Secretary of State
Office of Professional Regulation
Board of Allied Mental Health Practitioners

Disclosure Document for Clinical Mental Health Counselors

First Name	Middle Initial	Last Name
Connie	J	Chase
		License # 06800084693
Previous Name(s) (Maiden)	Douglas	

Formal Education	Name of Institution:	Antioch New England
	Dates Attended:	6/04/2001 - 11/15/2003
	Degree(s) awarded, if any:	LCMHC
Formal Education	Name of Institution:	
	Dates Attended:	__/__/__ - __/__/__
	Degree(s) awarded, if any:	
Experience	Description of Practice:	In patient for non profit hospital for over 20 yrs, assisted pt with mental health issues from depression to psychosis using multiple modal
	Location: City/State/Zip	Brattleboro, Vt 05301
	Duration:	4/15/2003 - __/__/__ Present
	Status:	Full-Time / Per Diem Part-Time
	Receive supervision or peer consultation?	YES NO
	How often?	
Experience	Description of Practice:	
	Location: City/State/Zip	
	Duration:	__/__/__ - __/__/__
	Status:	Full-Time Part-Time
	Receive supervision or peer consultation?	YES NO
	How often?	
Experience	Description of Practice:	
	Location: City/State/Zip	
	Duration:	__/__/__ - __/__/__
	Status:	Full-Time Part-Time
	Receive supervision or peer consultation?	YES NO
	How often?	

Scope of Practice	**Therapeutic Orientation:**	CBT, DBT, motivational interviewing, ACT
	Area of Specialization:	CBT
	Treatment Methods:	
	Special Qualifications:	

My practice is also governed by the Rules of the Board of Allied Mental Health Practitioners. It is unprofessional conduct to violate those rules. A copy of the rules may be obtained from the Board or online.

Client's Disclosure Confirmation

My signature acknowledges that I have been given the professional qualifications and experience of (Name, Name), a listing of actions that constitute unprofessional conduct according to Vermont statutes, and the method for making a consumer inquiry or filing a complaint with the Office of Professional Regulation. This information was given to me no later than my third office visit.
Bonnie Chase Leonhe 7/1/2025
Client's Signature or Parent/Guardian Date
Practitioner's Signature Date