

**PROGRAM OF STUDIES
FOR BEHAVIORAL HEALTH AID
OCCUPATIONAL CERTIFICATE OF COMPLETION**
(Submit to Graduation Office after all signatures obtained)

Student Name: _____ **Student ID:** _____

Name of Program: Behavioral Health Aid

Completion Date: _____

REQUIREMENTS:

Core Requirements:

Course #	Title	Credits	Term	Completed	Grade
RHS 110	Cross-Cultural Bridging Skills	1			
RHS 115	Issues in Personal Development	2			
RHS 120	Family Systems I	2			
RHS 130	Process of Community Change	2			
RHS 140	Alaska Native Values and Principles	1			
RHS 150	Introduction to Rural Counseling	2			
RHS 285	Case Management	2			
RHS 260	Addictions: Intervention and Treatment	2			
RHS 275	Introduction to Mental Illness and Recovery	2			

Additional Requirements:

Total Credits Required 16

I certify that the above named student has successfully completed all of the requirements for this Occupational Certificate of Completion and request that it be posted to his/her transcript for _____ semester _____ year.

Program Head: _____ **Signature** _____ **Date:** _____
(printed name)

Campus Director: _____ **Signature:** _____ **Date:** _____
(printed name)

Dean: _____ **Signature:** _____ **Date:** _____
(Printed name)

For Enrollment Services Only:
Process date _____ Processed by _____