



Secretary of State

Office of Professional Regulation

SOCIAL WORKER

Disclosure Document for Clinical Social Workers

First Name	Middle Initial	Last Name
Angela	M	Rowan
License #		VT L1CSW 089.0125095
Previous Name(s) (Maiden)		
Snyder		
Formal Education	Name of Institution:	Smith College School for Social Work
	Dates Attended:	6/4/1999 - 8/17/2001
	Degree(s) awarded, if any:	MSW - Clinical Social Work
Formal Education	Name of Institution:	Bard College
	Dates Attended:	8/1/91 - 5/31/95
	Degree(s) awarded, if any:	BA - Psychology & Gender Studies
Experience	Description of Practice:	Anna Marsh Clinic, Brattleboro Retreat
	Location: City/State/Zip	Brattleboro VT 05302
	Duration:	01/05/2026 - 1/1
	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:	Angela Rowan, L1CSW, LLC
	Location: City/State/Zip	Greenfield, MA 01301
	Duration:	09/01/2021 - 12/19/2025
	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?	As needed
Experience	Description of Practice:	Brattleboro Retreat - Manager DBT Services + Senior Clinical Program Consultant
	Location: City/State/Zip	Brattleboro, VT 05302
	Duration:	11/01/2016 - 7/30/2021
	Status:	<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time

	Receive supervision or peer consultation?	<input checked="" type="radio"/> YES	NO
	How often?	As needed	

Scope of Practice	Therapeutic Orientation:	Integrative, CBT, ACT, DBT
	Area of Specialization:	Eating Disorders, Gender-affirming, Adolescents,
	Treatment Methods:	Individual, Group, + Family therapy
	Special Qualifications:	DBT trained

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
	01/19/2026
Practitioner's Signature	Date
	