Application Documents Checklist

1. Two copies of Curricular Vitae

2. Three recommendation letters from instructors and/or supervisors who are able to comment on current clinical skills and interests, academic and research background, learning style, and interpersonal style in teams

3. Letter of intent

4. Completed and signed Wellness Center Mental Health Services Student Application Form

5. Utilized any clinical services at the Wellness Center Mental Health Services, formerly the UCCS University Counseling Center  Yes________ No _________

(If no continue with process for applying, if yes then you are ineligible to apply)
Wellness Center Mental Health Services (MHS)
Student Application Form

Please fill in all the blanks.

Student Name: ________________________________________________________________

Mail address:_______________________________________________________________

City: ______________ State: _____ Zip code:_____ Email:___________________________

Ph: (Home)______________ (Work)_________________ (Cell)______________________

Name of School/Campus: ______________________________________________________

Department: __________________________ Specialty (if applicable):_______________

Academic Supervisor/Dean of Clinical Training (DCT): _____________________________

DCT/Academic Supervisor’s Phone: ________________________ E-mail: ______________

Intended Start Date at MHS: ___/___/____    Intended End Date at MHS: ___/___/____

How many hours per week will you be able to work at MHS? _________________________

If applicable, please specify your program requirements by filling the following blanks. If these
are not applicable to your program, you may put “n/a” in the corresponding blanks:

Required direct service hours (e.g. face-to-face, session progress notes and reports, phone
contact, etc.): __________________________________________________________________

Required psychological testing hours: _____________________________________________

Any supervision format specifications (e.g. individual, group, peer, etc.) _________________

__________________________________________________________

Any other program specifications for your practicum/internship experience that were not
mentioned above: ____________________________________________________________

__________________________________________________________

Applicant Signature ___________________________________   Date_______________

If you have any questions, please contact Cathy Calvert, PsyD. at (719) 255-3660 or at ccalvert@uccs.edu