

Information Form

Colorado State University Health Network Advanced Practicum Training

Contact Information:

Applicant Name: Click here to enter text.

Applicant Address: Click here to enter text.

Applicant Preferred Contact Phone Number: Click here to enter text.

Applicant Secondary Contact Phone Number: Click here to enter text.

Applicant Email Address: Click here to enter text.

Minimum Qualifications Information:

Name of applicant's doctoral program: Click here to enter text.

Is this program accredited? Choose an item.

Date of doctoral degree completion (or anticipated date)*: Click here to enter text.

**This is defined as having either your diploma in hand or having completed ALL degree requirements pending institutional graduation ceremony.*

Will you be available to attend our training/orientation period in the first three weeks of August? Choose an item.

Have you ever received therapy through the CSUHN? Choose an item.

Please note that students who have received counseling services from the CSUHN within the last two years are not eligible for this position. The eligibility of students who received counseling services from the CSUHN more than two years ago will be reviewed on a case-by-case basis, to avoid potential dual role relationships. Please contact the CSUHN Training Director, Aki Hosoi (Aki.Hosoi@colostate.edu), if you have questions concerning your eligibility.