (b) application exercises for practicing use of the DSM in case samples; and
- (c) analyze and discuss the need for and appropriate use of clinical supervision and consultation related to client evaluation.

Sec. B5.10.220. Advanced Interviewing Skills.

This course, which shall be 16 contact hours, will provide:

- (a) applied information about:
 - (1) the theoretical, evidence-based, and practical bases of various therapeutic modalities, e.g. cognitive behavioral therapy and motivational enhancement therapy; and
 - (2) stages of change as pertinent to helping clients understand the counseling process, set and reach goals, and have realistic expectations; and
- (b) practice exercises using evidence-based interviewing practices to enhance client readiness for behavior change, screening, intake, plan development, and relapse prevention.

Sec. B5.10.225. American Society of Addiction Medicine Patient Placement Criteria Practice Application.

This course, which shall be 12 contact hours, will provide:

- (a) foundational information about:
 - (1) the philosophical and practice basis of evaluating behavioral health disorders; and
 - (2) using criteria contained within the *American Society of Addiction Medicine (ASAM) Patient Placement Criteria (PCC)*; and
- (b) guidance in evaluation of client risk and/or severity associated with the six ASAM dimensions; and
- (c) exercises in which trainees can practice:
 - (1) developing client placement recommendations based on what is available within the continuum of care; and
 - (2) use of later changes in client risk and/or severity associated with the six ASAM dimensions to document treatment/services progress.

Sec. B5.10.230. Case Studies and Applied Case Management.

This course, which shall be 8 contact hours, will provide applied exercises to practice:

- (a) participation in discussion and analysis of case studies with different behavioral health issues (abuse, addiction, child abuse, co-occurring disorders, domestic violence, mental illness, etc.);
- (b) information on Alaska Native health care disparities and an evaluation of services available in communities, hub towns, and the state;
- (c) more in-depth understanding of the importance of referrals, steps for making an appropriate and effective referral, receiving referrals, and following-up on referrals; and
- (d) case presentation for treatment team review, including Multi-Disciplinary teams (MDTs), and treatment teams.

Sec. B5.10.235. Traditional Health Based Practices.

This course, which shall be 8 contact hours, will provide:

- (a) foundational information regarding traditional lifestyles and health practices of the Alaska Native people prior to Western contact;
- (b) an introduction to beliefs, attitudes, and knowledge of health promotion and maintenance that were practiced historically;
- (c) tools for seeking and employing traditional resources to promote individual and community health;
- (d) an examination of the major changes that have led to the current health status of Alaska Native communities; and
- (e) potential strategies for improving behavior-based health status.

Sec. B5.10.240. Intermediate Therapeutic Group Counseling.

This course, which shall be 16 contact hours, will provide information and practice related to:

- (a) therapeutic group process with a focus on:
 - (1) determining the criteria for participation in groups of various types and how to screen appropriate candidates for participation;
 - (2) managing dual relationship and boundary challenges in small town or village-based settings;
 - (3) role and function of therapeutic group leadership; and
 - (4) therapeutic outcomes and risks associated with group educational and treatment experiences; and
- (b) applied exercises in which trainees will practice skills associated with planning, facilitating, and leading groups.

Sec. B5.10.245. Applied Crisis Management.

This course, which shall be 8 contact hours, will provide:

- (a) information and discussion with a focus on:
 - (1) facilitation community debriefing related to crisis events such as natural disasters, homicide, and suicide that have impact on families and other community members; and
 - (2) encouraging and supporting posttraumatic growth following a crisis event; and
- (b) applied exercises focusing on:
 - (1) accessing additional resources necessary for effective response to a crisis event that occurs in a village-based or urban setting;
 - (2) short and long term intervention models for responding positively to crises;
 - (3) using cultural activities, self-care, and stress management techniques to manage personal, client, and community responses to crises; and
 - (4) providing and facilitating formal crisis response and stress management activities within the community.

Sec. B5.10.250. Community Needs and Action.

This course, which shall be 12 contact hours, will provide:

- (a) focus on in-depth prevention (universal, selective, and indicated) plan development strategies that are appropriate and compatible with individual village characteristics; and
- (b) applied exercises to help trainees practice:
 - (1) identification and evaluation of community needs;
 - (2) completing a community readiness assessment;
 - (3) evaluation and development of various intervention efforts targeting behavioral health issues; and
 - (4) writing a community development strategy to promote community involvement in accomplishment of specific goals based on the results of the community readiness assessment.

Sec. B5.10.255. Family Systems II.

This course, which shall be 16 contact hours, will provide:

- (a) review and more advanced foundational and practice information related to:
 - (1) family systems work;
 - (2) child development and parenting;
 - (3) couples issues and implications for behavioral health treatment; and
 - (4) teaching basic communication, parenting, and anger management skills on an individual and group basis;

- (b) information regarding special practice issues, such as reporting abuse or neglect, ethical and confidentiality issues associated with conducting couples or family counseling, domestic violence and compliance with the Indian Child Welfare Act;
- (c) strategies for working with disrupted families and other agencies that may be engaged with them; and
- (d) applied exercises in which trainees practice skills associated with:
 - (1) providing intervention and support to families experiencing dysfunction; and
 - (2) teaching and facilitating healthy family behavior and skills.

Sec. B5.10.260. Behavioral Health Documentation.

This course which shall be 8 contact hours, will provide:

- (a) in depth information regarding quality documentation of:
 - (1) assessments, treatment plans, progress notes and discharge summaries;
 - (2) risk levels, and safety planning;
 - (3) diagnosis and recommendations informed by the current version of the DSM and ASAM criteria; and
 - (4) treatment progress; and
- (b) applied exercises in which trainees:
 - (1) practice documenting the process from intake, screening, assessment, treatment planning to progress notes and how all of these connect and inform each of the next steps using provided case studies;
 - (2) provide samples of their documentation without identifying information to receive feedback; and
 - (3) practice documentation in special situations such as: group counseling and family sessions, and individualized education plan (IEP) consultations.

Sec. B5.10.300. Treatment of Co-Occurring Disorders.

This course, which shall be 12 contact hours, will provide:

- (a) more advanced information and guidance related to:
 - (1) services and treatment planning with clients experiencing co-occurring disorders including the process through screening, assessment, diagnosis, treatment planning and treatment services;
 - (2) limitations and considerations directly related to the existence of more than one diagnosed behavioral health disorder; and
 - (3) how environmental issues such as family dynamics, social support or isolation, and identification of meaningful community roles can influence the course of substance use and mental health disorders; and
- (b) application exercises to provide:
 - (1) experience in developing individualized treatment/services plans addressing multiple clinical issues requiring complex evaluation and planning.

Sec. B5.10.305. Advanced Behavioral Health Clinical Care.

This course, which shall be 20 contact hours, will provide, in a seminar format, an opportunity for trainees to participate in exercises to:

- (a) learn counseling approaches having value and application within village-based behavioral health services targeting individuals affected by multiple disorders and complex disorders;
- (b) participate in exercises to support applied use of “Best Practice” models;
- (c) identify ways to work with those who need or receive psychiatric care outside of the community including discharge care, referrals, and community support; and

- (d) increase familiarity with the eBHAM “overlapping issues” chapter and how it relates to providing advanced behavioral health clinical care.

Sec. B5.10.310. Documentation and Quality Assurance.

This course, which shall be 16 contact hours, will provide:

- (a) advanced information regarding clinical/counseling records;
- (b) an introduction to quality assurance and how to evaluate:
 - (1) the quality of clinical record documentation;
 - (2) documentation to determine compliance with payer requirements and grant conditions, including how to conduct chart audits and compile information necessary to respond to external reviews and audits; and
- (c) applied exercises in evaluating record documentation and potential remediation for record deficits.

Sec. B5.10.315. Applied Case Studies in Alaska Native Culture Based Issues.

This course, which shall be 8 contact hours, will provide, in the context of case studies and skill development:

- (a) how traditional lifestyles and health practices impact the Alaska Native community;
- (b) how Alaska Native beliefs, attitudes, and knowledge of health promotion can promote positive changes to the current health status;
- (c) emphasis on potential strategies for improving behavioral health services;
- (d) incorporating traditional ways of healing into treatment plans, as appropriate; and
- (e) improving recognition and acceptance of cultural differences that affect treatment planning among clinical team members.

Sec. B5.10.320. Behavioral Health Clinical Team Building.

This course, which shall be 12 contact hours, will provide:

- (a) practical approaches to:
 - (1) team building, facilitation of team meetings, and support of a team approach to providing integrated behavioral health services;
 - (2) collaboration and partnership among individuals with different training and work settings, especially with community health aides and practitioners and dental health aides;
 - (3) interaction among different teams that may be involved with a single client; and
- (b) applied exercises in which each trainee will develop a team building plan;
- (c) practice providing support and feedback to others regarding clinical interventions, including counseling; and
- (d) practice initiating, designing, and facilitating a Multi-Disciplinary Team (MDT) and/or clinical team including public speaking and lead roles.

Sec. B5.10.325. Introduction to Supervision.

This course, which shall be 16 contact hours, will provide:

- (a) an introduction to philosophy and practical application of functions of:
 - (1) supervision, including coach/mentor, tutor/teacher, consultant, role model, evaluator, and administrator;
 - (2) guidance in developing a vision for supervisory relationships and defining expectations;
 - (3) skill development in nurturing counselor development, promoting development of skills and competencies, and achieving accountability;

- (4) an introduction to ethics of supervision;
 - (5) an introduction to administrative requirements and related supervision;
 - (6) guidance in managing conflicting functions expected of supervisors;
 - (7) introduction to dual roles of providers, including mentors, administrative supervisors, and clinical supervisor roles;
 - (8) encouraging the development and enhancement of community resources by the supervisee; and
 - (9) addressing complaints from referral agencies and other community resources to maintain relationships with community, state, and tribal partners; and
- (b) application exercises to assist trainees to practice various functions of supervision and begin developing their own supervisory approaches.

Sec. B5.10.330. Child Development.

This course, which shall be 20 contact hours, will provide:

- (a) foundational information regarding:
 - (1) review of developmental needs of youth ages in utero/birth to 17;
 - (2) developmental screenings and how to participate in an integrated approach with community health aides who perform well child checks;
 - (3) overview of threats to development, including
 - (A) domestic violence, lack of social/family connection, neglect, and related biological, emotional and psychological distress; and
 - (B) role of parenting and social supports;
 - (4) cultural influences of development;
 - (5) adaptive and maladaptive behavior in the developing child;
 - (6) issues of development related to exposure to alcohol and other substances in utero to age 3; and
 - (7) the impact of trauma on child development, including:
 - (A) hyper and hypo physiological responses manifested in maladaptive behaviors, traumatic brain injury (TBI) and fetal alcohol spectrum disorder (FASD);
 - (B) preverbal versus verbal trauma and expression;
 - (C) brain and nervous system functioning;
 - (D) social functioning; and
 - (E) adverse childhood experiences.

Sec. B5.10.400. Village-Based Behavioral Health Services.

This course, which shall be 20 contact hours and be conducted in a seminar format, will require participants to:

- (a) analyze and discuss contemporary problems and issues associated with providing village-based behavioral health services, including emerging clinical issues, funding, billable services, staffing levels, manpower development, etc.;
- (b) analyze how to address practice challenges in a village-based setting, including ethical issues, dual relationships, lack of alternative services, isolation, compassion fatigue, counselor burnout, and lack of training and supervision support;
- (c) recognize the importance of cultural and professional humility; and
- (d) evaluate strengths and weaknesses of the BHA/P in the area of cultural and professional humility.

Sec. B5.10.405. Challenges in Behavioral Health Services.

This course, which shall be 16 contact hours, will provide an opportunity for trainees to participate in development of specialized service planning for:

- (a) evaluation, services, treatment, and case management needs of individuals affected by:
 - (1) experiences such as:
 - (A) child abuse, domestic violence, elder abuse, sexual assault, or other violence;
 - (B) alcohol related brain disorder and traumatic brain injury;
 - (C) disasters, fires, and other traumatic events; and
 - (2) conditions such as:
 - (A) fetal alcohol spectrum disorder (FASD);
 - (B) attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD);
 - (C) developmental disabilities;
 - (D) tobacco dependency, especially in patients with medical conditions, such as periodontal disease, pregnancy, diabetes, cardiovascular disease, and lung disease that are affected by tobacco use; and
 - (E) other health conditions that affect behavior or adjustment; and
- (b) participate in the development of specialized service planning to address the needs of clients with these clinical issues; and
- (c) using the eBHAM as a resource to work appropriately with clients with overlapping issues.

Sec. B5.10.410. Competencies for Village-Based Supervision.

This course, which shall be 6 contact hours, will provide:

- (a) information regarding specific cultural issues that affect supervision;
 - (1) models of culture-specific oral and written communication with supervisees regarding consultation, mentoring, support, and evaluation regarding competencies and administrative performance.

Sec. B5.10.415. Principles and Practice of Clinical Supervision.

This course, which shall be 40 contact hours, will provide:

- (a) philosophy and practical application approaches to clinical supervision;
- (b) strategies for facilitating effective participation by supervisees in individualized clinical supervision sessions;
- (c) information regarding the use of technology (telehealth, real-time interactive e-mail, and other developing capacities) and how it modifies the clinical supervision relationship;
- (d) guidance regarding how to delineate the difference between mentorship, clinical and administrative supervision, and to identify potential ethical “boundary” issues with supervisees;
- (e) strategies for providing expectations to the supervisee on how to present client cases to a supervisor in a way that is effective for case review, consultation, and supervision;
- (f) application exercises in which each trainee will develop a clinical supervision plan that can be used within their individual work environment;
- (g) evaluating work-related competencies, including:
 - (1) improving supervisees’ self-assessment skills; and
 - (2) practice providing feedback both informally, and formally for evaluation of supervisee work performance, and behavior; and
- (h) documentation of supervision to meet ethical, and credentialing requirements.

Sec. B5.10.420. Child Centered Interventions.

This course, which shall be 20 contact hours, will provide:

- (a) applied exercises to:
 - (1) define the counselor role in the playroom;
 - (2) practice therapeutic approaches to counseling children and interventions for preverbal trauma;
 - (3) conduct crisis intervention appropriate to children and youth;
 - (4) increase culturally competent skills;
 - (5) increase skills associated with assessment and diagnosis and consultation with a treatment team and the client's family; and
 - (6) effectively engage and counsel children, youth, and their parents/legal guardians.

Article 20. BHA/P Training Curriculum Review and Approval

Sec. B5.20.010. Curriculum Approval.

Behavioral health aide and practitioner training curriculum may be approved by the Board generally or on a class by class basis provided each course curriculum meets the minimum content requirements set forth in article 10 of this chapter B-5 and has been reviewed and is recommended by the BHARC described in B6.10.100 [BHARC].

Chapter B-6. Behavioral Health Academic Review Committee

Sec. B6.10.100. Behavioral Health Academic Review Committee (BHARC).

- (a) Membership. The behavioral health academic review committee (BHARC) satisfies these Standards if it includes:
 - (1) the following voting members:
 - (A) three licensed behavioral health clinicians as defined in section A1.20.010(43) [licensed behavioral health clinician], or behavioral health professionals, as defined in section A1.20.010(8) [behavioral health professional], who are employed by the IHS, a tribe or tribal organization, provided that at least:
 - i. one must be actively involved in clinical supervision of BHA/Ps at their organization;
 - ii. one must be actively licensed in the field of behavioral health; and
 - iii. one must be actively engaged in clinical practice;
 - (B) one CHAP Certification Board Member Representative, appointed by the Tribal Behavioral Health Directors Committee (TBHDC); and
 - (C) three behavioral health aides employed by the Indian Health Service, a tribe, or tribal organization.
 - (2) The following invited non-voting members that are actively involved in BHA/P training, including:
 - (A) training and development staff from the ANTHC Behavioral Health Department;
 - (B) the Tribal Liaison representing the State of Alaska Department of Behavioral Health and/or a State designee to the BHARC;
 - (C) faculty, instructors, or other staff representing academic institutions, training entities or tribal health organizations hosting trainings for use towards BHA/P certification; and
 - (D) other members might include those that serve similar clinical or community populations as BHA/Ps.

- (b) Quorum. Recommendations for approval of curriculum under section B5.20.010 [curriculum approval] may only be made by the BHARC if a quorum was first established. A quorum shall consist of a minimum of four members at least two of whom must be licensed behavioral health clinicians or behavioral health professionals.

Chapter C-1. Community Health Aide and Community Health Practitioner Certification and Recertification

COMMUNITY HEALTH AIDES (CHA/Ps)		
	Community Health Aide Pre-session and Emergency Training (such as ETT or EMT) ↓	
	Community Health Aide I (CHA I) ↓	
	Community Health Aide II (CHA II) ↓	
	Community Health Aide III (CHA III) ↓	
	Community Health Aide IV (CHA IV) ↓	
	Community Health Practitioner (CHP)	
NOTE: A CHA starts with pre-session and emergency training and progresses through the levels with appropriate training and experience.		

Article 10. Term of Certificate

Sec. C1.10.010. Active Certificate.

A certificate is active from the effective date until the date of expiration, unless something occurs that requires a surrender of a certificate.

Sec. C1.10.020. Effective Date.

The effective date of a certificate shall be the date the certificate is provisionally approved by the staff of the Board or final Board approval is granted, whichever is earlier.

Sec. C1.10.030. Date of Issuance.

The date of issuance of a certificate shall be the date the certificate is granted final approval by the Board.

Sec. C1.10.040. Date of Expiration.

A certificate as a community health aide or community health practitioner expires two years from the last day of the month following the month in which the Board took final action to approve the certificate.

Sec. C1.10.050. Surrender of a Certificate.

A person certified under chapter C-1 [CHA certification and recertification] of these standards, shall notify the employer and the Board if, at any time during the period in which it would otherwise be in effect, the person no longer meets any requirement of initial certification under section C1.20.100 [CHA general requirements]. Certification will be inactivated until the Board is notified that the individual again meets the initial certification requirements.

Article 20. CHA Initial Qualifications

Sec. C1.20.100. CHA General Requirements.

The Board shall issue a community health aide (CHA) or community health practitioner (CHP) certificate to a person who:

- (a) applies on forms provided by the Board;
- (b) pays the application fees required;
- (c) furnishes evidence satisfactory to the Board that the person has not engaged in conduct that is a ground for imposing disciplinary sanctions under chapter A-3;
- (d) furnishes evidence satisfactory to the Board that the person has completed the training and education requirements for the highest level of certification being sought, as follows:
 - (1) C2.20.100 [CHA I training and education requirements];
 - (2) C2.20.200 [CHA II training and education requirements];
 - (3) C2.20.300 [CHA III training and education requirements];
 - (4) C2.20.400 [CHA IV training and education requirements]; or
 - (5) C2.20.500 [CHP training and education requirements];
- (e) furnishes evidence satisfactory to the Board that at the time of consideration of the application the person is employed by the Indian Health Service or a tribe or tribal health organization operating a community health aide program in Alaska under the ISDEAA;
- (f) furnishes evidence satisfactory to the Board that the person will practice as a community health aide or community health practitioner only when employed by the Indian Health Service or a tribe or tribal health organization operating a community health aide program in Alaska under the ISDEAA;
- (g) furnishes evidence satisfactory to the Board that the person will practice as a community health aide or community health practitioner only within the scope of practice, of the certifications granted to the person as specified in sections:
 - (1) C2.20.110 [CHA I competencies];
 - (2) C2.20.210 [CHA II competencies];
 - (3) C2.20.310 [CHA III competencies];
 - (4) C2.20.410 [CHA IV competencies]; and
 - (5) C2.20.510 [CHP competencies];
- (h) except as required to satisfy the conditions for achieving the next level of certification or when practice would be permitted under section A3.10.030(i)(2) [grounds for discipline; unprofessional conduct; duties and responsibilities]; furnishes evidence satisfactory to the Board that:
 - (1) the person will practice only under clinical supervision and day-to-day direction of individuals who are:
 - (A) familiar with the community health aide program, these Standards, and the CHAM and
 - (B) employed by the federal government or employed by or under contract with a tribal health organization operating a community health aide program in Alaska under the ISDEAA; and
 - (2) provided that a community health aide, or community health practitioner may practice only under the medical supervision of a licensed physician; and
 - (3) notwithstanding the requirements under paragraphs (h)(2) other physicians, dentists, advanced practice providers, licensed behavioral health clinicians, and behavioral health professionals or other independently-licensed qualified healthcare professionals designated by the referral doctor may direct the day-to-day clinical activities of a community health aide or community health practitioner; as appropriate; and
- (i) furnishes evidence satisfactory to the Board that the person meets continuing education requirements as defined in chapter C-3 [CHA continuing education], as applicable.

Sec. C1.20.200. CHA Delayed Application.

An applicant for certification as a community health aide or community health practitioner, who completed the required training more than 24 months prior to submitting an application for certification, must provide evidence satisfactory to the Board that they:

- (a) meet all the requirements for initial certification by this Board Sec. C1.20 [CHA initial qualifications];
- (b) in the 24 month period preceding the application for initial certification by this Board has met the applicable requirements for continuing education set forth in chapter C-3 [CHA continuing education];
- (c) has not had an extended clinical absence between the completion of required training and the initial application; or,
- (d) if there has been an extended clinical absence between completion of a basic training session (training center and field components) and the initial application, applicant has met the guidelines as set forth in requirements for re-entry C1.30.200 [CHA re-entry].

Sec. C1.20.300. CHA Certification by Credentials.

The Board may waive one or more of the requirements of sections C2.20.100 [CHA I training and education requirements] through C2.20.510 [CHP competencies] for a person who provides evidence satisfactory to the Board that the person has healthcare training, education and experience at least equivalent in scope, quality, and difficulty to those imposed under these sections, provided the applicant demonstrates to the satisfaction of the Board that the applicant is adequately familiar with the CHAP program and will limit their practice to the scope of practice of a community health aide or community health practitioner operating under the community health aide program standards.

Article 30. CHA Recertification and Re-entry

Sec. C1.30.100. CHA Recertification Requirements.

A certified community health aide or community health practitioner, applying for recertification shall:

- (a) meet the requirements of C1.20.100 [CHA general requirements];
- (b) provide evidence satisfactory to the Board that the applicant has met the continuing education requirements of the Board; chapter C-3 [CHA continuing education];
- (c) provide evidence satisfactory to the Board that the applicant continues to demonstrate the practical professional competencies required for the level of certification sought;
- (d) For a community health aide or community health practitioner, renewal of certification will require one of the following, according to Board approved guidelines:
 - (1) a biennial skills evaluation;
 - (2) a re-entry evaluation;
 - (3) a preceptorship; or
 - (4) completion of a Basic Training Session (Training Center and Field Training Requirements)
- (e) furnish evidence satisfactory to the board that the applicant has not had an extended clinical absence in the 24 months prior to application for recertification, or, if there has been an extended clinical absence, has met the requirements in C1.30.200 [CHA re-entry];
- (f) if seeking recertification as a community health practitioner, no less often than once every six years, the individual must re-satisfy the requirements of section C2.20.500 [CHP training and education requirements];

Sec. C1.30.200. CHA Re-Entry.

If an applicant has had an extended clinical absence, defined as a community health aide or practitioner who, in the 6 months prior to submission of the application, has not been employed as a CHA/P in direct patient care for a minimum of 80 hours with a minimum of 30 patient encounters; shall have a re-entry evaluation, following Board approved guidelines.

Sec. C1.30.300. Reinstatement or Renewal of a Lapsed CHA Certificate.

The Board will, in its discretion, reinstate or renew a certificate that has lapsed if the applicant provides evidence satisfactory to the Board of (a), (b), (c) and (d) below:

- (a) meets the requirements in C1.20.100 [CHA general requirements]
- (b) meets the continuing education requirements of chapter C-3 [CHA continuing education]
- (c) applicant continues to demonstrate the practical professional competencies required for the level of certification sought. A community health aide or community health practitioner will require one of the following, according to Board approved guidelines;
 - (1) a biennial skills evaluation;
 - (2) a re-entry evaluation;
 - (3) a preceptorship; or
 - (4) completion of a Basic Training Session (Training Center and Field Training Requirements)
- (d) has not had an extended clinical absence between the date of issuance of their last certification and the current application for reinstating a lapsed certificate, or if there has been an extended clinical absence, they must meet the requirements in C1.30.200 [CHA re-entry].

Chapter C-2. Standards for Community Health Aides and Community Health Practitioners

Article 10. CHA Supervision and Scope of Practice Prior to Certification

Sec. C2.10.100. Supervision of Community Health Aides and Community Health Practitioners.

- (a) A community health aide or community health practitioner may practice only under supervision and day-to-day direction as described in C1.20.100 (h) [CHA general requirements].
- (b) A community health aide or community health practitioner may practice only under the medical supervision of a licensed physician as described in Sec. C1.20.100(h)(2) [CHA general requirements].

Sec. C2.10.200. Scope of Practice Prior to Certification as Community Health Aide I.

- (a) Minimum Requirements.
 - (1) A person who satisfies the requirements of subsection C2.10.200(b) [scope of practice prior to certification as CHA I; employment] may perform services of a certified community health aide I prior to being certified under section C1.20.100 [CHA general requirements] and C2.20.100 [CHA I training and education requirements], provided the person is actively engaged in the process of meeting the requirements under

section C2.20.100 [CHA I training and education requirements] through C2.20.110 [CHA I competencies] to become certified as a community health aide I; and

- (2) A person who satisfies the requirements of subsection C2.10.200(b) [scope of practice prior to certification as CHA I; employment] who has submitted an application for certification as a community health aide I may begin training to become certified as a community health aide II and perform services necessary to satisfy the requirements of subsection C2.20.200(d) [CHA II training and education requirements; field training requirements] pending action on the community health aide I application.
- (b) Employment. To be eligible to perform services under subsection C2.10.200(a) [scope of practice prior to certification as CHA I; minimum requirements], the person must:
- (1) be employed by the Indian Health Service or a tribe or tribal health organization operating a community health aide program in Alaska under the ISDEAA;
 - (2) provide only those services for which the person has been trained and has demonstrated successful performance; and
 - (3) practice as a community health aide only in compliance with the requirements in section C1.20.100 (h) [CHA general requirements; supervision and day-to-day direction].

Article 20. Community Health Aide and Practitioner Training and Education Requirements, Competencies

Sec. C2.20.100. Community Health Aide I Training and Education Requirements.

A person meets the training and education requirements to be a certified community health aide I upon successful completion of:

- (a) a Board approved Pre-session, or its equivalent, unless waived under section C4.10.060 [trainees selection process] by the CHA/P Training Center prior to admission to the Session I training course required under section C2.20.100(c) [CHA I training and education requirements];
- (b) an EMT or ETT training course approved by the State of Alaska, or its equivalent as determined by the Board;
- (c) Session I training course provided by a CHA/P Training Center; and
- (d) Field Training Requirements including:
 - (1) Approved field work after completion of training center component of Session I;
 - (2) a minimum of 20 patient encounters; and
 - (3) Post Session Learning Needs (PSLN), if indicated.

Sec. C2.20.110. Community Health Aide I Competencies.

A certified community health aide I must successfully demonstrate and maintain:

- (a) an understanding of the topics addressed in the CHA/P Curriculum for Session I, which generally include problem-specific complaints (acute care) for adults and children of the following body systems:
 - (1) eye,
 - (2) ear,
 - (3) respiratory,
 - (4) digestive,
 - (5) skin;
- (b) competency in the following subjects to the level of performance required after meeting the requirements of section C2.20.100 [CHA I training and education requirements]:

- (1) role of the community health aides and practitioners, dental health aides, and behavioral health aides and practitioners in the village;
- (2) community health aide's and practitioner's general scope of work;
- (3) medical ethics, including patient confidentiality and patient rights;
- (4) community health aide's and practitioner's medical-legal coverage;
- (5) State of Alaska reporting requirements;
- (6) consent for treatment issues;
- (7) introductory interviewing skills;
- (8) general health/wellness and disease processes;
- (9) infection and communicable diseases;
- (10) introductory anatomy and function of the human body;
- (11) introductory medical vocabulary/abbreviations;
- (12) importance of thorough documentation of patient encounter;
- (13) grief, loss, dying and death;
- (14) introductory mental health issues, including suicide and other emergencies and self-help;
- (15) emergency care (to reinforce ETT or EMT training), including primary and secondary survey, bleeding control, airway management, BLS, shock, abdominal injury, altered level of consciousness, facial trauma, spinal protection, serious chest pain, acute orthopedic injuries, burns, cold injuries (including hypothermia), drowning, uncomplicated emergency delivery, poisoning and identification and treatment of severe allergic reactions; medevac, serial monitoring and documentation.

(c) satisfactory performance of the following skills:

- (1) use of the CHAM;
- (2) problem-specific history taking;
- (3) physical examinations of:
 - (A) vital signs of infant:
 - i. apical pulse,
 - ii. brachial pulse,
 - iii. respiration,
 - iv. pulse oximetry (SpO₂),
 - v. rectal temperature,
 - vi. axillary temperature,
 - vii. length,
 - viii. weight,
 - ix. head circumference;
 - (B) vital signs of child and adult:
 - i. radial pulse,
 - ii. apical pulse,
 - iii. respirations,
 - iv. pulse oximetry (SpO₂),
 - v. oral temperature,
 - vi. blood pressure, manual auscultation,
 - vii. height,
 - viii. weight,
 - ix. orthostatic vital signs;

(C) systems:

- i. general appearance,
 - ii. ear,
 - iii. eye, including Snellen,
 - iv. nose,
 - v. throat,
 - vi. neck, including nodes,
 - vii. lungs,
 - viii. heart,
 - ix. abdomen,
 - x. skin;
 - (D) sick child,
 - (E) screening physical exam on adult,
- (4) performance and interpretation of the following lab tests and procedures:
 - (A) general lab technique and documentation (CLIA, etc.),
 - (B) blood glucose,
 - (C) hemoglobin,
 - (D) rapid strep,
 - (E) urine dipstick;
 - (F) urine pregnancy test;
- (5) performance only of the following lab tests and procedures:
 - (A) finger stick,
 - (B) capillary tube,
 - (C) newborn bloodspot screening test
 - (D) venipuncture
 - (E) centrifuge/separate blood,
 - (F) adult clean catch urine specimen,
 - (G) infant (bag, urine specimen),
 - (H) throat culture,
 - (I) specimen collection for infection (for example: nose, nasopharynx, ear, wound);
- (6) assessment, including:
 - (A) use of the CHAM,
 - (B) use of assessment lists,
 - (C) use of assessment charts,
 - (D) listing multiple assessments,
 - (E) plan for each assessment;
- (7) medicines:
 - (A) dose calculations,
 - (B) reconstitution: oral,
 - (C) reconstitution for IM or SQ injection,
 - (D) label reading and making,
 - (E) oral (swallowed, muscosal and sublingual),
 - (F) drops for eye,
 - (G) drops for ear;
 - (H) injections:
 - i. intramuscular hip,

- ii. intramuscular upper arm (deltoid),
 - iii. intramuscular infant thigh,
 - iv. subcutaneous (upper arm, thigh, abdomen);
 - v. intradermal injection;
- (I) inhaler/spacer,
- (J) nebulizer,
- (K) rectal (including suppositories),
- (L) vaginal suppository/creams,
- (M) transdermal,
- (N) topical (including sterile application);
- (8) patient education, including:
 - (A) explaining assessment,
 - (B) use of patient education sections,
 - (C) use of patient education handouts,
 - (D) *CHAM Medicine Handbook* for medicine instructions;
- (9) the following treatments and procedures:
 - (A) ear:
 - i. irrigation,
 - ii. suction,
 - iii. remove foreign body,
 - iv. remove drainage,
 - v. curette outer canal,
 - (B) eye:
 - i. irrigation (including use of topical anesthetic, if available),
 - ii. fluorescein stain,
 - iii. eyelid eversion,
 - iv. small foreign body removal,
 - v. eye patches,
 - (C) nose:
 - i. compression and nasal packing for bleeding;
 - (D) respiratory:
 - i. peak flow
 - (E) wound care:
 - i. evaluation,
 - ii. irrigation/cleaning,
 - iii. skin closure strips,
 - iv. suture,
 - v. suture removal,
 - vi. staple removal,
 - vii. debriding blisters,
 - (F) intravenous fluid therapy;
 - (G) orthopedics:
 - i. elastic bandage,
 - ii. hot/cold packs,
 - iii. splinting,

- iv. reducing dislocated joints (including shoulder, “nursemaid’s elbow”, elbow, patella, ankle, finger,
- (H) other:
 - i. oxygen,
 - ii. oral suction,
 - iii. stabilization of impaled object,
 - iv. 12 lead EKG;
- (I) prevention:
 - i. hand washing,
 - ii. clean/sterile technique,
 - iii. standard precautions,
 - iv. mailing hazardous substances,
- (J) reporting; and
- (K) recording.

Sec. C2.20.200. Community Health Aide II Training and Education Requirements.

A person meets the training and education requirements to be a certified community health aide II upon successful completion of:

- (a) all requirements under sections C2.20.100 [CHA I training and education requirements] through C2.20.110 [CHA I competencies];
- (b) current ETT or EMT certification or its equivalent, as determined by the Board;
- (c) Session II training course provided by a CHA/P Training Center; and
- (d) Field Training Requirements:
 - (1) 200 hours of approved field work after completion of training center component of Session II, including:
 - (2) a minimum of 60 patient encounters; and
 - (3) Post Session Learning Needs (PSLN), if indicated.

Sec. C2.20.210. Community Health Aide II Competencies.

In addition to meeting the requirements of section C2.20.110 [CHA I competencies], a certified community health aide II must successfully demonstrate and maintain:

- (a) understanding of the topics addressed in the CHA/P Curriculum for Session II, which generally includes problem-specific complaints (acute care) for adults and children of the following body systems:
 - (1) mouth and teeth,
 - (2) eye,
 - (3) ear,
 - (4) respiratory,
 - (5) circulatory,
 - (6) digestive,
 - (7) urinary,
 - (8) male reproductive,
 - (9) female reproductive,
 - (10) musculoskeletal,
 - (11) nervous,

- (12) endocrine,
 - (13) skin,
 - (14) sick child care,
 - (15) introduction to prenatal care;
- (b) competency in the following subjects to the level of performance required after meeting the requirements of section C2.20.200 [CHA II training and education requirements]:
- (1) dental health and prevention;
 - (2) mental health issues, including self-help, mental illness, substance abuse and dependency, and grief, loss, dying and death;
 - (3) clinic management;
 - (4) management of medicines in the village;
 - (5) introduction to tuberculosis disease;
 - (6) introduction to sexually transmitted infections and sexually transmitted infection issues;
 - (7) HIV disease and issues;
 - (8) emergency care review, including medical evacuation, primary and secondary survey, bleeding control, airway management, BLS, shock, spinal protection, splinting, cold injuries;
- (c) satisfactory performance of the following skills:
- (1) physical examinations of the following systems:
 - (A) mouth and teeth,
 - (B) circulatory,
 - (C) heart,
 - i. pulses (including carotid, radial, femoral, posterior tibialis, dorsalis pedis);
 - (D) back/costal vertebral angle (CVA),
 - (E) genitals:
 - i. male,
 - ii. female: external/cervical motion;
 - (F) external anus,
 - (G) return prenatal exam,
 - (H) extremities,
 - (I) musculoskeletal,
 - (J) nervous system,
 - (K) mental status;
 - (L) complete physical exam;
 - (2) performance and interpretation of the following lab tests:
 - (A) purified protein derivative (PPD),
 - (B) fecal occult blood,
 - (3) perform the following lab tests and procedures:
 - (A) venipuncture,
 - (B) heelstick,
 - (C) newborn bloodspot screening test,
 - (D) non-clean catch urine specimen,
 - (E) urine culture,
 - (F) stool for ova and parasites,
 - (G) sputum for TB testing,
 - (4) medicines;

- (A) topical,
- (B) giving IM and SQ immunizations;
- (5) the following treatments and procedures:
 - (A) eye:
 - i. review section C2.20.110(c)(9)(B) [CHA I competencies; eye];
 - (B) wounds:
 - i. review section C2.20.110(c)(9)(E) CHA I competencies; wound care];
 - ii. splinter removal,
 - iii. ring removal,
 - iv. fishhook removal;
 - (C) orthopedics:
 - i. crutch fit/walk,
 - ii. splinting;
 - (D) intravenous fluid therapy;
 - (E) dental prevention:
 - i. tooth brushing,
 - ii. flossing,
 - iii. disclosing tablets,
 - iv. fluoride application;
 - (F) performing 12 lead ECG.

Sec. C2.20.300. Community Health Aide III Training and Education Requirements.

A person meets the training and education requirements to be a certified community health aide III upon successful completion of:

- (a) all requirements under sections C2.20.100 [CHA I training and education requirements] through C2.20.210 [CHA II competencies];
- (b) current ETT or EMT certification or its equivalent, as determined by the Board;
- (c) Session III training course provided by a CHA/P Training Center; and
- (d) Field Training Requirements, including:
 - (1) 200 hours of approved field work after completion of training center component of Session III;
 - (2) a minimum of 60 patient encounters; and
 - (3) Post Session Learning Needs (PSLN), if indicated.

Sec. C2.20.310. Community Health Aide III Competencies.

In addition to meeting the requirements of sections C2.20.110 [CHA I competencies] and C2.20.210 [CHA II competencies], a certified community health aide III must successfully demonstrate and maintain:

- (a) an understanding of the topics addressed in the CHA/P Curriculum for Session III, which generally include:
 - (1) male reproductive health;
 - (2) female reproductive health;
 - (3) adolescent health;
 - (4) well child care;
 - (5) sick child care;
 - (6) newborn care;
 - (7) urinary; and

- (8) problem-specific complaints (acute care) of the following body systems:
 - (A) male reproductive;
 - (B) female reproductive;
 - (C) breast;
- (b) competency in the following subjects to the level of performance required after meeting the requirements of section C2.20.300 [CHA III training and education requirements]:
 - (1) women's reproductive health issues;
 - (2) men's reproductive health issues;
 - (3) sexually transmitted infections and sexually transmitted infection issues;
 - (4) family planning issues;
 - (5) prenatal care;
 - (6) mental health issues, including substance abuse during pregnancy, family problems, domestic violence, sexual abuse, and rape;
 - (7) fetal alcohol syndrome;
 - (8) labor and delivery, including the importance of avoiding village deliveries;
 - (9) post-partum issues;
 - (10) newborn care issues;
 - (11) well child care issues;
 - (12) adolescent healthcare issues;
 - (13) immunization issues;
 - (14) nutrition; and
 - (15) emergency care review, emphasizing infants, children, and special considerations for pregnant patients.
- (c) satisfactory performance of the following skills:
 - (1) history taking:
 - (A) return prenatal visit;
 - (B) well child;
 - (2) physical examination of:
 - (A) breast system;
 - (B) prenatal revisit;
 - (C) well child;
 - (3) medicines:
 - (A) immunizations;
 - (4) the following treatments and procedures:
 - (A) wounds:
 - i. review section C2.20.110(c)(9)(E) CHA I competencies; wound care];
 - ii. abscess care.

Sec. C2.20.400. Community Health Aide IV Training and Education Requirements.

A person meets the training and education requirements to be a certified community health aide IV upon successful completion of:

- (a) all requirements under sections C2.20.100 [CHA I training and education requirements] through C2.20.310 [CHA III competencies];
- (b) current ETT or EMT certification or its equivalent, as determined by the Board;
- (c) Session IV training course provided by a CHA/P Training Center; and

(d) Field Training Requirements, including:

- (1) 200 hours of approved field work after completion of training center component of Session IV;
- (2) a minimum of 60 patient encounters; and
- (3) Post Session Learning Needs, if indicated.

Sec. C2.20.410. Community Health Aide IV Competencies.

In addition to meeting the requirements of sections C2.20.110 [CHA I competencies], C2.20.210 [CHA II competencies], and C2.20.310 [CHA III competencies]; a certified community health aide IV must successfully demonstrate and maintain:

- (a) an understanding of the topics addressed in the CHA/P Curriculum for Session IV, which generally include long-term care complaints (chronic care) of the following body systems:
 - (1) eye,
 - (2) ear,
 - (3) respiratory,
 - (4) circulatory,
 - (5) digestive,
 - (6) musculoskeletal,
 - (7) nervous,
 - (8) endocrine,
 - (9) skin; and
- (b) competency in the following subjects to the level of performance required after meeting the requirements of section C2.20.400 [CHA IV training and education requirements]:
 - (1) management of tuberculosis in the village;
 - (2) introductory environmental health issues, including food/water borne disease, rabies, and injury prevention;
 - (3) chronic disease;
 - (4) introductory cancer issues;
 - (5) pharmacology;
 - (6) emergency care review;
 - (7) adult health surveillance;
 - (8) approach to elder healthcare;
 - (9) substance abuse and dependency concepts;
 - (10) introduction to smoking cessation training; and
- (c) satisfactory performance of the following treatments and procedures:
 - (1) postural drainage;
 - (2) peak flow;
 - (3) diabetic foot exam;
 - (4) wound:
 - (A) review section C2.20.210(c)(5)(B) CHA II competencies; wound care]; and
 - (B) abscess care.

Sec. C2.20.500. Community Health Practitioner Training and Education Requirements.

A person meets the training and education requirements to be a certified community health practitioner upon successful completion of:

- (a) all requirements under sections C2.20.100 [CHA I training and education requirements] through C2.20.410 [CHA IV competencies];

- (b) a preceptorship, reviewed and approved by a CHAP training center, including:
 - (1) at least 30 hours of supervised direct patient care experience;
 - (2) a minimum of 15 patient encounters as primary provider; and
 - (3) the Preceptorship Critical Skills List;
- (c) the statewide written Alaska Community Health Aide/Practitioner Program Credentialing Exam with a score of 80 percent or higher on each section;
- (d) the statewide Medical Math Exam with a score of 100 percent; and
- (e) an evaluation of the applicant's clinical performance and judgment by the applicant's direct supervisor or other approved evaluator.

Sec. C2.20.510. Community Health Practitioner Competencies.

A community health practitioner must successfully demonstrate and maintain the ability to meet all of the requirements of sections C2.20.110 [CHA I competencies], C2.20.210 [CHA II competencies], C2.20.310 [CHA III competencies], and C2.20.410 [CHA IV competencies].

Chapter C-3. CHA Continuing Education

Sec. C3.10.010. Multiple Certifications.

- (a) Up to 12 hours of training, acquired in the previous 24 months, obtained to achieve initial certification, to increase the level of certification, or to satisfy continuing education requirements under chapter B3, C3, D3 [continuing education] as a behavioral health aide or practitioner, community health aide or practitioner, or dental health aide, may be applied to satisfying the continuing education requirements for a community health aide or practitioner certificate held by the same person under these Standards.
- (b) To satisfy continuing education requirements for CHA certification or recertification, the continuing education obtained to satisfy BHA or DHA requirements must be submitted for approval as described in C3.10.200 [approved continuing education programs for CHA/P].

Sec. C3.10.100. CHA/P Continuing Education Requirements.

- (a) A community health aide or practitioner who is an applicant for recertification under C1.30.100 [CHA recertification requirements];
 - (1) as a community health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or
 - (2) as a community health practitioner;
- (b) must provide evidence satisfactory to the Board that they have completed a minimum of 48 contact hours of continuing education approved by the Board on varied or updated topics during the 24 months prior to the current certificate expiration date, or in the case of a lapsed certificate or delayed application, 24 months prior to the application date, provided that:
 - (1) No more than 24 hours may be regarding emergency care; and
 - (2) A minimum of 24 hours must be in the non-emergency competencies listed in sections C2.20.100 [CHA I training and education requirements] through C2.20.510 [CHP competencies].

Sec. C3.10.200. Approved Continuing Education Programs for CHA/P.

- (a) Competencies. To be approved by the Board, a continuing education program must:
 - (1) cover one or more of the course of study subjects or competencies listed in:
 - (A) C2.20.100 [CHA I training and education requirements] through C2.20.510 [CHP competencies];
 - (B) the CHA/P Curriculum; or
 - (C) the CHAM; and
 - (2) directly relate to the clinical practice of a community health aide or community health practitioner.
- (b) Approval. The applicant must request approval for continuing education program on a form provided by the Board.
 - (1) the Board will decide if the program is approved for continuing education;
 - (2) the Board will decide the number of continuing education hours and may limit the number of hours granted for each program;
 - (3) submission of the plan for CHA/P Curriculum for the continuing education program or programs to the Board is recommended to be done prior to the program being conducted;
 - (4) approval may be granted for more than one program at a time; and
 - (5) re-approval need not be obtained for an approved program that is being repeated within a two year period after the most recent approval unless the content or instructor(s) has changed.

Chapter C-4. Certification of CHA/P Training Centers

Article 10. Training Programs, Facilities and Training Staff

Sec. C4.10.010. Certification.

The Board shall issue a CHA/P Training Center certificate to a training center which:

- (a) applies on a form provided by the Board; and
- (b) adopts and adheres to requirements of sections C4.10.020 [training facilities] through C4.10.110 [CHA/P training center self-evaluation].

Sec. C4.10.020. Training Facilities.

A CHA/P Training Center facility must provide classroom, e-classroom, and clinical environments that are conducive to a positive learning experience for faculty and community health aide trainees by ensuring that:

- (a) traditional classrooms have appropriate space and privacy. An environmental health review of the facility must be performed and on file. Specific consideration and evaluation in the areas of safety, adequacy of space, air quality, lighting, heating, and storage and disposal of hazardous waste must be documented; and
- (b) e-classrooms have appropriate policies on Internet safety and privacy, appropriate language, emergency procedures for Internet outages, and recommendations on lighting, noise, and an ergonomic environment.

Sec. C4.10.030. Training Staff.

- (a) Qualifications and Roles.

- (1) Director/Instructor of Record. The following standards apply to the CHA/P Training Center Director/Instructor of Record:
 - (A) The CHA/P Training Center Director/Instructor of Record should be an individual with a combination of education, research, work, and/or life experience which are relevant to providing leadership in a CHA/P Training Center Program.
 - (B) In recognition of the diverse role of the CHA/P Training Center Director/Instructor of Record, it is preferred that the Director or Instructor of Record have a background in health and education and be able to administrate, serve in a statewide liaison role, hold the mission of the statewide program, and provide program direction, development, and leadership.
 - (C) The Instructor of Record must at a minimum be a state licensed advanced practice provider who will assume responsibilities for course development, evaluation and revision, clinical site development and evaluation, and evaluation of students and instructors.
- (2) Instructor. CHA/P Training Center instructors must consist of a majority of full-time equivalent advanced practice provider or physician instructors who are employees of the federal government or licensed by the State of Alaska. Additional instructors should be certified or licensed and have formal training in the knowledge and skills that they are teaching, including CHPs with current CHP credential, CHAPCB certification, and EMT certification. All instructors will be monitored to assure compliance with the CHA/P Curriculum and competence in subject being taught. Instructors teaching CHA curriculum via eLearning must demonstrate competency in e-teaching by experience, completed coursework, or other approved measure.
- (3) Clinical Instructor. Clinical instructors must be advanced practice provider or physicians who are employees of the federal government or licensed by the State of Alaska. Certain patient encounter, exams, or procedures may be taught by other persons who have appropriate experience or certification (e.g. well child visits and return prenatal visits by a public health nurse; surrogate body system exams by a CHP). These encounters must be periodically reviewed by an experienced advanced practice provider or physician trainer as part of the training center quality assurance program. The majority of clinical experiences for a student must be taught by an advanced practice provider or physician trainer.
- (4) Medical Advisor. The CHA/P Training Center Medical Advisor must be a physician employed by the federal government or licensed by the State of Alaska who is practicing primary care and is currently working with community health aides or practitioners. The Medical Advisor should have prior experience with the CHA/P program. The Medical Advisor's classroom instruction and clinical preceptorship will comply with the CHA/P Curriculum and statewide goals of the Community Health Aide Program. The Medical Advisor will participate in quality assurance/continuing quality improvement efforts, serve as a resource and be available for consultation and regular meetings.

Sec. C4.10.040. Hospital/Clinic Affiliation.

- (a) Accreditation. A CHA/P Training Center must be affiliated with the Alaska Native Medical Center or a hospital or clinic accredited by The Joint Commission (formerly known as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)) or licensed by the State of Alaska. Exception can be made in a clinic facility for which The Joint Commission accreditation or state licensing is not available.
- (b) Hospital/Clinic Commitment. A CHA/P Training Center must have the support of hospital/clinic and/or corporation administration to provide on-going access to clinical training for CHA/Ps. A letter of support should be updated with each new clinical director and hospital or clinical administrator or corporation Board.

Sec. C4.10.050. Volume, Hours and Distribution of Patient Encounters.

Clinical hours will be scheduled in compliance with the CHA/P Curriculum. For each trainee a CHA/P Training Center's documentation of volume, hours and distribution of patient encounters must meet the requirements of this section.

- (a) Encounters.
 - (1) Session I. Ten encounters under the following conditions: the trainee will be the primary provider in at least four patient encounters with particular emphasis on the patient problems delineated in the CHA/P Curriculum, as outlined below, and at least six additional encounters with the trainee as an active participant.
 - (2) Session II. Ten encounters under the following conditions: the trainee will be the primary provider in at least four patient encounters with particular emphasis on patient problems delineated in the CHA/P Curriculum, as outlined below and at least six additional encounters with the trainee as active participant.
 - (3) Session III. Ten encounters under the following conditions: the trainee will be the primary provider in at least six patient encounters with particular emphasis on the patient problems delineated in the CHA/P Curriculum, as outlined below, and at least four additional encounters with the trainee as active participant.
 - (4) Session IV. Fourteen encounters under the following conditions: the trainee will be the primary provider in at least ten patient encounters with particular emphasis on the patient problems delineated in the CHA/P Curriculum, as outlined below, and at least four additional encounters with the trainee as active participant.
- (b) Primary Provider. Under subsection (a) [volume, hours and distribution of patient encounters; encounters] of this section, the primary provider must perform the history and examination, and depending on the complexity of the encounter and the skill and confidence level of the trainee, determine the assessment and plan in conjunction with the instructor.
- (c) Active Participant. Under this section, the active participant performs part of the patient encounter with direction or guidance of the instructor.
- (d) Distribution of Clinical Hours. The distribution of clinical hours must be available in the following kinds of patient encounters:

Session I.

Encounter Type	Hours
Acute care	12
Lab	1
Respiratory	1
Ear	1
Digestive system	1
Screening exam	1
Sick child	8
Total Hours	25

Session II.

Encounter Type	Hours
Acute care	16
Lab	1
Prenatal	2
Mental Illness	4
Sick child	8
Total Hours	31

Session III.

Encounter Type	Hours
Prenatal	8
Newborn	1
Sick child	4
Postpartum (fundus exam)	0.5
Well child	8
STI male and female	4
Total Hours	25.5

*Note: if no new postpartum patient is available, a RAC-approved model may be substituted.

Session IV.

Encounter Type	Hours
Acute care	12
STI male and female	4
Prenatal	4
Sick child	4
Well child	4
Newborn	1
Chronic disease	4
Total Hours	33

Sec. C4.10.060. Trainees Selection Process.

- (a) Qualifications for Trainees and Application Process. The CHA/P Training Center will have a policy for selection of trainees. The selection process will include requiring applicants for trainee slots to file a completed statewide application form recommended no less than four weeks prior to the start of the training session, unless extraordinary circumstances are present. The policy for selection must include requirements that the training applicants have no less than sixth grade math and reading skills and that they have completed pre-session, unless the applicant satisfies one of the exceptions to these requirements adopted under section C4.10.060(c) [trainees selection process; exceptions].
- (b) Statewide Priorities. The CHA/P Training Center must adhere to statewide placement priorities for training applicants for a limited number of training slots.
- (c) Exceptions. The CHA/P Training Center must have exception policies. Policies must be written to incorporate individual hardship cases, including emergency training needs in communities where there are no trained personnel and in situations where community health aides or practitioners have no access to field site courses (pre-session and ETT). Exception policies must also include arrangements for applicants with prior medical training, such as registered nurses, National Guard Corpsman, etc.

Sec. C4.10.070. Trainee Services.

- (a) Counseling and Health Services. The CHA/P Training Center must have a system for onsite or online initial individual counseling for trainees, which may include assigning faculty members for this purpose. Referral for confidential counseling by mental health professionals must be available to trainees. A system to provide acute care and emergency health services must also be provided.
- (b) Academic Advising. A CHA/P Training Center must provide an onsite or online system for trainee academic advising, documentation of formative and summative evaluations, and advising pertinent to the role of the community health aide and practitioner and certification.
- (c) Attrition. A system of recording trainee attrition data including the causes and timing of attrition during training must be in place.

- (d) Housing, Meals, and Transportation. Housing, meals and transportation should be available, affordable, and conveniently located to face-to-face or traditional trainees.
- (e) Internet Connectivity. A workstation with Internet connectivity must be accessible as an alternate to an eLearning student's own Internet service.

Sec. C4.10.080. Community Health Aide Curriculum and Teaching Guidelines.

- (a) Duration of Training and Attendance. The length of training sessions I, II, III, and IV are based on the competencies as stated in sections: C2.20.110 [CHA I competencies], C2.20.210 [CHA II competencies], C2.20.310 [CHA III competencies], and C2.20.410 [CHA IV competencies].
 - (1) The CHA/P Training Center must establish and enforce an attendance policy, which assures that each training participant fully satisfies all conditions of the training.
- (b) Class Size. The size of classes must allow for faculty/trainee ratios under section C4.10.080(c) [CHA curriculum and teaching guidelines; faculty/trainee ratio], and otherwise be determined by the number of exam rooms available for clinical experience, the size of the classroom for onsite didactic instruction, course content, past trends identified in the particular class, and the CHA/P Curriculum requirements for lab skills instruction.
- (c) Faculty/Trainee Ratio. Due to the short, intensive nature of CHA/P courses, faculty/trainee ratios for clinical instruction during patient encounters, in which the trainee is the primary provider, as defined in section C4.10.050(b), must be done on a one-to-one basis. For all other clinical instructions the following faculty/trainee ratios for clinical instruction may not be exceeded:
 - (1) Sessions I and II: one to one;
 - (2) Sessions III and IV: one to two, depending on the independence of the trainees.
- (d) Classroom and Clinical Instruction. The intent in instruction for each session is to integrate the CHA/P Curriculum, the CHAM, and the training and skill of the community health aide or practitioner, with consideration to the "Role of the Community Health Aide/Practitioner."
 - (1) The CHA/P Curriculum objectives must be followed as a minimum standard.
 - (2) The CHAM must be used as a reference book for teaching community health aides and practitioners, as a minimum standard.
 - (3) The instructional materials for faculty must consist of the CHA/P Curriculum course objectives and lesson plans. Instructional materials must be updated every three years. Additionally, eLearning classes externally linked content not created by the CHA/P instructor must be checked for accuracy prior to every session.
 - (4) Learning objectives and course expectations must be clearly defined for each trainee.

Sec. C4.10.090. Field Training.

- (a) The CHA/P Training Center staff must evaluate each trainee at the end of each training-center portion of a session and prepare a packet of Field Training Requirements for session completion.
- (b) Completion of the Field Training Requirements is the responsibility of the employing Tribal Health Organization.
- (c) CHA/P Training Center staff must review the Field Training Requirements for completion, before accepting a CHA into the next session.

Sec. C4.10.100. CHA/P Training Center Administration and Records.

- (a) Educational Program Philosophy. A CHA/P Training Center must have on file a mission statement that reflects the statewide nature of the program and the goals and objectives of the program, which must include quality healthcare, competency based instruction, emphasis on clinical instruction and skills, emphasis on a positive learning environment, and respect for the unique needs of the adult learner.

- (b) Job Descriptions. Job descriptions for each of the training staff which reflect these roles and responsibilities must be on file.
- (c) Orientation of New Staff. Each CHA/P Training Center must have in place a written orientation procedure for new employees which will minimally include the CHA/P Training Center's mission, goals, and objectives; the CHA/P Curriculum; the methods of instruction and function of the statewide Community Health Aide Program; cultural diversity; the role of the CHA/P; and the CHA/P certification process.
- (d) Faculty Turnover. In order to maintain the quality of instruction, the Board must be notified if during any twelve-month period 50 percent of the instructor staff of a CHA/P Training Center resigns and whenever a CHA/P Training Center Director resigns. Documentation of new employee orientation, peer review and student evaluation and examination must be available for review for each new instructor.
- (e) Commitment of Administration. A CHA/P Training Center must have a memorandum of agreement updated with each new CHA/P Training Center administrative agency to document on-going support of staffing positions and program needs.
- (f) Secretarial Support. A CHA/P Training Center should have administrative and secretarial support sufficient to assure timely and smooth functioning of the program.
- (g) CHA/P Training Center Files. A CHA/P Training Center must have on file for review: CHA/P Curriculum outlines, learning objectives/lesson plans, session quizzes/exams, CHA/P evaluation records, application forms, student training files, quality assurance/continuous quality improvement files and a training plan for employees. A CHA/P Training Center must adopt and enforce policies regarding retention of CHA/P Training Center files and conditions under which transfer of files may occur. The retention schedule policy must be consistent with a schedule approved by the Board. The file transfer policy must require that a record be retained identifying the files that were transferred and to whom.
- (h) CHA/P Training Center Office Space. A CHA/P Training Center should have offices available for instructors which provide an environment that is conducive to high productivity of its faculty in preparation for instruction.
- (i) Faculty Continuing Education. A CHA/P Training Center must have a policy on faculty continuing education both in the educational and medical fields. A plan should be developed annually to meet the policy goals.

Sec. C4.10.110. CHA/P Training Center Self-Evaluation.

- (a) CHA/P Training Center. A CHA/P Training Center must have a policy on quality assurance (QA)/continuous quality improvement (CQI). This policy must include:
 - (1) documentation of post-session meetings for staff evaluation of training sessions and quarterly program reviews;
 - (2) evaluation of CHA clinical encounters;
 - (3) Patient Encounter Form (PEF) evaluation for quality and appropriateness of patient care as delineated by the CHAM;
 - (4) weekly evaluation of the CHA in a learner role;
 - (5) a summary evaluation of the CHA;
 - (6) CHA evaluations of training sessions and individual instructors; and
 - (7) faculty peer review of didactic and clinical instruction.
- (b) QA/CQI. The QA/CQI process must be in effect, documenting that evaluation tools are in use, trends are identified, and the continuous quality improvement process is being implemented to address and modify those identified trends.

Article 20. Types of CHA/P Training Center Certification and Recertification

Sec. C4.20.010. Review and Approval Committee (RAC).

RAC is a subcommittee of Alaska Area Community Health Aide Program Directors that periodically reviews CHAP Training Centers for compliance with the Certification Board Standards.

Sec. C4.20.020. Start-up Certification.

A CHA/P Training Center may obtain start-up certification prior to conducting its first training session upon submission of evidence satisfactory to the Board that it will meet the requirements of C4.10.010 [certification] through C4.10.110 [CHA/P training center self-evaluation]. Start-up certification shall be valid only until the Board evaluates and acts on the first on-site evaluation, which shall occur during the first training session. At the end of the start-up certification period the Board shall terminate the certification or grant provisional or full certification.

Sec. C4.20.030. Full Certification.

The Board shall grant full certification to a CHA/P Training Center that demonstrates substantial compliance with the requirements of C4.10.010 [certification] through C4.10.110 [CHA/P training center self-evaluation], through evidence satisfactory to the Board. Such evidence shall include submission of required materials, satisfactory performance during the on-site review and satisfactory completion of at least one training session. "Substantial compliance" shall require a minimum score of 90% on the Review and Approval Committee CHA Education Program Evaluation Checklist to include meeting all essential items as defined in the checklist.

Sec. C4.20.040. Provisional Certification.

The Board may grant provisional certification to a CHA/P Training Center with Start-up Certification that is not eligible for full certification under section C4.20.030 [full certification] provided it meets all the requirements for full certification, except that it is required to score only a minimum of 80% on the Review and Approval Committee CHA Education Program Evaluation Checklist. Provisional certification shall be effective for only six months and may be renewed only one time for a total of no more than one year.

Article 30. Continuing Requirements

Sec. C4.30.010. Periodic Submissions and Reviews.

A CHA/P Training Center fully certified under section C4.20.030 [full certification] shall submit a CHA/P Training Center Annual RAC Requirements Review Checklist each year and shall be subject to on-site reviews, upon reasonable notice, at the discretion of the Board, provided that an on-site review must occur no less often than once every five years. Such a CHA/P Training Center must notify the Board if a change in any of the following occurs:

- (a) the person responsible for coordination of the training within the center;
- (b) 50 percent or more of the staff within a three-month period;
- (c) Medical Advisor;
- (d) major changes in methods of CHA/P Curriculum delivery to be submitted prior to implementation;
- (e) facilities used for training; or
- (f) administration or finance that affects the viability of the training program.

Sec. C4.30.020. Monitoring.

A fully or provisionally certified CHA/P Training Center may be required to submit periodic reports of progress regarding its response to any changes reported under section C4.30.010 [periodic submissions and reviews], or problems or deficiencies noted during any review or on-site evaluation.

Article 40. CHA/P Training Center Sanctions

Sec. C4.40.010. Probation or Termination.

Upon determining that a provisionally certified CHA/P Training Center has failed to achieve full certification within the required time limit or that a provisionally or fully certified CHA/P Training Center has failed to demonstrate continued performance at the applicable levels required under this section, the Board may place the center's certification in a probationary status or terminate the certification.

Sec. C4.40.020. Conditions of Probation.

If the Board grants a probationary status, it must specify the conditions for reinstatement of full or provisional certification, which must be satisfied within the time frame established by the Board, which shall not be longer than six months. The conditions of probation may include, but are not limited to:

- (a) requiring reports to the Board upon matters involving the basis of probation;
- (b) limiting training to those sessions prescribed by the Board; and
- (c) terminating training until prescribed conditions are satisfied.

Chapter C-5. Certification of CHA/P Training Curriculum and the Alaska Community Health Aide/Practitioner Manual (CHAM)

Sec C5.10.010. Continuous Review of Curriculum.

The Board shall develop and follow a process and schedule for periodic review, amendment and adoption of all aspects of the CHA/P Curriculum and standards relied upon in the Community Health Aide Program for Alaska. Comments and participation shall be solicited from Association of Alaska Community Health Aide Program Directors field staff, community health aides and practitioners, CHA/P Training Center staff, and healthcare providers who relate in any way to the Community Health Aide Program.

Sec. C5.10.020. Continuous Review of CHAM.

The Board shall develop and follow a process and schedule for periodic review, amendment, and adoption of all aspects of the Alaska Community Health Aide/Practitioner Manual (CHAM), relied upon in the Community Health Aide Program for Alaska. Comments and participation shall be solicited from Association of Alaska Community Health Aide Program Directors, field staff, community health aides and practitioners, CHA/P Training Center staff, and healthcare providers who relate in any way to the Community Health Aide Program.

Sec. C5.10.100. Transition.

The Board shall use the CHA/P Curriculum, field work guidelines, and other materials and standards developed by committees of the Community Health Aide Directors Association, including the Academic Review Committee (ARC), Review and Approval Committee (RAC), CHAM Revision Committee, until such time as it can review and adopt such materials under this section.

Chapter C-6. Academic Review Committee

Sec. C6.10.100. Academic Review Committee (ARC).

The Academic Review Committee (ARC) is a subcommittee of the Association of Alaska Community Health Aide Program Directors:

- (a) Purpose: advises the Association of Alaska Community Health Aide Program Directors and Alaska CHAP Certification Board in matters of Community Health Aide/Practitioner Basic Training including curriculum, CHAM, field training, credentialing, continuing education, and standards.
- (b) Membership includes a representative from each CHAP Training Center and a representative from each tribal health organization that operates a community health aide program.

Chapter D-1. Dental Health Aide Certification and Recertification

DENTAL HEALTH AIDES			
Primary Dental Health Aide I (PDHA I) ↓	Dental Health Aide Hygienist (DHAH)	Expanded Function Dental Health Aide I (EFDHA I) ↓	Dental Health Aide Therapist (DHAT) ↓
Primary Dental Health Aide II (PDHA II)		Expanded Function Dental Health Aide II (EFDHA II)	Dental Health Aide Therapist Practitioner (DHATP)

Article 10. Term of Certificate

Sec. D1.10.010. Active Certificate.

A certificate is active from the effective date until the date of expiration, unless something occurs that requires a surrender of a certificate.

Sec. D1.10.020. Effective Date.

The effective date of a certificate shall be the date the certificate is provisionally approved by the staff of the Board or final Board approval is granted, whichever is earlier.

Sec. D1.10.030. Date of Issuance.

The date of issuance of a certificate shall be the date the certificate is granted final approval by the Board.

Sec. D1.10.040. Date of Expiration.

A certificate as a dental health aide expires two years from the last day of the month following the month in which the Board took final action to approve the certificate.

Sec. D1.10.050. Surrender of a Certificate.

A person certified under chapter D-1 [DHA certification and recertification] of these standards shall notify the employer and the Board if, at any time during the period in which it would otherwise be in effect, the person no longer meets any requirement of initial certification under section D1.20.100 [DHA general requirements]. Certification will be inactivated until the Board is notified that the individual again meets the initial certification requirements.

Article 20. DHA Initial Qualifications

Sec. D1.20.100. DHA General Requirements.

The Board shall issue a dental health aide (DHA) certificate to a person who meets all the qualifications and requirements below:

- (a) applies on forms provided by the Board;
- (b) pays the application fees required;

- (c) if applying for certification as a Dental Health Aide Therapist Practitioner (DHATP), submits a current ADTEP issued DHATP credential document;
- (d) furnishes evidence satisfactory to the Board that the person has not engaged in conduct that is a ground for imposing disciplinary sanctions under chapter A-3 [investigations, discipline, suspension, or revocation];
- (e) furnishes evidence satisfactory to the Board that the person has completed the training and education requirements for the highest level of certification being sought, as follows:
 - (1) D2.20.100 [PDHA I: education and preceptorship];
 - (2) D2.20.200 [PDHA II: education, preceptorship and skillsets];
 - (3) D2.20.300 [DHAH: prerequisites, education, preceptorship and skillsets];
 - (4) D2.20.400 [EFDHA I: prerequisites, education and skillsets];
 - (5) D2.20.500 [EFDHA II: prerequisites and skillsets];
 - (6) D2.20.600 [DHAT: education and preceptorship];
 - (7) D2.20.700 [DHATP: prerequisites and credentialing];
- (f) furnishes evidence satisfactory to the Board that at the time of consideration of the application, the person is employed by the Indian Health Service or a tribe or tribal health organization operating a community health aide program in Alaska under the ISDEAA;
- (g) furnishes evidence satisfactory to the Board that the person will practice as a DHA, only when employed by the Indian Health Service or a tribe or tribal health organization operating a community health aide program in Alaska under the ISDEAA;
- (h) furnishes evidence satisfactory to the Board that the person will practice as a DHA only within the scope of practice of the certification granted including what is stated in D2.10.200 [scope of practice prior to certification as a DHA] except as required to satisfy the conditions for achieving the next level of certification or when practice would be permitted under section A3.10.030(i)(2)(D) [grounds for discipline; unprofessional conduct; duties and responsibilities]; for a DHA the scopes of practice are defined in sections:
 - (1) D2.20.110(b) [PDHA I: supervision and scope of practice; scope of practice];
 - (2) D2.20.210(b) [PDHA II: supervision and scope of practice; scope of practice];
 - (3) D2.20.310(b) [DHAH: supervision and scope of practice; scope of practice];
 - (4) D2.20.410(b) [EFDHA I: supervision and scope of practice; scope of practice];
 - (5) D2.20.510(b) [EFDHA II: supervision and scope of practice; scope of practice];
 - (6) D2.20.610(b) [DHAT: supervision and scope of practice; scope of practice];
 - (7) D2.20.710(b) [DHATP: supervision and scope of practice; scope of practice];
- (i) furnishes evidence satisfactory to the Board that they will practice only under supervision identified in D2.10.100 [supervision of DHAs]; and
- (j) furnishes evidence satisfactory to the Board that the person maintains a current BLS certification.

Sec. D1.20.200. DHA Delayed Application.

An applicant for certification as a DHA who completed the required training more than 24 months prior to submitting an application for certification, must provide evidence satisfactory to the board that the applicant:

- (a) meets all the requirements for initial certification by this Board D1.20.100 [DHA general requirements];
- (b) in the 24 month period preceding the application for initial certification by this Board has met the applicable requirements for continuing education set forth in chapter D-3 [DHA continuing education];
- (c) in the 24 months preceding the application for initial certification by the Board, under direct supervision of an appropriate supervisor as defined in D2.10.100 [supervision of DHAs] complete (1) or (2) below:

- (1) 80 hours of direct supervision and demonstration of competence at least once in each procedure listed in the “Competencies” sections for which they are seeking certification;
 - (2) demonstrate competence 8 times for each procedure listed in the “Competencies” sections in which they are seeking certification; and
- (d) has not had an extended clinical absence between the completion of required training and the initial application; or if there has been an extended clinical absence between completion of a required training and the initial application, applicant has met the guidelines as set forth in requirements for re-entry D1.30.200 [DHA re-entry].

Sec. D1.20.300. DHA Certification by Credentials.

The Board may waive one or more of the requirements of sections D2.20.100 [PDHA I: education and preceptorship] through D2.20.700 [DHATP: prerequisites and credentialing] for a person who provides evidence satisfactory to the Board that the person has healthcare training, education and experience at least equivalent in scope, quality, and difficulty to those imposed under these sections, provided the applicant demonstrates to the satisfaction of the Board that the applicant is adequately familiar with the CHAP program and will limit their practice to the scope of practice of DHAs under these Standards.

Article 30. DHA Recertification and Re-entry

Sec. D1.30.100. DHA Recertification Requirements.

A certified dental health aide applying for recertification shall:

- (a) meet the requirements of D1.20.100 [DHA general requirements];
- (b) provide evidence satisfactory to the Board that the applicant has met the continuing education requirements of chapter D-3 [DHA continuing education];
- (c) provide evidence satisfactory to the Board that the applicant continues to demonstrate the practical professional competencies required for the level of certification sought. For all levels of DHA, with the exception of the DHATP, in the 24 months prior to the current certification expiration date, under direct supervision of an appropriate supervisor as defined in D2.10.100 [supervision of DHAs] complete (1) or (2) below:
 - (1) 80 hours of direct supervision and demonstration of competence at least once in each procedure listed in the “Competencies” sections for which they are seeking certification;
 - (2) demonstrate competence 8 times for each procedure listed in the “Competencies” sections for which they are seeking recertification; and
- (d) furnish evidence satisfactory to the board that the applicant has not had an extended clinical absence in the 24 months prior to application for recertification, or, if there has been an extended clinical absence, has met the requirements in D1.30.200 [DHA re-entry].

Sec. D1.30.200. DHA Re-Entry.

If an applicant has had an extended clinical absence, defined as a period greater than 6 months during which the individual has not worked as a DHA doing direct patient care for a minimum of 40 hours and 20 patient encounters, they must follow the re-entry requirements set forth below:

- (a) If the extended clinical absence is more than 6 months but less than 24 months, a clinical competency evaluation must be completed as defined in D1.30.100(c) [DHA recertification requirements]; or
- (b) If the extended clinical absence is 24 months or more, a clinical competency evaluation must be completed as defined by the preceptorship requirements for the DHA level and skillsets seeking recertification for.

Sec. D1.30.300. Reinstatement or Renewal of a Lapsed DHA Certificate.

The Board will, in its discretion, reinstate, or renew a certificate that has lapsed if the applicant provides evidence satisfactory to the Board of (a), (b), (c) and (d) below:

- (a) meets the requirements in D1.20.100 [DHA general requirements];
- (b) meets the continuing education requirements of chapter D-3 [DHA continuing education];
- (c) in the 24 months preceding the application for reinstatement of a lapsed certificate, under direct supervision of an appropriate supervisor as defined in D2.10.100 [supervision of DHAs], completes (1) or (2) below:
 - (1) 80 hours of direct supervision and demonstration of competence at least once in each procedure listed in the “Competencies” sections for which they are seeking certification;
 - (2) demonstrate competence 8 times for each procedure listed in the “Competencies” sections for which they are seeking certification;
- (d) has not had an extended clinical absence between the date of issuance of their last certification and the current application for reinstating a lapsed certificate, or if there has been an extended clinical absence, they must meet the requirements in D1.30.200 [DHA re-entry].

Chapter D-2. Standards for Dental Health Aides

Article 10. DHA Supervision and Scope of Practice Prior to Certification

Sec. D2.10.100. Supervision of Dental Health Aides.

- (a) Generally. The clinical supervision of a DHA may be direct, direct via telehealth, indirect, or general, as defined in section D2.10.100(b) [supervision of DHAs; levels of supervision], provided that all the following conditions are met:
 - (1) the DHA will practice only under supervision of individuals who are:
 - (A) familiar with the community health aide program and these Standards;
 - (B) employed by the federal government or employed by or under contract with a tribal health organization operating a community health aide program in Alaska under the ISDEAA; and
 - (C) employed by the same organization in which the DHA plans to work;
 - (2) the DHA must be supervised at whatever level of supervision is required for the specific care being provided;
 - (3) a dentist, DHAT, or DHATP providing supervision may impose a higher level of supervision on the DHA than that provided in this article;
 - (4) with the exception of what is listed in section D2.10.100(a)(5) below, all supervision of DHAT and DHATP must be provided by a dentist; and
 - (5) a dental hygienist can assist with direct supervision by evaluating the performance of the DHA for oral hygiene instruction, diet education, topical fluoride application, dental prophylaxis, dental radiology and sealant procedures. If the hygienist deems these supervised procedures satisfactory, they are able to sign the competency form for the DHA during preceptorship, recertification, and re-entry.
- (b) Levels of Supervision. For the purposes of this article:
 - (1) “Direct supervision” means a supervising dentist, DHAT or DHATP is in the facility where the procedures are taking place, personally diagnoses the condition(s) to be treated, personally authorizes the procedure(s), and before dismissal of the patient evaluates the performance of the DHA.

- (A) Direct supervision hours may include chart review prior to seating patient, time the patient is being seen or procedures are being completed and reasonable time for notes and charting as determined by the supervisor.
 - (2) “Direct via telehealth supervision” means a supervising dentist, DHAT, or DHATP via telehealth including a video component, personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient evaluates the performance of the PDHA I. This form of supervision is only allowed for PDHA I preceptorships, recertification, and re-entry.
 - (3) “Indirect supervision” means a supervising dentist has authorized the procedures and they are being carried out in accordance with a set of written standing orders issued to a specific DHA. A supervising dentist, DHAT or DHATP must be present in the facility where the procedures are taking place.
 - (4) “General supervision” means a supervising dentist has authorized the procedures and they are being carried out in accordance with a set of written standing orders issued to a specific DHA. A supervising dentist, DHAT or DHATP is not required to be in the facility where the procedures are taking place.
- (c) Standing orders. For the purposes of this article, standing orders are a document created to explain what procedures a DHA is authorized to perform under the different levels of supervision. The DHA and a supervising dentist must sign the standing orders. Standing orders are individualized to indicate the level of supervision required for each procedure in a DHAs full Scope of Practice. Standing orders must be reviewed and re-signed by a DHA and their supervising dentist every 2 years, and within 3 months if there is a change in supervisor.

Sec. D2.10.200. Scope of Practice Prior to Certification as a Dental Health Aide.

- (a) Minimum Requirements. A person who satisfies the requirements of subsection D2.10.200(b), below, may perform services of a certified DHA prior to being certified to the extent the services are performed under one or more of the following circumstances:
- (1) as part of training required for certification;
 - (2) as part of a required preceptorship; or
 - (3) while an application for certification is pending before the Board after successful completion of all required training and preceptorship.
- (b) Employment. To be eligible to perform services under subsection D2.10.200(a) above, the person must be employed or sponsored by the Indian Health Service or a tribe or tribal organization operating a community health aide program in Alaska under the ISDEAA.

Article 20. Dental Health Aide Prerequisites, Education, Preceptorships, Supervision, and Scope of Practice.

Sec. D2.20.100. Primary Dental Health Aide I: Education and Preceptorship.

A person meets the requirements to be a certified PDHA I upon successful completion of the requirements set forth in subsections (a) [Education] and (b) [Preceptorship] of this section.

- (a) Education. Requirements include (1) below:
- (1) a Board approved DHA Core Curriculum course that satisfies the requirements of (A) and (B) below:
 - (A) Subject Matter. A DHA Core Curriculum course will include didactic instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate understanding in all the following topics:
 - i. role of community health aide certification board, and the role of a community health aide and practitioner, dental health aide and behavioral health aide and practitioner in a village;

- ii. general scope of practice;
- iii. medical ethics;
- iv. HIPAA;
- v. malpractice coverage and FTCA;
- vi. State of Alaska reporting requirements;
- vii. consent for treatment;
- viii. infection and communicable disease;
- ix. introduction to head, neck and dental anatomy;
- x. vocabulary and abbreviations;
- xi. documentation, including “SOAP” (subjective, objective, assessment and plan) format and procedure codes;
- xii. introduction to clinic management;
- xiii. scheduling;
- xiv. introduction to medical history taking;
- xv. caries disease process;
- xvi. periodontal disease process;
- xvii. theory of oral health promotion and disease prevention;
- xviii. fluoride as a drug and related issues, including toxicity;
- xix. topical fluoride treatments;
- xx. diet counseling;
- xxi. oral hygiene instruction;
- xxii. basic infection control principles and practices, including standard precautions;
- xxiii. introduction to clean/sterile techniques;
- xxiv. disinfection of the operatory;
- xxv. introduction to identification of dental problems, including oral cancer, and referral;
- xxvi. interpretation of a dental chart;
- xxvii. introduction to dental treatment plans;
- xxviii. recognition of relationship between medical conditions and oral health.

(B) Training. The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate understanding of the subject matter in subsection (A) of this section. Hands-on practice must include a minimum of 12 hours.

(b) Preceptorship. A DHA must complete a preceptorship after completing the requirements in subsection (a) of this section. This preceptorship must be done under the direct supervision of a dentist, DHAT or DHATP. PDHA I’s can complete this preceptorship under direct via telehealth supervision. The preceptorship must include satisfactory performance in all the following procedures:

- (1) delivery of a minimum of 20 topical fluoride treatments;
- (2) delivery of a minimum of 40 oral hygiene sessions;
 - (A) a minimum of 10 must be with children under 6 years of age;
 - (B) a minimum of 10 must be with patients between ages 6 and 14; and
 - (C) a minimum of 10 must be with patients over age 14.
- (3) delivery of a minimum of 20 diet education sessions;
 - (A) a minimum of 10 must be provided to the primary caregiver of children under age 6; and
 - (B) a minimum of 5 must be provided to an adult regarding the adult’s own diet.
- (4) an additional 40 hours of relevant work experience.

Sec. D2.20.110. Primary Dental Health Aide I: Supervision and Scope of Practice.

- (a) Supervision.
 - (1) A certified PDHA I may provide services under their scope of practice following the requirements of (A), (B), or (C) below:
 - (A) under the direct supervision of a dentist, DHAT or DHATP.
 - (B) with a signed set of standing orders, under the indirect supervision of a dentist, DHAT or DHATP.
 - (C) with a signed set of standing orders, under the general supervision of a dentist.
- (b) Scope of Practice. Includes sections (1) and (2) below.
 - (1) Knowledge/Skills. A certified PDHA I must maintain an understanding of all the following:
 - (A) basic dental anatomy;
 - (B) caries disease process;
 - (C) periodontal disease process;
 - (D) infection control and standard precautions;
 - (E) scheduling;
 - (F) theory of prevention;
 - (G) fluoride as a drug and related issues, including toxicity;
 - (H) identification of potential dental problems and appropriate referrals;
 - (I) DHA's general scope of practice;
 - (J) explanation of prevention strategies including fluoride and sealants;
 - (K) introduction to medical history taking;
 - (L) interpretation of dental charts; and
 - (M) recognition of relationship between medical conditions and oral health.
 - (2) Competencies. A certified PDHA I must maintain and demonstrate competency in all the following:
 - (A) topical fluoride treatments;
 - (B) diet education; and
 - (C) oral hygiene instruction.

Sec. D2.20.200. Primary Dental Health Aide II: Education, Preceptorship and Skillsets.

A person meets the requirements to be a certified PDHA II upon successful completion of the requirements set forth in subsections (a) [Education], (b) [Preceptorship], and (c) [Skillsets] of this section.

- (a) Education. Requirements include (1) and (2) below:
 - (1) a Board approved DHA Core Curriculum course that meets all of the requirements listed in D2.20.100 (a)(1).
 - (2) a Board approved DHA Advanced Dental Procedures course that satisfies the requirements of (A) and (B) below:
 - (A) Subject Matter. A DHA Advanced Dental Procedures course must address all the following topics:
 - i. dental anatomy;
 - ii. dental instruments and equipment; and
 - iii. handling and sterilization of instruments.
 - (B) Training. The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate understanding of the subject matter in subsection (A) of this section. Hands-on practice must include a minimum of 7 hours.
- (b) Preceptorship. Requirements include (1) below:
 - (1) Successful completion of the PDHA I preceptorship listed in D2.20.100(b).
- (c) Skillsets.

- (1) A certified PDHA II must meet the requirements of one or more of the following skillsets:
 - (A) D2.30.200 [sealants];
 - (B) D2.30.300 [dental prophylaxis];
 - (C) D2.30.400 [dental radiology];
 - (D) D2.30.500 [atraumatic restorative treatment (ART)].

Sec. D2.20.210. Primary Dental Health Aide II: Supervision and Scope of Practice.

(a) Supervision.

- (1) A certified PDHA II may provide services under their scope of practice listed in D2.20.210(b)(1) and (2) following the requirements of (A), (B), or (C) below:
 - (A) under the direct supervision of a dentist, DHAT or DHATP.
 - (B) with a signed set of standing orders, under the indirect supervision of a dentist, DHAT or DHATP.
 - (C) with a signed set of standing orders, under the general supervision of a dentist.
- (2) Skillsets come with their own supervision requirements, and those must be followed for procedures performed from that skillset.

(b) Scope of Practice. Includes (1), (2), and (3) below:

- (1) The scope of practice of a PDHA I listed in D2.20.110(b).
- (2) Knowledge/Skills. Must maintain an understanding of all the following:
 - (A) dental anatomy;
 - (B) identification and knowledge of dental instruments and equipment;
 - (C) proper handling and sterilization of instruments; and
 - (D) disinfection of the operatory.
- (3) The scope of practice listed in any skillset(s) that the PDHA II has been certified in.

Sec. D2.20.300. Dental Health Aide Hygienist: Prerequisites, Education, Preceptorship and Skillsets.

A person meets the requirements to be a certified DHAH upon successful completion of (a) [Prerequisites], (b) [Education], and (c) [Preceptorship]. A DHAH has the option of adding on one or more of the skillsets listed in (d) [Skillsets].

(a) Prerequisites. A DHA may be certified under this section provided the DHA has satisfied (1) below:

- (1) has a current dental hygiene license in one of the states or territories of the United States.

(b) Education. The DHA must meet the requirements of (1) and (2):

- (1) a board approved DHA Core Curriculum course that meets all the requirements listed in D2.20.100(a)(1).
- (2) Local Anesthesia Training that meets the requirements of at least one of the following:
 - (A) has resulted in local anesthesia being added to the hygienist's current dental hygiene license.
 - (B) a local anesthesia course approved by the Board that must provide instruction and clinical training equivalent to that required for accreditation by the Commission on Dental Accreditation of the American Dental Association:
 - i. Subject Matter. A course in local anesthetic administration must address the following topics:
 - (I) medical history evaluation procedures;
 - (II) anatomy of the head, neck and oral cavity as it relates to administering local anesthetic agents;
 - (III) pharmacology of local anesthetic agents, vasoconstrictors and preservatives, including physiologic actions, types of anesthetics, and maximum dose per weight;

- (IV) systemic conditions which influence selection and administration of anesthetic agents;
 - (V) signs and symptoms of reactions to local anesthetic agents, including monitoring of vital signs;
 - (VI) management of reactions to, or complications associated with, the administration of local anesthetic agents;
 - (VII) selection and preparation of the instruments, supplies and equipment for administering various local anesthetic agents; and
 - (VIII) methods of administering local anesthetic agents with emphasis on technique, aspiration, slow injection; and minimum effective dosage.
- ii. Training. The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (i) of this section; hands-on practice must include clinical experience sufficient to establish the DHA's ability to adequately anesthetize the entire dentition and supporting structure in a clinical setting, and a minimum of 16 hours of clinical encounters.
 - (C) offered by an accredited school of higher education.
 - (D) offered or approved by IHS.
- (c) Preceptorship. A DHAH must complete a preceptorship after completing the requirements in subsection (b) of this section. Supervision of this preceptorship can be done under the direct supervision of a dentist, DHAT, or DHATP. The preceptorship must include satisfactory performance of the following:
 - (1) administration of 5 intra-alveolar nerve block injections;
 - (2) administration of 5 infiltration injections;
 - (3) administration of 5 greater palatine injections;
 - (4) administration of 5 nasopalatine injections; and
 - (5) administration of 5 mental nerve block injections.
 - (d) Skillsets. A certified DHAH has the option to meet the requirements of one or more below:
 - (1) D2.30.500 [atraumatic restorative treatment (ART)].
 - (2) D2.30.700 [stainless steel crown placement on primary teeth].
 - (3) D2.30.600 [basic restorative].
 - (4) D2.30.800 [advanced restorative].

Sec. D2.20.310. Dental Health Aide Hygienist: Supervision and Scope of Practice.

- (a) Supervision.
 - (1) A certified DHAH may provide services under their Scope of Practice listed in D2.20.210(b)(1) and (2) following the requirements of (A) or (B) below:
 - (A) under the direct supervision of a dentist.
 - (B) with a signed set of standing orders, under the indirect or general supervision of a dentist.
 - (2) Skillsets come with their own supervision requirements, and those must be followed for procedures performed from that skillset.
- (b) Scope of Practice. In addition to the skills they are licensed to perform with their state hygiene license, a DHAH scope of practice includes (1), (2), and (3) below:
 - (1) Knowledge/Skills. A certified DHAH must maintain an understanding of:
 - (A) the requirements identified in the Scope of Practice sections for D2.20.110(b), [PDHA I], D2.20.210(b) [PDHA II], D2.30.200 [sealants], D2.30.300 [dental prophylaxis], and D2.30.400 [dental radiology];

- (B) removing calculus deposits, accretions and stains from the surfaces of teeth by scaling and polishing techniques;
 - (C) non-surgical periodontal therapy;
 - (D) placing sulcular medicinal or therapeutic materials;
 - (E) periodontal probing; and
 - (F) identification and responding to the side effects of local anesthetics.
- (2) Competencies. A certified DHAH must maintain and demonstrate competency in the following:
- (A) administration of local anesthetics.
- (3) The scope of practice listed in any skillset(s) that the DHAH has been certified in.

Sec. D2.20.400. Expanded Function Dental Health Aide I: Prerequisites, Education, Preceptorship and Skillsets.

A person meets requirements to be a certified EFDHA I upon successful completion of the requirements in subsections (a) [Prerequisites], (b) [Education], (c) [Preceptorship], and (d) [Skillsets] of this section.

- (a) Prerequisites. A DHA may be certified under this section provided the DHA satisfies (1) below:
- (1) Must be a certified dental assistant or have at least one year of dental assisting experience.
- (b) Education. A person meets the education requirements to be a certified EFDHA I upon successful completion of (1) below:
- (1) A board approved DHA Core Curriculum course that meets all the requirements listed in D2.20.100(a)(1).
- (c) Preceptorship. Requirements include (1) below:
- (1) Successful completion of the PDHA I preceptorship listed in D2.20.100(b).
- (d) Skillsets.
- (1) A certified EFDHA I must meet the requirements of (A) and/or (B) below:
 - (A) D2.30.300 [dental prophylaxis].
 - (B) D2.30.600 [basic restorative].
 - (2) A certified EFDHA I has the option to meet the requirements of one or more of the additional skillsets listed below:
 - (A) D2.30.200 [sealants];
 - (B) D2.30.400 [dental radiology];
 - (C) D2.30.500 [atraumatic restorative treatment (ART)]; or
 - (D) D2.30.700 [stainless steel crown placement on primary teeth].

Sec. D2.20.410. Expanded Function Dental Health Aide I: Supervision and Scope of Practice.

- (a) Supervision.
- (1) A certified EFDHA I may provide services under their scope of practice listed in D2.20.410(b)(1) following the requirements of (A), (B), or (C) below:
 - (A) under the direct supervision of a dentist, DHAT or DHATP.
 - (B) with a signed set of standing orders, under the indirect supervision of a dentist, DHAT, or DHATP.
 - (C) with a signed set of standing orders, under the general supervision of a dentist.
 - (2) Skillsets come with their own supervision requirements, and those must be followed for procedures performed from that skillset.
- (b) Scope of Practice. Includes (1) and (2) below:
- (1) The scope of practice of a PDHA I stated in section D2.20.110(b).
 - (2) The scope of practice listed in any skillset(s) that the EFDHA I has been certified in.

Sec. D2.20.500. Expanded Function Dental Health Aide II: Prerequisites and Skillsets.

- (a) Prerequisites. A DHA may be certified under this section provided the DHA has met all the certification requirements below:
 - (1) D2.20.400 [EFDHA I] with the basic restorative skillset.
- (b) Skillsets. An EFDHA II must meet the requirements below:
 - (1) D2.30.800 [advanced restorative].

Sec. D2.20.510. Expanded Function Dental Health Aide II: Supervision and Scope of Practice.

- (a) Supervision.
 - (1) A certified EFDHA II may provide services under their Scope of Practice listed in D2.20.510(b)(1) following the requirements of (A), (B), or (C) below:
 - (A) under the direct supervision of a dentist, DHAT or DHATP.
 - (B) with a signed set of standing orders, under the indirect supervision of a dentist, DHAT, or DHATP.
 - (C) with a signed set of standing orders, under the general supervision of a dentist.
 - (2) Skillsets come with their own supervision requirements, and those must be followed for procedures performed from that skillset.
- (b) Scope of Practice. Includes (1) and (2) below:
 - (1) The scope of practice of a PDHA I stated in section D2.20.110(b).
 - (2) The scope of practice listed in any skillset(s) that the EFDHA II has been certified in.

Sec. D2.20.600. Dental Health Aide Therapist: Education and Preceptorship.

A person meets the training and education requirements to be a certified DHAT upon successful completion of subsections (a) [Education] and (b) [Preceptorship] below:

- (a) Education. Must satisfactorily complete (1), (2), and (3) below:
 - (1) a board approved DHA Core Curriculum course that meets all the requirements listed in D2.20.100(a)(1).
 - (2) a board approved DHA village-based dental practice course that meets all the requirements listed in D2.30.100 (b)(1).
 - (3) a board approved DHAT Educational Program that meets the requirements of (A) and/or (B) below:
 - (A) is a Commission on Dental Accreditation (CODA) accredited Dental Therapy educational program or the Alaska Dental Therapy Educational Program (ADTEP).
 - (B) Meets CODA Dental Therapy Accreditation Standards.
- (b) Preceptorship. Must complete a clinical preceptorship under the direct supervision of a dentist for a minimum of three months or 400 hours, whichever is longer. The preceptorship should encompass all requirements of a DHAT scope of practice outlined in section D2.20.610(b) and show that the DHAT has demonstrated competency at least once in all the procedures listed under the DHAT competencies in section D2.20.610(b)(2).

Sec. D2.20.610. Dental Health Aide Therapist: Supervision and Scope of Practice.

- (a) Supervision.
 - (1) A certified DHAT may provide services under their scope of practice following the requirements of (A) or (B):
 - (A) under the direct supervision of a dentist.
 - (B) with a signed set of standing orders, under the indirect or general supervision of a dentist:
 - i. pulpal therapy (not including pulpotomies on deciduous teeth) or extraction of adult teeth can be performed by a DHAT only after consultation with a licensed dentist who

determines that the procedure is a medical emergency that cannot be resolved with palliative treatment.

- ii. DHATs are strictly prohibited from performing all other oral or jaw surgeries, subject to the condition that uncomplicated extractions shall not be considered oral surgery under this section.

(b) Scope of Practice. Includes (1) and (2) below:

(1) Knowledge/Skills. A certified DHAT must maintain an understanding of:

- (A) taking medical and dental history;
- (B) infection control and standard precautions;
- (C) proper handling and sterilization of instruments;
- (D) basic management of medical emergencies in the dental office;
- (E) identifying oral and systemic conditions requiring evaluation and/or treatment by dentists, physicians or other healthcare providers, and manage referrals;
- (F) post-extraction complications;
- (G) basic management of dental emergencies;
- (H) caries diagnosis;
- (I) periodontal diagnosis;
- (J) patient management;
- (K) local anesthesia;
- (L) community and preventive dentistry;
- (M) applying desensitizing medication or resin;
- (N) fabrication and delivery of athletic mouthguards;
- (O) emergency palliative treatment of dental pain, excluding gross pulpal debridement of permanent teeth;
- (P) fabrication and placement of single tooth temporary crowns;
- (Q) management of post extraction complications;
- (R) indirect and direct pulp capping on permanent teeth;
- (S) indirect pulp capping on primary teeth;
- (T) minor adjustments and repairs on removable prostheses;
- (U) removal of space maintainers; and
- (V) dispensing, counseling and/or administering medications as prescribed by a licensed healthcare provider from the list of approved medications in the CHAM under the dental tab.

(2) Competencies. A certified DHAT must maintain and demonstrate competency in:

- (A) topical fluoride treatments;
- (B) diet education;
- (C) oral hygiene instruction;
- (D) intraoral and extraoral photographs;
- (E) sealant placement;
- (F) child dental prophylaxis;
- (G) adult dental prophylaxis with coronal or clinically visible calculus;
- (H) charting of the oral cavity;
- (I) comprehensive exam including diagnosis and treatment planning;
- (J) taking radiographic images;
- (K) atraumatic restorative treatment (ART);
- (L) administration of local anesthetics;

- (M) preparation and placement of direct restorations including:
 - i. Class I;
 - ii. Class II;
 - iii. Cuspal coverage Class II;
 - iv. Class III;
 - v. Class IV;
 - vi. Class V;
- (N) preparation and placement of stainless steel crowns on primary teeth;
- (O) pulpotomy on primary teeth;
- (P) extraction of primary teeth;
- (Q) uncomplicated extraction of permanent teeth, only after consultation with a licensed dentist who determines the procedure is a medical emergency that cannot be resolved with palliative treatment;
- (R) pulp vitality testing;
- (S) suture placement and removal; and
- (T) intraoral and extraoral photographs.

Sec. D2.20.700. Dental Health Aide Therapist Practitioner: Prerequisites and Credentialing.

- (a) Prerequisites. A person meets the requirements to be a certified DHATP upon successful completion of:
 - (1) three consecutive certifications as a DHAT.
- (b) Credentialing. If seeking a DHATP credential, no less often than once every six years, the individual must submit all of the following to the Alaska Dental Therapy Educational Program:
 - (1) procedure log with de-identified patient information showing satisfactory performance, under direct supervision of an appropriate supervisor as defined in D2.10.100 [supervision of DHAs], of (A) or (B) below:
 - (A) 80 hours of direct supervision and demonstration of competence at least once in each procedure listed in the “Competencies” sections for which they are seeking certification.
 - (B) demonstrate competence 8 times for each procedure listed in the “Competencies” sections in which they are seeking certification.
 - (2) letter of recommendation signed by the applicant’s supervising dentist and dental director;
 - (3) CHAPCB certificates showing three consecutive certifications as a DHAT or DHATP;
 - (4) current Standing Orders in accordance with employer’s policy;
 - (5) dental therapy diploma; and
 - (6) current BLS certification.

Sec. D2.20.710. Dental Health Aide Therapist Practitioner: Supervision and Scope of Practice.

- (a) Supervision. A certified DHATP has the same supervision requirements as a DHAT. D2.20.610(a):
 - (1) A certified DHATP may provide services under their Scope of Practice following the requirements of (A) or (B) below:
 - (A) under the direct supervision of a dentist.
 - (B) with a signed set of standing orders under the indirect or general supervision of a dentist:
 - i. Pulpal therapy (not including pulpotomies on deciduous teeth) or extraction of adult teeth can be performed by a DHATP only after consultation with a licensed dentist who determines that the procedure is a medical emergency that cannot be resolved with palliative treatment.

- ii. DHATs are strictly prohibited from performing all other oral or jaw surgeries, subject to the condition that uncomplicated extractions shall not be considered oral surgery under this section.
- (b) Scope of Practice. A certified DHATP has the same scope of practice as a DHAT. The DHAT scope of practice can be found in section D2.20.610(b).

Article 30. Skillsets

Sec. D2.30.100. Village Based Dental Practice.

- (a) Prerequisites. To qualify for this skillset, a DHA must have completed certification requirements for one or more of the following:
- (1) D2.20.200 [PDHA II].
 - (2) D2.20.400 [EFDHA I].
 - (3) D2.20.500 [EFDHA II].
- (b) Education. Requirements include (1) below:
- (1) complete a Board approved DHA village-based dental practice course that satisfies the requirements of (A) and (B) below:
 - (A) Subject Matter. A village-based dental practice course must address the following topics:
 - i. use of telemedicine technology, including use of intra- and extra-oral photographs;
 - ii. problem specific dental history taking;
 - iii. reviewing and recognition of medical and dental conditions;
 - iv. identification and basic management of dental emergencies including:
 - (I) chipped tooth;
 - (II) avulsed tooth;
 - (III) acute abscess;
 - (IV) broken jaw; and
 - (V) soft tissue/oral trauma; and
 - v. recognition and basic management of medical emergencies including:
 - (I) syncope;
 - (II) allergic reactions;
 - (III) angina;
 - (IV) hypoglycemia;
 - (V) asthma attack;
 - (VI) seizures;
 - (VII) myocardial infarction;
 - (VIII) stroke; and
 - (IX) opioid overdose.
 - (B) Training. The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (A) of this section; hands-on practice must include a minimum of 7 hours.
- (c) Scope of Practice. Includes (1) and (2) below:
- (1) Knowledge/Skills. A DHA certified in Village Based Dental Practice must maintain an understanding of:
 - (A) use of telemedicine technology;
 - (B) problem specific dental history taking;

- (C) reviewing and recognition of medical and dental conditions;
 - (D) identification and basic management of dental emergencies; and
 - (E) recognition and basic management of medical emergencies.
- (2) Competencies. A DHA certified in Village Based Dental Practice must maintain and demonstrate competency in the following:
- (A) intraoral and extraoral photographs.

Sec. D2.30.200. Sealants.

- (a) Prerequisites. To qualify for this skillset, a DHA must have completed certification requirements for one or more of the following:
- (1) D2.20.200 [PDHA II].
 - (2) D2.20.400 [EFDHA I].
- (b) Education. Must meet the requirements of (1), (2) or (3) below:
- (1) A board approved course in sealants that satisfies the requirements of (A) and (B) below:
 - (A) Subject Matter. A course in sealants must address the following topics:
 - i. dental treatment plans;
 - ii. identifying contraindications for sealant treatment;
 - iii. explaining sealant procedure and responding to questions from patient regarding sealants;
 - iv. proper patient and provider safety procedures;
 - v. sealant material(s) and instructions for use;
 - vi. isolating teeth to be sealed;
 - vii. identifying and correcting occlusal discrepancies caused by excess sealant;
 - viii. sealant retention; and
 - ix. sealant placement.
 - (B) Training. The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section; hands-on practice must include a minimum of 25 sealants.
 - (2) a sealant course offered by an accredited school of higher education.
 - (3) a sealant course offered by IHS.
- (c) Preceptorship. A DHA must, after completion of the requirements in subsection (b) of this section, under the direct supervision of a dentist, DHAT, or DHATP, complete a preceptorship. The DHA must satisfactorily perform a minimum of 25 sealant procedures including:
- (1) a minimum of 10 on molars;
 - (2) a minimum of 5 on children under 7 years of age; and
 - (3) a minimum of 10 on second molars.
- (d) Supervision.
- (1) A DHA certified in sealants may provide services under the scope of practice listed in this skillset provided that the sealant was ordered by a dentist, DHAT, or DHATP prior to the sealant procedure and following the requirements of (A), (B), or (C) below:
 - (A) under the direct supervision of a dentist, DHAT, DHATP.
 - (B) under the indirect supervision of a dentist, DHAT or DHATP if they have the following:
 - i. a signed set of standing orders.
 - (C) under the general supervision of a dentist if they have both of the following:
 - i. a signed set of standing orders; and
 - ii. D2.30.100 [village based dental practice] skillset.

(e) Scope of Practice. Includes (1) and (2) below:

(1) Knowledge/Skills. A DHA certified in sealants must maintain an understanding of:

- (A) dental treatment plans;
- (B) identifying contraindications for sealant treatment;
- (C) explaining sealant procedure and responding to questions from patient regarding sealants;
- (D) proper patient and provider safety procedures;
- (E) sealant material(s) and instructions for use;
- (F) isolating teeth to be sealed;
- (G) identifying and correcting occlusal discrepancies caused by excess sealant; and
- (H) sealant retention.

(2) Competencies. A DHA certified in sealants must maintain and demonstrate competency in the following:

- (A) sealant placement.

Sec. D2.30.300. Dental Prophylaxis.

(a) Prerequisites. To qualify for this skillset, a DHA must have completed certification requirements for one or more of the following:

- (1) D2.20.200 [PDHA II].
- (2) D2.20.400 [EFDHA I].

(b) Education. Must satisfactorily complete (1), (2), or (3) below:

(1) a Board approved course in dental prophylaxis that satisfies the requirements of (A) and (B) below:

(A) Subject Matter. A course in dental prophylaxis must address the following topics:

- i. understanding and following dental orders;
- ii. reviewing medical history and identify contraindications for performing prophylaxis;
- iii. understanding scope of practice and when the patient should be referred to a dentist;
- iv. explaining prophylaxis procedure and respond to questions from patient regarding prophylaxis;
- v. proper patient and provider safety procedures, including:
 - (I) proper use of dental instruments for safety of patient and provider; and
 - (II) proper use of ultrasonic scalers;
- vi. scaling and polishing to remove plaque, calculus, and stains from the coronal or exposed surface of the tooth.

(B) Training. The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (A) of this section; hands-on practice must include a minimum of 16 hours, of which, 8 hours must be clinical encounters.

- (2) a course in dental prophylaxis offered by an accredited school of higher education.
- (3) a course in dental prophylaxis offered or approved by IHS.

(c) Preceptorship. A DHA must, after completion of the requirements in subsection (b) of this section, under the direct supervision of a dentist, DHAT, or DHATP complete a preceptorship. The DHA must satisfactorily perform a minimum of 40 dental prophylaxis of which:

- (1) a minimum of 10 must be performed on children under 8 years of age; and
- (2) a minimum of 10 must be performed on adults with supra-gingival calculus.

(d) Supervision.

(1) A DHA certified in dental prophylaxis may provide services under the scope of practice listed in this skillset provided that the dental prophylaxis was ordered by a dentist, DHAT, or DHATP prior to the dental prophylaxis procedure and following the requirements of (A), (B), or (C) below:

- (A) under the direct supervision of a dentist, DHAT, DHATP.
 - (B) under the indirect supervision of a dentist, DHAT or DHATP if they have the following:
 - i. a signed set of standing orders.
 - (C) under the general supervision of a dentist if they have both of the following:
 - i. a signed set of standing orders; and
 - ii. D2.30.100 [village based dental practice] skillset.
- (e) Scope of Practice. Includes (1) and (2) below:
- (1) Knowledge/Skills. A DHA certified in dental prophylaxis must maintain an understanding of:
 - (A) understanding and following dental orders;
 - (B) reviewing medical history and identifying contraindications for performing prophylaxis;
 - (C) understanding when the patient should be referred to a dentist prior to carrying out prophylaxis;
 - (D) explaining prophylaxis procedure and respond to questions from patient regarding prophylaxis;
 - (E) proper patient and provider safety procedures;
 - (F) proper use of dental instruments for safety of patient and provider;
 - (G) proper use of ultrasonic scalers; and
 - (H) scaling and polishing to remove plaque, calculus, and stains from the coronal or exposed surface of the tooth.
 - (2) Competencies. A DHA certified in dental prophylaxis must maintain and demonstrate competency in the following:
 - (A) child dental prophylaxis; and
 - (B) adult dental prophylaxis with coronal or clinically visible calculus.

Sec. D2.30.400. Dental Radiology.

- (a) Prerequisites. To qualify for this skillset, a DHA must have completed the certification requirements for one or more of the following:
 - (1) D2.20.200 [PDHA II].
 - (2) D2.20.400 [EFDHA I].
- (b) Education. Must satisfactorily complete (1), (2) or (3) below:
 - (1) a Board approved course in dental radiology that satisfies the requirements of (A) and (B) below:
 - (A) Subject Matter. A course in dental radiology must address the following topics:
 - i. components of an x-ray machine;
 - ii. kilovoltage (kVp);
 - iii. density and contrast;
 - iv. milliamperage (mA);
 - v. exposure time;
 - vi. sensor type;
 - vii. radiological protection;
 - viii. radiographic quality;
 - ix. radiographic technique;
 - x. presentation of radiographs;
 - xi. radiographic infection control;
 - xii. special radiograph techniques;
 - xiii. mounting and labeling of radiographs;
 - xiv. radiological protection of operator and patient;
 - xv. use and storage of the lead apron and thyroid collar;

- xvi. review medical history and identify contraindications for performing x-rays;
- xvii. recognition and correction of:
 - (I) distortion;
 - (II) overlap; and
 - (III) cone-cutting;
- xviii. use of sensor holding device;
- xix. positioning and exposing intra-oral radiographs;
- xx. troubleshooting technique errors;
- xxi. image labeling;
- xxii. use of landmarks to display images;
- xxiii. basic knowledge of film radiography; and
- xxiv. variety of digital radiography systems.

(B) Training. The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (A) of this section; hands-on practice must include a minimum of 10 anterior PAs, 10 posterior PAs, and 10 sets of bitewings.

(2) a course in dental radiology offered by an accredited school of higher education.

(3) a course in dental radiology offered or approved by IHS.

(c) Preceptorship. A DHA must, after completion of the requirements in subsection (b) of this section, under the direct supervision of a dentist, DHAT, or DHATP complete a preceptorship. The DHA must satisfactorily perform:

- (1) a minimum of 10 anterior periapical radiographs;
- (2) a minimum of 10 posterior periapical radiographs; and
- (3) a minimum of 5 sets of bitewings.

(d) Supervision.

(1) A DHA certified in dental radiology may provide services under the scope of practice listed in this skillset provided that the radiograph was ordered by a dentist, DHAT, or DHATP prior to the radiograph procedure and following the requirements of (A), (B), or (C) below:

(A) under the direct supervision of a dentist, DHAT, or DHATP.

(B) under the indirect supervision of a dentist, DHAT, or DHATP if they have the following:

- i. a signed set of standing orders.

(C) under the general supervision of a dentist, if they have the following:

- i. a signed set of standing orders.

(e) Scope of Practice. Includes (1) and (2) below:

(1) Knowledge/Skills. A DHA certified in radiology must maintain an understanding of:

- (A) radiological protection of operator and patient;
- (B) radiographic quality;
- (C) radiographic technique;
- (D) presentation of radiographs;
- (E) radiographic infection control;
- (F) special radiograph techniques;
- (G) mounting and labeling of radiographs;
- (H) use and storage of the lead apron and thyroid collar;
- (I) review medical history and identify contraindications for performing x-rays;
- (J) troubleshooting technique errors, including recognition and correction of:
 - i. distortion;
 - ii. overlap; and

- iii. cone-cutting;
 - (K) use of sensor holding devices;
 - (L) positioning and exposing intra-oral radiographs; and
 - (M) use of landmarks to display images.
- (2) Competencies. A DHA certified in radiology must maintain and demonstrate competency in the following:
- (A) bitewing radiographs;
 - (B) anterior periapical radiographs; and
 - (C) posterior periapical radiographs.

Sec. D2.30.500. Atraumatic Restorative Treatment (ART).

- (a) Prerequisites. To qualify for this skillset, a DHA must have completed the certification requirements for one or more of the following:
- (1) D2.20.200 [PDHA II].
 - (2) D2.20.300 [DHAH].
 - (3) D2.20.400 [EFDHA I].
- (b) Education. Must satisfactorily complete (1), (2), or (3) below:
- (1) A Board approved course in ART that satisfies the requirements of (A) and (B) below:
 - (A) Subject Matter. A course in atraumatic restorative treatment must address the following topics:
 - i. understanding and following dental orders;
 - ii. reviewing medical history and identifying contraindications for performing ART;
 - iii. identify cases appropriate for ART;
 - iv. understanding when the patient should be referred to a dentist, DHAT, or DHATP;
 - v. explaining ART procedure and responding to questions from patient regarding ART;
 - vi. proper patient and provider safety procedures, including proper use of dental instruments;
 - vii. isolating the tooth/teeth;
 - viii. removing gross caries with hand instruments;
 - ix. mixing, placing and contouring appropriate restorative material;
 - x. recognizing potential and actual procedural complications and consulting appropriately with the dentist, DHAT, or DHATP; and
 - xi. Evaluating occlusion.
 - (B) Training. The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (A) of this section; hands-on practice must include a minimum of 21 hours.
 - (2) a course in ART offered by an accredited school of higher education.
 - (3) a course in ART offered or approved by IHS.
- (c) Preceptorship. A DHA must, after completion of the requirements in subsection (b) of this section, under the direct supervision of a dentist, DHAT, or DHATP complete a preceptorship during which the DHA satisfactorily performs ART on:
- (1) a minimum of 10 patients of whom a minimum of 5 must be children under 4 years of age; and
 - (2) a minimum of 50 teeth.
- (d) Supervision.
- (1) A certified PDHA II, EFDHA I, or DHAH may provide services under the scope of practice listed in this skillset provided that a consult is done with a dentist, DHAT, or DHATP prior to the ART procedure and following the requirements of (A), (B), or (C) below:
 - (A) under the direct supervision of a dentist, DHAT, or DHATP.

- (B) under the indirect supervision of a dentist, DHAT, or DHATP if they have the following:
 - i. a signed set of standing orders.
- (C) Under the general supervision of a dentist if they have both of the following:
 - i. a signed set of standing orders; and
 - ii. D2.30.100 [village based dental practice] skillset.
- (e) Scope of Practice. Includes (1) and (2) below:
 - (1) Knowledge/Skills. A DHA certified in ART must maintain an understanding of:
 - (A) identifying contraindications for performing ART;
 - (B) identify cases appropriate for ART;
 - (C) understanding when the patient should be referred to a dentist;
 - (D) explaining ART procedure and responding to questions from patient regarding ART;
 - (E) proper patient and provider safety procedures, including proper use dental instruments; and
 - (F) recognizing potential and actual procedural complications and consulting appropriately with the dentist.
 - (2) Competencies. A DHA certified in ART must maintain and demonstrate competency in the following:
 - (A) Performing ART, which includes:
 - i. isolating the tooth/teeth;
 - ii. removing gross caries with hand instruments;
 - iii. mixing, placing and contouring appropriate restorative material; and
 - iv. evaluating occlusion.

Sec. D2.30.600. Basic Restorative.

- (a) Prerequisites. To qualify for this skillset, a DHA must have completed the certification requirements for one or more of the following:
 - (1) D2.20.400 [EFDHA I].
 - (2) D2.20.500 [EFDHA II].
 - (3) D2.20.300 [DHAH].
- (b) Education. Must satisfactorily complete (1), (2), or (3) below:
 - (1) A Board approved course in basic restorative functions that satisfies the requirements of (A) and (B) below:
 - (A) Subject Matter. A course in basic restorative functions must address the following topics:
 - i. advanced tooth morphology, structure and function;
 - ii. occlusion;
 - iii. restorative materials and instructions for use;
 - iv. discrimination between acceptable and unacceptable restoration;
 - v. placement and finishing of Class I, II, III and V restorations after preparation by the dentist, DHAT, or DHATP; and
 - vi. appropriate post-procedure instructions.
 - (B) Training. The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (A) of this section; hands-on practice must include a minimum of 21 hours.
 - (2) a course in basic restorative functions offered by an accredited school of higher education.
 - (3) a course in basic restorative functions offered or approved by IHS.
- (c) Preceptorship. Must, after completion of the requirements in section (b) of this section, under the direct supervision of a dentist, DHAT, or DHATP complete a preceptorship for a minimum of six months or 400 hours, whichever is longer. The preceptorship should encompass all the requirements of the scope of practice in this skillset, include at

least 50 satisfactory restorations, and show that the DHA has demonstrated competency at least five times in all the procedures listed under the competencies.

- (d) Supervision. This skillset may not be performed under general supervision.
 - (1) A DHA certified in basic restorative may provide services under the scope of practice listed in this skillset following the requirements of (A) or (B) below:
 - (A) under the direct supervision of a dentist, DHAT, or DHATP.
 - (B) under the indirect supervision of a dentist, DHAT, or DHATP if they have the following:
 - i. a signed set of standing orders.
- (e) Scope of Practice. Includes (1) and (2):
 - (1) Knowledge/Skills. A DHA certified in basic restorative must maintain an understanding of:
 - (A) advanced tooth morphology, structure and function;
 - (B) the difference between acceptable and unacceptable restorations;
 - (C) restorative materials;
 - (D) the basics of occlusion as they apply to restorative dentistry; and
 - (E) appropriate post-procedure instructions.
 - (2) Competencies. A DHA certified in basic restorative must maintain and demonstrate competency in the following simple restorations:
 - (A) Class I restorations;
 - (B) Class II restorations;
 - (C) Class III restorations; and
 - (D) Class V restorations.

Sec. D2.30.700. Stainless Steel Crown Placement on Primary Teeth.

- (a) Prerequisites. To qualify for this skillset, a DHA must have completed the certification requirements for one or more of the following:
 - (1) D2.20.300 [DHAH].
 - (2) D2.20.400 [EFDHA I].
- (b) Education. Must complete (1), (2), or (3):
 - (1) a Board approved course in stainless steel crown placement that satisfies the requirements of (A) and (B) below:
 - (A) Subject Matter. A course in stainless steel crowns must address the following topics:
 - i. selecting the appropriate stainless steel crown and cementation materials;
 - ii. space requirement for stainless steel crown placement, including using spacers to create space;
 - iii. preventing and managing aspiration risk;
 - iv. modifying the crown, as necessary;
 - v. checking and correcting occlusion, contact and margins of stainless steel crown;
 - vi. cementing and removing excess cement;
 - vii. reverifying the occlusion; and
 - viii. providing appropriate post-procedure instructions.
 - (B) Training. The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (A) of this section; hands-on practice must include a minimum of 14 hours.
 - (2) a course in stainless steel crown placement offered by an accredited school of higher education.
 - (3) a course in stainless steel crown placement offered or approved by IHS.

- (c) Preceptorship. A DHA must, after completion of the requirements in subsection (b) of this section, satisfactorily complete a preceptorship, which must meet (1) and (2) below:
 - (1) be under the direct supervision of a dentist, DHAT, or DHATP.
 - (2) include satisfactory performance, in the DHA's clinical setting, of placing a minimum of 20 stainless steel crowns.
- (d) Supervision. This skillset may not be performed under general supervision.
 - (1) A certified EFDHA I or DHAH may provide services under the scope of practice listed in this skillset following the requirements of (A) or (B) below:
 - (A) under the direct supervision of a dentist, DHAT or DHATP.
 - (B) under the indirect supervision of a dentist, DHAT or DHATP if they have the following:
 - i. a signed set of standing orders.
- (e) Scope of Practice. Includes (1) and (2) below:
 - (1) Knowledge/Skills. A DHA certified in stainless steel crown placement on primary teeth must maintain an understanding of:
 - (A) space requirement for stainless steel crown placement, including using spacers to create space;
 - (B) selecting the appropriate stainless steel crown and cementation material;
 - (C) preventing and managing aspiration risk;
 - (D) modifying the crown, as necessary;
 - (E) checking and correcting occlusion, contact and margins of stainless steel crown;
 - (F) cementing and removing excess cement;
 - (G) re-verifying the occlusion; and
 - (H) providing appropriate post-procedure instructions.
 - (2) Competencies. A DHA certified in stainless steel crown placement on primary teeth must maintain and demonstrate competency in the following:
 - (A) placement of a stainless steel crown.

Sec. D2.30.800. Advanced Restorative.

- (a) Prerequisites. To qualify for this skillset, a DHA must have completed the certification requirements for one or more of the following:
 - (1) D2.20.500 [EFDHA II].
 - (2) D2.20.300 [DHAH].
- (b) Education. Must complete (1), (2), or (3) below:
 - (1) A Board approved course in advanced restorative functions that satisfies the requirements of (A) and (B) below:
 - (A) Subject Matter. A course in advanced restorative functions must address the following topics:
 - i. the basics of occlusion as they apply to restorative dentistry;
 - ii. current state-of-the-art dentinal bonding agents;
 - iii. placement and finishing of cusp protected amalgam and complex Class II amalgams (complex fillings) after preparation by the dentist, DHAT, or DHATP;
 - iv. placement and finishing of dental composite Class II and IV (complex fillings) after preparation by the dentist, DHAT, or DHATP; and
 - v. appropriate post-procedure instructions.
 - (B) Training. The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (A) of this section; hands-on practice must include a minimum of 21 hours.

- (2) a course in advanced restorative functions offered by an accredited school of higher education.
- (3) a course in advanced restorative functions offered or approved by IHS.
- (c) Preceptorship. An EFDHA II must after completion of the requirements in subsection (b) of this section, satisfactorily complete a preceptorship, which will meet all of the following:
 - (1) be under the direct supervision of a dentist;
 - (2) be a minimum of six months or 400 hours whichever is longer; and
 - (3) include satisfactory performance in the DHA's clinical setting under direct supervision of a dentist, DHAT, or DHATP a minimum of 50 complex restorations.
- (d) Supervision. This skillset may not be performed under general supervision.
 - (1) A DHA certified in advanced restorative may provide services under the scope of practice listed in this skillset following the requirements of (A) or (B) below:
 - (A) under the direct supervision of a dentist, DHAT, or DHATP.
 - (B) under the indirect supervision of a dentist, DHAT, or DHATP if they have the following:
 - i. a signed set of standing orders.
- (e) Scope of Practice. Includes (1) below:
 - (1) Competencies. A DHA certified in advanced restorative must maintain and demonstrate competency in the following complex restorations:
 - (A) Cuspal coverage Class II restorations; and
 - (B) Class IV restorations.

Chapter D-3 DHA Continuing Education

Article 10. Continuing Education

Sec. D3.10.100. DHA Continuing Education Hours.

In the 24 months prior to the current certificate expiration date, or in the case of a lapsed certificate or delayed application, 24 months prior to the application date, an applicant for certification must complete 20 hours of continuing education approved by the Board on varied or updated topics that must include both (a) and (b):

- (a) at least 10 hours of the subject matters must be listed in the education section of one of the DHA levels in chapter D-2 [standards for DHAs].
- (b) all other hours must be related to the practice of dentistry.

Sec. D3.10.200. DHA Approved Continuing Education Courses.

- (a) Subject Matter. To be approved by the Board, a continuing education course for a DHA must:
 - (1) be related to the practice of dentistry; and
 - (2) be no less than 1 hour in length.
- (b) Sponsorship. A continuing education course that meets the subject matter requirements above and is sponsored by any of the following organizations is considered approved by the Board:
 - (1) a certified CHA/P Training Center;
 - (2) the American Dental Association;

- (3) the Academy of General Dentistry;
 - (4) the Alaska Dental Society;
 - (5) the Alaska Dental Hygiene Society;
 - (6) an accredited postsecondary educational institution; or
 - (7) the Indian Health Service or other agencies of the Federal government.
- (c) Tribal Continuing Education Course. A continuing education course provided by the tribe or tribal health organization that meets the subject matter requirements above may be approved by the Board upon meeting the requirements of section D3.10.210 [tribal continuing education course approval].
- (d) Other. A continuing education course not sponsored by one of the organizations listed in subsections (b) or (c) above must be individually approved by the Board. Such approval can be provided at the time of application for recertification if the applicant submits evidence sufficient to permit the Board to determine whether the training meets the requirements of this section.

Sec. D3.10.210. Tribal Continuing Education Course Approval.

Continuing education course(s) may be approved by the Board provided it meets the minimum continuing education requirements identified in section D3.10.200(a) [DHA approved continuing education courses; subject matter] and has been reviewed and is recommended by the Dental Academic Review Committee. The submission of the plan or curriculum for the continuing education course(s) may be done prior to or after the course has been conducted. Approval may be granted for more than one course at a time. Re-approval should be obtained every three years.

Chapter D-4. DHA Training Programs

Article 10. Training Facilities, Staff, Administration, and Curriculum

Sec. D4.10.100. Training Facilities.

DHA training may occur in (a) or (b):

- (a) Any facility that supplies evidence satisfactory to the board that it meets Commission on Dental Accreditation (CODA) standards.
- (b) Any tribal health organization with facilities appropriate to the training being provided and as necessary, other locations may be used provided they meet the standards set forth in this section.
 - (1) For training not requiring clinical activity, the facility must provide classroom or e-classroom environments that are conducive to a positive learning experience for faculty and students by ensuring that:
 - (A) traditional classrooms have appropriate space and privacy. Specific consideration in the areas of safety, adequacy of space, air quality, lighting, heating; and
 - (B) e-classrooms have policies on privacy, and have appropriate lighting, limited noise, and an ergonomic environment.
 - (2) For training requiring clinical activity, any Federal, State, college/university, or tribal facility with space, equipment and materials appropriate and adequate to provide each student with a sufficient opportunity to observe and participate in the training activities.

Sec. D4.10.200. Training Staff Qualifications and Roles.

- (a) DHA Instructors. DHA instructors should be certified or licensed in the US, current on their required credentials, and have formal training in the knowledge and skills that they are teaching. These may include dentists, dental hygienists, dental therapists and dental health aide therapists/practitioners, and dental assistants. All clinical encounters must be supervised by a professional who is certified or licensed to perform the skill(s) they are teaching. Instructors must additionally be familiar with the community health aide program and the CHAPCB *Standards and Procedures*.
- (b) DHA Advisors. All DHA training must be conducted under the mentorship of a DHA advisor who must be a Dental Academic Review Committee member and who is familiar with the community health aide program and the CHAPCB *Standards and Procedures*. The DHA advisor may or may not participate directly in the training but must be familiar with it. The advisor has to approve the curriculum being taught and the qualifications of the training staff. They must be available to consult with training staff during the training session should the need arise. Such consultation may occur telephonically, electronically or in person.

Sec. D4.10.300. DHA Training Administration.

- (a) Educational Philosophy. DHA training must focus on quality healthcare, competency-based instruction, clinical instruction and skills, awareness of cultural influences, create a positive learning environment, and respect for the unique needs of the adult learner.
- (b) Commitment of Administration. The sponsor of Board approved DHA courses and continuing education must work with the Alaska Native Tribal Health Consortium (ANTHC) Department of Oral Health Promotion which will accept and retain records including: course type, dates, student names, schedule, instructors, certificates of completion, course evaluations and documentation of board approval.
- (c) Secretarial Support. A DHA course at a tribal health organization should have administrative and secretarial support sufficient to assure timely and smooth functioning of the course and transmittal of records to the ANTHC Department of Oral Health Promotion.

Article 20. DHA Training Curriculum

Sec. D4.20.100. Training Curriculum.

DHA training curriculum or course(s) may be approved by the Board provided it meets the minimum curriculum requirements set forth in these Standards for the subject or skillset being taught and has been reviewed and is recommended by the Dental Academic Review Committee.

Chapter D-5. Dental Academic Review Committee (DARC)

Sec. D5.10.100. Dental Academic Review Committee (DARC) Purpose.

The Dental Academic Review Committee is a committee of Alaska tribal health organization members that advises the Alaska Community Health Aide Program Certification Board in matters of DHAs including curriculum, CHAM, clinical training, certification, continuing education, and standards.

Sec. D5.10.200. Dental Academic Review Committee (DARC) Membership.

The DARC must include:

- (a) three dentists who are employed by the IHS, a tribe or tribal organization, provided that at least:
 - (1) one must be actively involved in development and implementation of DHA training;
 - (2) one must be the director or deputy director dentist in a tribal health program; and
 - (3) one must be actively engaged in clinical practice;
- (b) one licensed dental hygienist employed by the IHS, a tribe or tribal organization;
- (c) a DARC nominated Alaska certified DHAT or DHATP;
- (d) an Alaska Dental Therapy Educational Program representative; and
- (e) to the extent feasible, one representative from each tribal health organization that employs a DHA.