

Vermont Secretary of  
State  
Office of Professional  
Regulation  
89 Main Street, 3<sup>rd</sup> Floor  
Montpelier VT 05620-  
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[www.vtprofessionals.org](http://www.vtprofessionals.org)

## Board of Psychological Examiners/Allied Mental Health Practitioners

### Disclosure Document for Non-licensed and Non-certified Psychotherapists

First Name <i>Kathleen</i>	Middle Initial <i>E</i>	Last Name <i>Knight</i>
Previous Name(s) (Maiden)		Registration #

Formal Education	Name of Institution:	<i>Salem State University</i>
	Dates Attended:	<i>9/1/08 - 5/1/10</i>
	Degree(s) awarded, if any:	
Formal Education	Name of Institution:	<i>Westfield State University</i>
	Dates Attended:	<i>9/1/04 - 5/1/08</i>
	Degree(s) awarded, if any:	

Training	Title of Training Program:	
	Names & Addresses of trainer and/or institution:	
	Dates Attended:	____/____/____ - ____/____/____
	Subject and/or content	
	Credential(s) awarded, if any:	
Training	Title of Training Program:	
	Names & Addresses of trainer and/or institution:	
	Dates Attended:	____/____/____ - ____/____/____
	Subject and/or content	
	Credential(s) awarded, if any:	
Training	Title of Training Program:	
	Names & Addresses of trainer and/or institution:	
	Dates Attended:	____/____/____ - ____/____/____
	Subject and/or content	
	Credential(s) awarded, if any:	

Experience	Description of Practice:	Inpatient social worker	
	Location: City/State/Zip	Burlington, VT 05301	
	Duration:	9/20/21 - 1/1/22 (current)	
	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?	varied, about 2x/month	
Experience	Description of Practice:	PA CT case manager	
	Location: City/State/Zip	Lawrence, MA 01840	
	Duration:	7/30/13 - 9/19/21	
	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?	varied	
Experience	Description of Practice:	ACT case manager	
	Location: City/State/Zip		
	Duration:	5/30/08 - 7/29/13	
	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?	varied	

Scope of Practice	Therapeutic Orientation:	person-centered, existential
	Area of Specialization:	major mental illness/psychotic
	Treatment Methods:	validation + strengths-based, collaborative + interdisciplinary

My practice is also governed by the Rules of the Board of Allied Mental Health Practitioners. It is unprofessional conduct to violate those rules. A copy of the rules may be obtained from the Board or online at <http://vtprofessionals.org/>

#### 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	Date
Practitioner's Signature	Date 11/21/25