



Secretary of State

Office of Professional Regulation

SOCIAL WORKER

Disclosure Document for Clinical Social Workers

First Name <u>Kurt</u>	Middle Initial <u>L</u>	Last Name <u>White</u>
		License # <u>089-0001107</u>
Previous Name(s) (Maiden)		

Formal Education	Name of Institution:	<u>The University of Chicago</u>	
	Dates Attended:	<u>09/20/1995 - 6/30/1999</u>	
	Degree(s) awarded, if any:	<u>A.B.</u>	
Formal Education	Name of Institution:	<u>Smith College School for Social Work</u>	
	Dates Attended:	<u>05/25/2001 - 12/17/2003</u>	
	Degree(s) awarded, if any:	<u>MSW</u>	
Experience	Description of Practice:	<u>Belmont Health Network</u>	
	Location: City/State/Zip	<u>Holyoke, MA 01040</u>	
	Duration:	<u>11/11/2003 - 06/30/2009</u> (Ct. through Nov. 2005)	
	Status:	<u>Full-Time</u>	<u>Part-Time</u>
	Receive supervision or peer consultation?	<u>YES</u>	<u>NO</u>
	How often?	<u>weekly</u>	
Experience	Description of Practice:	<u>Brattleboro Retreat</u>	
	Location: City/State/Zip	<u>Brattleboro, VT 05302</u>	
	Duration:	<u>11/19/2005 - 1/1/2009</u> (Current)	
	Status:	<u>Full-Time</u>	<u>Part-Time</u>
	Receive supervision or peer consultation?	<u>YES</u>	<u>NO</u>
	How often?	<u>weekly</u>	
Experience	Description of Practice:	<u>Private Consultation</u>	
	Location: City/State/Zip	<u>telehealth</u>	
	Duration:	<u>06/01/2013 - 1/1/2014</u> (Current)	
	Status:	<u>Full-Time</u>	<u>Part-Time</u>

Receive supervision or peer consultation?	YES	NO
How often?	—	

Scope of Practice	Therapeutic Orientation:	Psychodynamic
	Area of Specialization:	trauma, co-occurring disorders, group therapy
	Treatment Methods:	individual, group, couples & family TF
	Special Qualifications:	MAC (WV) (DNC) CGP (cert. for psych group 3T)

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



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Disclosure Document for Licensed Drug and Alcohol Counselors

First Name	Middle Initial	Last Name
Kurr	L	White
Previous Name(s) (Maiden)		License # 151-0124553

Formal Education	Name of Institution:	The University of Chicago
	Dates Attended:	09/20/1995 - 6/30/1999
	Degree(s) awarded, if any:	MA AB
Formal Education	Name of Institution:	Smith College School for Social Work
	Dates Attended:	05/25/2001 - 12/17/2003
	Degree(s) awarded, if any:	
Experience	Description of Practice:	Behavioral Health Network
	Location: City/State/Zip	Holyoke, MA 01040
	Duration:	11/1/2003 - 06/30/2009 (f.t. until 11/2005)
	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?	Weekly
Experience	Description of Practice:	Brattleboro Retreat
	Location: City/State/Zip	Brattleboro, VT 05302
	Duration:	11/17/2003 - 1/1/ (current)
	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?	Weekly
Experience	Description of Practice:	Private Consultation
	Location: City/State/Zip	Telehealth
	Duration:	06/01/2013 - 1/1/ (current)
	Status:	<input type="radio"/> Full-Time <input checked="" type="radio"/> Part-Time
	Receive supervision or peer consultation?	<input type="radio"/> YES <input checked="" type="radio"/> NO
	How often?	

Scope of Practice	Therapeutic Orientation:	psychodynamic
	Area of Specialization:	SUD & co-occurring OI/O; Trauma, group
	Treatment Methods:	individual, group, family & couples
	Special Qualifications:	MAC, CDP, ABA-F

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 www.sec.state.vt.us

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