



Secretary of State

Office of Professional Regulation

SOCIAL WORKER

Disclosure Document for Clinical Social Workers

First Name	Emily Ann	Middle Initial		Last Name	LaClair
				License #	156-0134337
Previous Name(s) (Maiden)					

  

Formal Education	Name of Institution:	Syracuse University
	Dates Attended:	8/24/2019 - 5/22/2021
	Degree(s) awarded, if any:	Masters of Social Work
Formal Education	Name of Institution:	Elmira College
	Dates Attended:	9/3/2015 - 6/2/2019
	Degree(s) awarded, if any:	Bachelors of Arts in Psychology & Criminal Justice
Experience	Description of Practice:	Clinical Case Manager - Cheshire County Behavioral Health Court Program
	Location: City/State/Zip	Keene, NH 03431
	Duration:	4/22/2024 - 2/7/2025
	Status:	<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time
	Receive supervision or peer consultation?	<input checked="" type="radio"/> YES <input type="radio"/> NO
	How often?	1 hour per week
Experience	Description of Practice:	#SAU29 - Fuller & Wheelock Elementary School - Adjustment Counselor
	Location: City/State/Zip	Keene, NH 03431
	Duration:	9/1/2022 - 6/1/2023
	Status:	<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time
	Receive supervision or peer consultation?	<input checked="" type="radio"/> YES <input type="radio"/> NO
	How often?	
Experience	Description of Practice:	Family Support Professional / Foster Care Clinic - Cayuga Centers
	Location: City/State/Zip	Auburn, NY 13021
	Duration:	1/1/2021 - 1/15/2022
Status:	<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time	

	Receive supervision or peer consultation?	YES	NO
	How often?	1 hour per week individual & peer	

Scope of Practice	Therapeutic Orientation:	n/a
	Area of Specialization:	n/a
	Treatment Methods:	n/a
	Special Qualifications:	n/a

#### 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.	
Client's Signature or Parent/Guardian	Date
Practitioner's Signature	Date