

Vermont Secretary of
State
Office of Professional
Regulation
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www.vtprofessionals.org

Board of Psychological Examiners/Allied Mental Health Practitioners

Disclosure Document for Non-licensed and Non-certified Psychotherapists

First Name	Jason	Middle Initial	T	Last Name	Cartwright
				Registration #	097.0135720
Previous Name(s) (Maiden)					

Formal Education	Name of Institution:	University of Tennessee, Chattanooga
	Dates Attended:	____/08/1995 - 05/2001/____
	Degree(s) awarded, if any:	Bachelor of Science: Secondary Social Studies Education
Formal Education	Name of Institution:	University of Tennessee, Chattanooga
	Dates Attended:	____/08/2020 - 12/2022/____
	Degree(s) awarded, if any:	Master of Education, Counselor Education: Clinical Mental Health

Training	Title of Training Program:	SMART Recovery Facilitator Training
	Names & Addresses of trainer and/or institution:	SMART Recovery USA 7304 Mentor Avenue, Suite F Mentor, OH 44060
	Dates Attended:	____/02/2022 - 04/2022/____
	Subject and/or content	
	Credential(s) awarded, if any:	GSF 201: Facilitator
Training	Title of Training Program:	
	Names & Addresses of trainer and/or institution:	
	Dates Attended:	____/____/____ - ____/____/____
	Subject and/or content	
	Credential(s) awarded, if any:	
Training	Title of Training Program:	
	Names & Addresses of trainer and/or institution:	
	Dates Attended:	____/____/____ - ____/____/____
	Subject and/or content	
	Credential(s) awarded, if any:	

Experience	Description of Practice:	Practicum and Internship at the Council for Drug and Alcohol Services: Matrix IOP Program. IOP group for those with substance use disorders: 4 days a week for 3 hours a day of group counseling and individual counseling. Group was a blend of in-person and telehealth.	
	Location: City/State/Zip	Chattanooga, TN	
	Duration:	01 / 15 / 2022 - 12 / 15 / 2022	
	Status:	Full-Time	Part-Time
	Receive supervision or peer consultation?	YES X	NO
	How often?	2.5 Hrs/Wk	
Experience	Description of Practice:	Inpatient Clinical Psychiatric Social Worker/Therapist - Brattleboro Retreat	
	Location: City/State/Zip	Brattleboro, VT	
	Duration:	11 / 06 / 2023 - Present / /	
	Status:	Full-Time X	Part-Time
	Receive supervision or peer consultation?	YES X	NO
	How often?	Minimum 1 Hour Weekly	
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:	ACT, Person-Centered
	Area of Specialization:	ACT, DBT Skills, Substance use disorder and addictions treatment
	Treatment Methods:	Individual and group counseling, brief interventions

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 at <http://vtprofessionals.org/>

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	Date
Practitioner's Signature	Date