



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)				

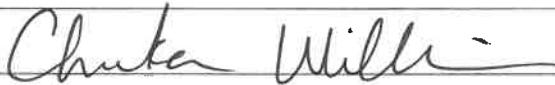
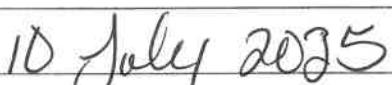
Formal Education	Name of Institution:	Troy University		
	Dates Attended:	8/1/2010 - 7/27/2018		
	Degree(s) awarded, if any:	Masters of Social Worker		
Formal Education	Name of Institution:	Troy University		
	Dates Attended:	8/1/2011 - 8/25/2015		
	Degree(s) awarded, if any:	Broadcast Journalism		
Experience	Description of Practice:	assess, individual therapy, discharge summary, seg rounds, group		
	Location: City/State/Zip	Bullock County, Alabama		
	Duration:	7/1/2024 - 10/01/2024		
	Status:	Full-Time	Part-Time - contractor	
	Receive supervision or peer consultation?	YES	NO	
	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:	Full-Time	Part-Time	
	Receive supervision or peer consultation?	YES	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:	Full-Time	Part-Time - Contractor	

	Receive supervision or peer consultation?	<input checked="" type="radio"/> YES	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
	
Practitioner's Signature	Date
