

Community Health Aide Program Certification Board
Standards and Procedures
Amendments approved on October 6-7, 2026.

During the Community Health Aide Program Certification Board (CHAPCB) meeting on October 6-7, 2026, the following amendments were made to the CHAPCB Standards and Procedures.

Changes are marked as follows:

~~Strikethrough~~ = removed content

Underline = new content

These updates reflect our continued commitment to improving processes and supporting our partners. *The application documents will be updated to reflect these changes.*

You may access a copy of the full CHAPCB Standards and Procedures, as amended October 7, 2026 at: www.akchap.org/chapcb/standards-and-procedures.

If you would like to learn more about the process for proposing amendments to CHAPCB Standards and Procedures, please email: chapcb@anthc.org.

Sec. A3.10.030. Grounds for Discipline.

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- (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 or audit conducted consistent with the *Standards and Procedures*;

Sec. B1.30.100. BHA Recertification Requirements.

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- (b) provide evidence satisfactory to the Board that the applicant continues to demonstrate the ~~practical professional~~ competencies required for the level of certification sought;

Chapter B-4. Article 10. Training Programs, Facilities, and Training Staff

Article 10. Training Center ~~Programs~~ Processes, Facilities, and ~~Training~~ Staff ing

Sec. B4.10.060. Course Development and Delivery

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- (a) Instructional materials shall be consistent with Section B5: Behavioral Health Aide and Practitioner Curricula.
- (b) Each course shall include a detailed syllabus that, at a minimum, contains the following:
 - (1) Course description
 - (2) Learning objectives
 - (3) Contact hours
 - (4) Attendance policy
 - (5) Instructor contact information and office hours
 - (6) Delivery method, including location, date, and time
 - (7) Grading policy and procedures
- (c) Each course shall include a course evaluation designed to assess instructor knowledge and course content.
- (d) Class size shall be appropriate to the curriculum and sufficient to support achievement of the stated learning objectives.
- (e) Instruction shall ensure integration of the BHA/P Curriculum, the BHAM, and the BHA Knowledge and Skills, and shall adhere to the established BHA scope of practice.
- (f) The Training Center shall maintain the capability to provide students with proof of course completion.
- (g) The Training Center shall maintain an electronic filing system for the storage of student course completion records and shall provide certificates of completion upon student request.

Sec. B4.10.070. BHA Training Center Self-Evaluation.

Sec. B4.10.060 070. 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;
 - (2) documentation of meetings for staff evaluation of training sessions and quarterly program reviews;
 - (3) Instructional materials must be reviewed for accuracy every three years; and
 - (4) Externally linked content not created by the instructor must be checked for accuracy prior to every session.
- (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.

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

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

The Behavioral Health 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 BHAs including curriculum, BHAM, Training Centers, certification, continuing education, and standards.

(f) ~~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 [licensed behavioral health clinician], or behavioral health professionals, as defined in section A1.20.010 [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.~~

~~(g) 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.~~

Sec. B6.10.200. Behavioral Health Academic Review Committee (BHARC) Membership.

Sec. B6.10.200. Behavioral Health Academic Review Committee (BHARC) Membership.

The BHARC must have at least seven (7) members including the following composition:

(a) Three licensed behavioral health clinicians or behavioral health professionals, as defined in the CHAPCB Standards and Procedures, who are employed by the Indian Health Service, a tribe, or tribal organization, provided that at least:

(1) One must be actively involved in the clinical supervision of BHA/Ps at their organization;

(2) One must be actively licensed in the field of behavioral health; and

(3) One must be actively engaged in clinical practice.

- (b) One CHAPCB Member Representative, appointed by the Tribal Behavioral Health Directors Committee (TBHDC).
- (c) Three Behavioral Health Aides employed by the Indian Health Service, a tribe, or tribal organization.
- (d) To the extent feasible and with approval from BHARC, one representative from each tribal health organization that employs a BHA.

Sec. C1.30.100. CHA Recertification Requirements.

Sec. C1.30.100. CHA Recertification Requirements.

- (c) provide evidence satisfactory to the Board that the applicant continues to demonstrate the ~~practical professional~~ competencies required for the level of certification sought;

Sec. C1.30.200. CHA Re-Entry.

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 has not, completed a minimum of 120 full HEAP patient encounters during their two-year certification cycle and has not worked clinical hours in direct patient care in every six month period, that applicant shall have a re-entry evaluation, following Board approved guidelines, including:

- (a) 15 patient encounters for all re-entering Health Aides, to include the following patient types:
 - (1) CHA II: two sick children.
 - (2) CHA III: two sick children, two Well Child Visits, and two return prenatal visits.
 - (3) CHA IV and CHP: two sick children, two Well Child Visits, two return prenatal visits, and two chronic care visits.

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

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

- (d) 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;

Chapter C-2. Article 30. Advanced Skills for Community Health Aides and Practitioners

Article 30. Advanced Skills for Community Health Aides and Practitioners

Sec. C2.30.010. Authority.

- (a) This Board retains the authority to approve, modify, restrict, suspend, or revoke advanced skill certification at any time.

Sec. C2.30.020. Definition.

(a) An "advanced skill" is a specific, teachable, structured procedure, technique or protocol for patient care that:

- (1) is in addition to the skills and the scope of CHA/P basic training;
- (2) remains consistent with CHA/P basic training that includes learning objectives, hands-on skills, and demonstration of competency to a satisfactory level;
- (3) remains consistent with the CHA/P role in the village clinic setting to provide safe and necessary patient care;
- (4) is limited to non-emergency medical skills;
- (5) may be performed by a certified CHA/P who is employed by a tribal health organization, is in good standing, and only under specific circumstances;
- (6) complies with these Standards and Procedures; and
- (7) is approved for use within a specific tribal health organization and by the Board.

Sec. C2.30.030. Limitations.

(a) Not all possible advanced skills may be considered appropriate or approved under certification at the discretion of the Board. Some skills may remain outside the CHA/P scope of practice under certification, even with additional training. The Board reserves the right to determine which advanced skills are considered appropriate for inclusion under certification.

Sec. C2.30.040. Requirements.

An advanced skill must:

- (a) be within the scope of practice and training of the independently licensed healthcare professional who train and assesses competencies for the advanced skill;
- (b) be within the scope of practice and training of the supervising physician or their designated independently licensed healthcare provider (medical traffic provider) overseeing the CHA/P's patient encounter and the advanced skill in which the CHA/P uses it;
- (c) remain optional for individual CHA/Ps to perform;
- (d) be approved through the Board application process that includes a tribal health organization's proposed plan for CHA/P training, demonstration of competency, and re-evaluation of competency with appropriate documentation;
- (e) require review and co-signature by the supervising physician or designated supervising provider for each patient encounter involving an advanced skill;
- (f) include other requirements for Board approval considered necessary;
- (g) may be suspended or revoked by the tribal health organization medical director or their physician designee within the tribal health organization for medical or safety reasons for an individual CHA/P or regionally. The Board is to be informed within 10 business days of such action with relevant information. It may be reinstated at the tribal health organization medical director's discretion, requiring that the Board be notified within 10 business days; and
- (h) require periodic re-evaluation of each CHA/P's training and competencies every 2 years unless otherwise specified by the Board.

Sec. C2.30.050. Process for Tribal Health Organization Advanced Skill Approval.

(a) Application. A tribal health organization seeking approval for an advanced skill shall submit an application in the form and by the process the Board requires. The application must:

- (1) identify a specific health need within the community and how the advanced skill addresses it;
 - (2) provide an overview and specific information about initial training and demonstration to the required level of competency and re-evaluation of competency every two years unless otherwise specified by the Board;
 - (3) describe the advanced skill procedure, technique, or protocol step-by-step using widely accepted references; and
 - (4) include the plan by the tribal health organization to implement and review the use of the advanced skill and update the Board as required under certification. This shall include medical and administrative oversight staff appropriate to the tribal health organization.
- (b) Review process. The staff assigned to the Board and either the Board or its designated work group will review applications, may require deadlines before meetings, request additional information, and suggest changes before consideration. The work group must consist of physicians, state licensed advanced practice providers, and CHPs, who are experts in areas of CHA/P training, evaluation, and scope of practice.
- (c) Consideration. The tribal health organization will have an opportunity to present the proposal to the Board and answer questions at the time of consideration before a decision is made, during which time the designated work group will share its recommendations. Board members representing or employed by the tribal health organization proposing the advanced skill need to recuse themselves from voting.
- (d) Decision and Implementation. Upon approval, the Board will provide implementation requirements and an expiration date. If denied, reasons will be given with any recommendations. If the tribal health organization wants to amend the application, it can be resubmitted through the designated process for reconsideration.

Sec. C2.30.060. Appeal Process

- (a) Appeal Process. If the Board denies an application for an advanced skill, the tribal health organization may initiate processes set forth in chapter A-4 [hearing, requests for reconsideration, and appeals].

Sec. C2.30.070. Ongoing Requirements.

- (a) The tribal health organization will report CHA/Ps in good standing who successfully meet initial and recertification requirements for the advanced skill to the Board. The Board will add the tribal health organization, advanced skill, and expiration date for the advanced skill to the CHA/P's certification file and certificate. A CHA/P's use of an advanced skill is specific to a CHA/P's practice within the tribal health organization that it is approved for.
- (b) The tribal health organization must establish reporting systems and conduct ongoing quality assurance.

Sec. D1.30.100. DHA Recertification Requirements.

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- (a) provide evidence satisfactory to the Board that the applicant continues to demonstrate the ~~practical professional~~ competencies required for the level of certification sought.

Sec. 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 in (a) and (b) 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.~~ As requested, a supervising dentist must write a letter to the Board stating that they understand that the applicant has had an extended clinical absence. It must also state that the amount of supervision provided during the applicant's re-entry was adequate to assess the DHA's skills and the DHA was able to reliably and competently complete the skills required to be certified at the level of certification and for all the skillsets sought.

Sec. D1.40.100. Multiple Simultaneous Employers.

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- (b) Initial Application with a Secondary Employer.
 - (3) provide evidence satisfactory to the Board that the applicant continues to demonstrate the ~~practical professional~~ competencies required for the level of certification sought.

Sec. D1.40.200 Change of Employer.

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- (c) provide evidence satisfactory to the Board that the applicant continues to demonstrate the ~~practical professional~~ competencies required for the level of certification sought.

Chapter D-1. Article 50. DHA Letter of Eligibility for Certification

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Sec.D1.50.100 DHA Letter of Eligibility for Certification

A DHA who has met the prerequisites, education and training components required for certification, but does not yet meet continuing education, preceptorship or supervision requirements may apply for a Conditional Certificate. A Conditional Certificate is not certification.

- (a) Purpose. A Conditional Certificate's purpose is to inform a potential employer of the following:
 - (1) a DHA has met all of the prerequisites, training and education requirements for the certification level and skillsets they will be applying for
 - (2) what preceptorship, supervision and continuing education requirements remain for the certification level and skillsets they will be applying for

- (b) The Board shall issue a DHA Conditional Certificate to a person who meets all the qualifications and requirements below:
- (1) Applies on forms provided by the board;
 - (2) Pays the application fee required;
 - (3) If applying for certification as a Dental Health Aide Therapist Practitioner (DHATP), submits a current ADTEP issued DHATP credential document;
 - (4) 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];
 - (5) Furnishes evidence satisfactory to the Board that the person has completed the prerequisites, training and education requirements for the certification level and skillsets they will be applying for;
 - (6) Furnishes evidence satisfactory to the board that the applicant understands the purpose of the conditional certificate;
 - (7) 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;
 - (8) 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];
 - (9) furnishes evidence satisfactory to the Board that they will practice only under supervision identified in D2.10.100 [supervision of DHAs]; and
 - (10) Furnishes evidence satisfactory to the Board that the person maintains a current BLS certification.

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

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

- (b) Scope of Practice. Includes (1) and (2) below:
- (2) Competencies. A certified DHAT must maintain and demonstrate competency in:
 - (R) pulp vitality testing; and
 - ~~(S)~~ suture placement and removal; and
 - ~~(T)~~ intraoral and extraoral photographs.