



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Behavioral Health Aide Education Program Application

Applicant Information

Applicant Name *

Pronouns

First Name

Middle Name

Last Name

Applicant Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Race/Ethnicity *

Tribal Affiliation

Phone Number *

Email Address *

Applicant E-mail *

example@example.com

Current Employer/Tribal Health Organization *

Hire Date

Clinical Supervisor

(name, email, phone)

Academic Information

High School Name

Start and End Date

Did you Graduate?

Yes

No

Diploma or GED?

College/University Name

Start and End Date

Minor

Major

Diploma or Degree

Did you graduate?

Yes

No

Other Type of Academic Institution

Start and End Date

Major

Minor

Diploma // Degree // Certificate

Did you graduate?

Yes

No

Statements of Intent

We would like to get to know you more as a person and what makes you a great fit for the BHA Education Program. Please complete the short answer questions below.

Narrative: *

1-2 paragraphs outlining your current interest in becoming a behavioral health aide and how you think the BHA Education Program will benefit your goals.

Narrative: *

What are your short-term and long-term goals in the behavioral health field?

Narrative: *

Please summarize any anticipated or potential challenges/struggles that may prevent you from being able to actively participate for the full two-year commitment (examples: health complications, caring for family members, etc.) Please note that this does not exclude you from participating, rather, it helps us to prepare for and readily support you in the happenstance that these issues arise. How can we best support you?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to enrollment, I understand that false or misleading information in my application may result in my release.

Signature
