



Secretary of State

Office of Professional Regulation

SOCIAL WORKER

Disclosure Document for Clinical Social Workers

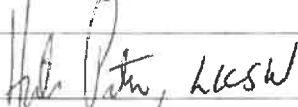
First Name	Heidi	Middle Initial		Last Name	Peterson
				License #	089-0000334 LICSW
Previous Name(s) (Maiden)					

Formal Education	Name of Institution:	Smith College School for Social Work
	Dates Attended:	6 / / 1987 - 8 / / 1989
	Degree(s) awarded, if any:	Master's of Social Work
Formal Education	Name of Institution:	
	Dates Attended:	/ / - / /
	Degree(s) awarded, if any:	
Experience	Description of Practice:	Clinical Social Worker/Psychotherapist
	Location: City/State/Zip	Brattleboro Retreat, Brattleboro, VT 05301
	Duration:	10 / / 1989 - / / to present
	Status:	Full-Time <input type="checkbox"/> Part-Time <input checked="" type="checkbox"/>
	Receive supervision or peer consultation?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	How often?	Every two weeks and as needed
	Description of Practice:	Psychotherapist
Experience	Location: City/State/Zip	Bennington, VT 05201
	Duration:	8 / / 2016 - / / to present
	Status:	Full-Time <input type="checkbox"/> Part-Time <input checked="" type="checkbox"/>
	Receive supervision or peer consultation?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	How often?	Every two weeks and as needed
	Description of Practice:	
	Experience	Location: City/State/Zip
Duration:		/ / - / /
Status:		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>

	Receive supervision or peer consultation?	YES	NO
	How often?		

Scope of Practice	Therapeutic Orientation:	Cognitive Behavioral, mindfulness and insight oriented
	Area of Specialization:	Adults and older adults; mood disorders, anxiety, grief, trauma, life stressors, couple's therapy
	Treatment Methods:	Cognitive behavioral, mindfulness, insight-oriented, and EMDR
	Special Qualifications:	EMDR certified

#### 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
	6-26-25
Practitioner's Signature	Date