

Secretary of State

Office of Professional Regulation

SOCIAL WORKER

Disclosure Document for Clinical Social Workers

First Name	/ Midd Initia	le Last Name	White		
	All a Carlotte	License #	11000-08		
Previous Name(s) (I	Malden)			<u> </u>	
	Name of Institution:	1.0	17/6/2:00 0	6,30,1999	
Formal Education	Dates Attended:	0918	11995	6 130 11989	-
	Degree(s) awarded, if any:	1 13			
	Name of Institution:	Smith	collère	School Eas Suci	el with
Formal Education	Dates Attended:	0513	15 1200 .	12,17,2003	
	Degree(s) awarded, if any:	Sub-phillips of the subdomination of the subdominat		/ TO	
	Description of Practice:		ior D Hoo	A Neword	
	Location: City/State/Zip		whe wa	01040	
Experience	Duration:	1111	1 12003.	OC 130 12000	9 (1 + there)
•	Status:	Fu	all-Time	Part-Time	Itil home
	Receive supervision or property consultation?	peer	8)	NO	11.003
	How often?		wells		
	Description of Practice:		Lebuso Rea	eveat	
	Location: City/State/Zip	R	MITT LEGOLD	VT 05302	_
Experience	Duration:	1(7)	1912606		(current)
•	Status:	Fu	Il-Time	Part-Time	
	Receive supervision or p consultation?	Deer YE	S	NO	
	How often?	week	S		
Experience	Description of Practice:	82.014	c Egebult	CIG.TH2	
	Location: City/State/Zip	tele	health		()
	Duration:	0616			CULTERT
	Status:	Ful	II-Time	Part-Time	and a second

	Receive supervision or peer consultation?	YES	NO	
	How often?			
	Therapeutic Orientation:	9310 WILLIAM	(reup. Chiples & FAM.	
	Area of Specialization:	trung !	Co-occurring sixuales crap	thea
Scope of Practice	Treatment Methods:	judividuel.	Crayo Cavales & RAM!	5 T
	Special Qualifications:	MAC (NIX	Was CGP (cers. 1	erp
			psychol	lyp i
	Client's Dis	closure Confirmatio	on ,	
that constitute unpro	fessional conduct according to Verm	ont statutes, and the r	ons and experience of (Name, Name), a listing of a method for making a consumer inquiry or filing a continuous no later than my third office visit.	ctions
Cl	ient's Signature or Parent/Guardian	Date		
Pr	actitioner's Signature	Date		



Secretary of State Office of Professional Regulation

Disclosure Document for Licensed Drug and Alcohol Counselors

White

Last Name

Middle Initial

First Name

	7110	AI .	00 00,1				
Kurr		License #	151-	0124	553		
Previous Name(s) (Maiden)			A 1-11 (1-11)		· · · · · · · · · · · · · · · · · · ·	
Formal Education	Name of Institution:	th	UNUS	50	C4.71		
	Dates Attended:	0917	2011995		3011999	0	
	Degree(s) awarded, if any	-	D AR		117		
	Name of Institution:	Smil.	y called	5. 5. 4.	al fa So	aid aus	1
Formal Education	Dates Attended:	0513	15/2001	- 12-1	171200		
	Degree(s) awarded, if any	A A A A A A A A A A A A A A A A A A A	2 Motor and 22 I have also no whole the pro-				
	Description of Practice	1	ional Hea	alch	Dequal		
	Location: City/State/Zip	Hold	re in	4 0104	Ot		
Experience	Duration:	11, 1	1 1 20	c3. 06	10 3012	009 (
	Status:	FI	ull-Time		eart-Time	7()	925
	Receive supervision or consultation?	peer	<u> </u>		NO		11 200
	How often?	L	eelly				
	Description of Practice	Bratt	6 Sous R	etrea	T		
	Location: City/State/Zip	Bratt	Te buro,		05302		
Experience	Duration:		17/200	j		COSY	et \
	Status:	Fu	ill-Time	3	Part-Time		1
	Receive supervision or consultation?	peer	is .		NO		
	How often?		usella				
Experience	Description of Practice:	Priv	ATEN CON	usu ltAt	(15)		
	Location: City/State/Zip	telen	177	and the second s	<u> </u>		
	Duration:	0610	1 12013	-	1	- durrent	
	Status:	Ful	II-Time		Part-Time		2
	Receive supervision or consultation?	yeer YE	s		NO		
	How often?						

Scope of Practice	Therapeutic Orientation:	D.Snobolivia.c
	Area of Specialization:	SUB & corocavery 0/0, Travery com
	Treatment Methods:	Indianal read from + con plas -
	Special Qualifications:	MAC. (8P. 16PA-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

Client's Disclosure Confirmation

My signature acknowledges that I have been given the professional qualifications and experience of (Name, Name), a listing of action 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			