Vermont Secretary of State
Office of Professional Regulation
89 Main Street, 3rd Floor
Montpelier VT 05620-3402

Diane Lafaille
Licensing Board Specialist
(802) 828- 2390
diane.lafaille@sec.state.vt.us
www.vtprofessionals.org

Board of Psychological Examiners/Allied Mental Health Practitioners

Disclosure Document for Non-licensed and Non-certified Psychotherapists

First Name Makenzie		Middle Initial	Last Name Girard
			Registration # 097.0136072
Previous Name(s) (Maiden)	Plasse		

Formal Education	Name of Institution:	Westfield State University
	Dates Attended:	09 / / 2019 - 05 / / 2021
	Degree(s) awarded, if any:	Masters Degree in Social Work
Formal Education	Name of Institution:	Elms College
	Dates Attended:	09 / / 2017 - 05 / / 2019
	Degree(s) awarded, if any:	Bachelors Degree in Social Work

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:	
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:**	Graduate Internship
	Location: City/State/Zip	Greenfield MA 01301
	Duration:	08 / / 20 - 05 / / 21
	Status:	**Full-Time** **Part-Time**
	Receive supervision or peer consultation?	**YES** **NO**
	How often?	Weekly - 1 hour
Experience	**Description of Practice:**	Undergraduate Internship
	Location: City/State/Zip	Greenfield MA 01301
	Duration:	08 / / 18 - 05 / / 19
	Status:	**Full-Time** **Part-Time**
	Receive supervision or peer consultation?	**YES** **NO**
	How often?	Weekly - 1 hour
Experience	**Description of Practice:**	Brattleboro Retreat
	Location: City/State/Zip	Brattleboro VT 05301
	Duration:	01 / 08 / 24 - / / Present
	Status:	**Full-Time** **Part-Time**
	Receive supervision or peer consultation?	**YES** **NO**
	How often?	Weekly - 1 hour Bi-Weekly Group Supervision - 1 hour

Scope of Practice	**Therapeutic Orientation:**	Person Centered Approach
	Area of Specialization:	Motivational Interviewing, DBT
	Treatment Methods:	Individual and Group Counseling

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.

	07/07/2025
Client's Signature	Date
Practitioner's Signature	Date