



Secretary of State

Office of Professional Regulation

SOCIAL WORKER

Disclosure Document for Clinical Social Workers

First Name	Corina	Middle Initial	L	Last Name	FISK
				License #	VT 089-0113307 MA 121555
Previous Name(s) (Maiden) Letourneau					

Formal Education	Name of Institution:	Smith School of Social Work			
	Dates Attended:	06/01/2011 - 05/01/2013			
	Degree(s) awarded, if any:	MSW			
Formal Education	Name of Institution:	University of Massachusetts			
	Dates Attended:	09/01/2009 - 05/01/2011			
	Degree(s) awarded, if any:	Bachelor of Science			
Experience	Description of Practice:	Brattleboro Retreat			
	Location: City/State/Zip	Brattleboro, VT 05302			
	Duration:	09/13/2022 - 1/1/2024 present			
	Status:	Full-Time	Part-Time		
	Receive supervision or peer consultation?	YES	NO		
	How often?	Weekly			
Experience	Description of Practice:	Children's Advocacy Center			
	Location: City/State/Zip	Greenfield, MA			
	Duration:	03/01/2022 - 08/01/2022			
	Status:	Full-Time	Part-Time		
	Receive supervision or peer consultation?	YES	NO		
	How often?	Bi-weekly			
Experience	Description of Practice:	Baystate Health Children's Partial Hospitalization Program			
	Location: City/State/Zip	Holyoke, MA 01041			
	Duration:	04/01/2021 - 04/01/2022			
	Status:	Full-Time	Part-Time		

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

Scope of Practice	Therapeutic Orientation:	attachment therapist
	Area of Specialization:	Psychodynamic and attachment
	Treatment Methods:	DBT and ACT
	Special Qualifications:	LICSW

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
Corina Fiebz, LCSW	12-17-2025
Practitioner's Signature	Date