

Vermont Secretary of
State
Office of Professional
Regulation
89 Main Street, 3rd Floor
Montpelier VT 05620-
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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	Megan	Middle Initial	E	Last Name	Becker
Previous Name(s) (Maiden)				Registration #	100.0057958

Formal Education	Name of Institution:	Antioch University New England
	Dates Attended:	9 / 1 / 2004 - 5 / 30 / 2007
	Degree(s) awarded, if any:	MA
Formal Education	Name of Institution:	Marlboro College
	Dates Attended:	9 / 01 / 1994 - 5 / 30 / 1998
	Degree(s) awarded, if any:	BA

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:	Community Mental Health Clinic Crisis screening and intervention, Individual, Couple, and Family Therapy for children and adults	
	Location: City/State/Zip	HCRS 51 Fairview St Brattleboro, VT 05301	
	Duration:	5 / 30 / 2007 - 05 / 01 / 2012	
	Status:	<input checked="" type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
	Receive supervision or peer consultation?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	How often?	Weekly	
Experience	Description of Practice:	Inpatient mental health treatment for all ages, including Individual, Couple, Family, and Group therapy, case management, and care coordination	
	Location: City/State/Zip	Brattleboro Retreat 22 Anna Marsh Ln Brattleboro, VT	
	Duration:	5 / 7 / 2012 - present / /	
	Status:	<input checked="" type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
	Receive supervision or peer consultation?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	How often?	Weekly	
Experience	Description of Practice:		
	Location: City/State/Zip		
	Duration:	/ / - / /	
	Status:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
	Receive supervision or peer consultation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	How often?		

Scope of Practice	Therapeutic Orientation:	Eclectic, strength based with a focus on DBT and ACT
	Area of Specialization:	Couple and Family Therapy
	Treatment Methods:	Individual, Couple, Family, and Group therapies

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
	7.3.25
Practitioner's Signature	Date