
Wellness Center
1420 Austin Bluffs Parkway
Colorado Springs, CO 80918
Phone: (719) 255-4444

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)

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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