



Secretary of State

Office of Professional Regulation

SOCIAL WORKER

Disclosure Document for Clinical Social Workers

First Name	BROOKE	Middle Initial	E	Last Name	BROWNELL
		License #			
		UNLICENSED			
Previous Name(s) (Maiden)					

Formal Education	Name of Institution:	Naropa University	
	Dates Attended:	01/01/2021 - 05/01/2024	
	Degree(s) awarded, if any:	MINDFULNESS - BASED TRANSPERSONAL COUNSELING	
Formal Education	Name of Institution:	AMHERST College	
	Dates Attended:	01/01/2013 - 01/01/2015	
	Degree(s) awarded, if any:		
Experience	Description of Practice:	MAPS COUNSELING SERVICES	
	Location: City/State/Zip	KEENE, NEW HAMPSHIRE	
	Duration:	8/01/2022 - 8/11/2023	
	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?	Once weekly	
Experience	Description of Practice:	PATHWAYS VERMONT	
	Location: City/State/Zip	Bellows Falls, VT	
	Duration:	8/01/2019 - 8/11/2023	
	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?	once 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?	YES	NO
	How often?		

Scope of Practice	Therapeutic Orientation:	Mindfulness-based counseling
	Area of Specialization:	Mindfulness, Gestalt,
	Treatment Methods:	" "
	Special Qualifications:	

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	Date
Brooke Brownell	12/23/2025