OFFICE OF PROFESSIONAL REGULATION
VERMONT SECRETARY OF STATE
89 Main Street, 3rd Floor, Montpelier, VT 05620
802-828-1505 | sos.vermont.gov/opr

Social Worker Public Disclosure Form

Applications are submitted through the Online Services System. Official documentation can be sent by postal mail or by email to SOS.OPRLicensing2@vermont.gov. Application updates will be sent to the email address on file. Please allow 3-5 business days for processing.

Licensee name Diego Grass

Vermont license # 089.0137124

Formal Education

Name of Institution University of Central Florida

Dates of attendance 2013 - 2016

Degree(s) awarded, if any MA in applied Sociology

Name of Institution Bowling Green State University

Dates of attendance 2018 - 2021

Degree(s) awarded, if any Master of Social Work

Experience

Description of Practice Executive Director @ children's Rights collaborative

Location – city, state, zip Toledo OH 43613

Dates of experience 04/2024 - 05/2026

Status (circle one) Full time (Part time)

Did you receive supervision or peer consultation? (YES) No

How often was supervision or peer consultation? 1-2 hr / wk

Description of Practice Social Worker @ Unison Health

Location – city, state, zip Toledo OH 43613

Dates of experience 05/2020 - 03/2024

Status (circle one) (Full time) Part time

Did you receive supervision or peer consultation? (YES) No

How often was supervision or peer consultation? 2 hr /wk

Scope of Practice

All items in this section must be completed.

Therapeutic Orientation Person-Centered, ~~Systems~~ Systems perspective, ~~DBT~~

Area of Specialization Macro, SPMI, crisis intervention

Treatment Methods DBT, CBT, Motivational interviewing, Person-centered

Special Qualifications LISW

Client's Disclosure Confirmation

My signature acknowledges that I have been given the professional qualifications and experience of the Social Worker named in this document, 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 Signature Date

Practitioner's Signature Date

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