

Information Form

Colorado State University Health Network Beginning Practicum Training

Contact Information:

Applicant Name:

Applicant Address:

Applicant Preferred Contact Phone Number:

Applicant Secondary Contact Phone Number:

Applicant Email Address:

Minimum Qualifications Information:

Will you be available to attend our training/orientation period scheduled for the third week of August Please enter yes or no.

Will you be available to meet with our Human Resources staff sometime during the second week of August, prior to Orientation? Please enter yes or no.

Will you be available to attend PyraMed (P5) training scheduled sometime during the second week of August, prior to Orientation? Please enter yes or no.

Have you ever received therapy through the CSUHN? Please enter yes or no.

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.