



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:	Bachelors of Science	
Experience	Description of Practice:	Brattleboro Retreat	
	Location: City/State/Zip	Brattleboro, VT 05302	
	Duration:	09/13/2022 - / / present	
	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:	Children's Advocacy Center	
	Location: City/State/Zip	Greenfield, MA	
	Duration:	03/01/2022 - 08/01/2022	
	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?	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:	<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time	

	Receive supervision or peer consultation?	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 Fuchs, LICSW	12-17-2025
Practitioner's Signature	Date