



Secretary of State

Office of Professional Regulation

SOCIAL WORKER

Disclosure Document for Clinical Social Workers

First Name	Chandreka	Middle Initial		Last Name	Williams
				License #	156.0134301
Previous Name(s) (Maiden)					

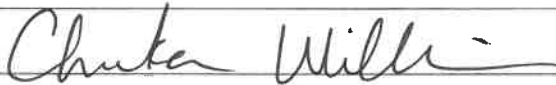
Formal Education	Name of Institution:	Troy University		
	Dates Attended:	8/1/2016 - 7/27/2018		
	Degree(s) awarded, if any:	Masters of Social Worker		
Formal Education	Name of Institution:	Troy University		
	Dates Attended:	8/1/2011 - 7/25/2015		
	Degree(s) awarded, if any:	Broadcast Journalism		
Experience	Description of Practice:	assess, individual therapy, discharge summary, seg rounds, group		
	Location: City/State/Zip	Bullock County, Alabama		
	Duration:	7/6/2024 - 10/01/2024		
	Status:	<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time - contractor		
	Receive supervision or peer consultation?	YES <input checked="" type="radio"/> NO <input type="radio"/>		
	How often?	—		
Experience	Description of Practice:	assessments, individual therapy, hospital liaison, program director, drug screens		
	Location: City/State/Zip	Columbus, GA		
	Duration:	2/1/2023 - 6/30/2024		
	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?	monthly		
Experience	Description of Practice:	group therapy, assessments, individual therapy, drug screens,		
	Location: City/State/Zip	Valdosta, GA		
	Duration:	07/01/2023 - 01/31/2024		
	Status:	<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time - Contractor		

	Receive supervision or peer consultation?	<u>YES</u>	NO
	How often?	weekly	

Scope of Practice	Therapeutic Orientation:	CBT, DBT, solution focused
	Area of Specialization:	corrections, mental health
	Treatment Methods:	group + individual
	Special Qualifications:	SOTP

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
		10 July 2025
Practitioner's Signature		Date