Secretary of State

Office of Professional Regulation

SOCIAL WORKER

Disclosure Document for Clinical Social Workers

First Name	Middle Initial	Last Name
STACY	A	KARPOWITZ
		License # 100.0108496
Previous Name(s) (Maiden)		

Formal Education	Name of Institution:	UNIVERSITY OF CONNECTICUT
	Dates Attended:	9 / / 1994 - 5 / / 1997
	Degree(s) awarded, if any:	BA IN HUMAN DEVELOPMENT + FAMILY RELATIONS
Formal Education	Name of Institution:	UNIVERSITY OF CONNECTICUT
	Dates Attended:	9 / / 1989 - 12 / / 1993
	Degree(s) awarded, if any:	BA IN PSYCHOLOGY
Experience	Description of Practice:	SUPERVISE STAFF ON INPT PSYCH UNITS; ORGANIZE WORKFLOWS + PROVIDE FEEDBACK PROVIDE INDIVIDUAL, GROUP + FAMILY SUPPORT TO PATIENTS
	Location: City/State/Zip	BRATTLEBORO VT 05301
	Duration:	12 / / 2014 - / / PRESENT
	Status:	Full-Time Part-Time
	Receive supervision or peer consultation?	YES NO
	How often?	WEEKLY
Experience	Description of Practice:	CONDUCTED COMPREHENSIVE TELEPHONIC EVAL FOR CALLERS SEEKING TREATMENT + FACILITATED ADMISSION OR REFERRALS
	Location: City/State/Zip	HOLYOKE MA 01040
	Duration:	3 / / 2012 - 9 / / 2014
	Status:	Full-Time Part-Time
	Receive supervision or peer consultation?	YES NO
	How often?	WEEKLY
Experience	Description of Practice:	ST. FRANCIS HOSPITAL + MEDICAL CENTER EVALUATED CHILD, ADOL + ADULTS IN ED WHO WERE IN ACUTE CRISIS + FACILITATED ADMISSION IF NECESSARY
	Location: City/State/Zip	HARTFORD CT 06105
	Duration:	9 / / 2002 - 10 / / 2011
	Status:	Full-Time Part-Time

	Receive supervision or peer consultation?	(YES)	**NO**
	How often?	2x MONTH	

Scope of Practice	**Therapeutic Orientation:**	SYSTEMS THERAPY + COGNITIVE BEHAVIORAL THERAPY
	Area of Specialization:	FAMILY ISSUES, DEPRESSION, ANXIETY, PSYCHOTIC DISORDERS
	Treatment Methods:	STRUCTURAL FAMILY THERAPY, IFS, GROUP + INDIVIDUAL
	Special Qualifications:	SPECIALIZATION IN MARITAL/FAMILY THERAPY

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	6/27/2025 Date