

Vermont Secretary of
State
Office of Professional
Regulation
89 Main Street, 3rd Floor
Montpelier VT 05620-
3402



Diane Lafaille
Licensing Board Specialist
(802) 828- 2390
diane.lafaille@sec.state.vt.us
www.vtprofessionals.org

Board of Psychological Examiners/Allied Mental Health Practitioners

Disclosure Document for Non-licensed and Non-certified Psychotherapists

First Name	Middle Initial	Last Name Grass
Stephanie	M	Registration # 097.0136994
Previous Name(s) (Maiden)	N/A	

Formal Education	Name of Institution:	Bowling Green State University
	Dates Attended:	05 / 01 / 2020 - 05 / 01 / 2021
	Degree(s) awarded, if any:	Master of Social Work
Formal Education	Name of Institution:	Bowling Green State University
	Dates Attended:	01 / 01 / 2018 - 05 / 16 / 2020
	Degree(s) awarded, if any:	Bachelor of Science in Social Work

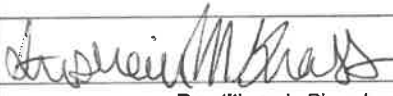
Training	Title of Training Program:	N/A
	Names & Addresses of trainer and/or institution:	N/A
	Dates Attended:	____ / ____ / ____ - ____ / ____ / ____
	Subject and/or content	
	Credential(s) awarded, if any:	
Training	Title of Training Program:	N/A
	Names & Addresses of trainer and/or institution:	N/A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

Experience	Description of Practice:	Crisis Clinician	
	Location: City/State/Zip	Bowling Green, OH, 43402	
	Duration:	10 / 01 / 2023 - 05 / 22 / 2026	
	Status:	<u>Full-Time</u>	Part-Time
	Receive supervision or peer consultation?	YES	<u>NO</u>
	How often?	N/A	
Experience	Description of Practice:	Community Mental Health	
	Location: City/State/Zip	Bowling Green, OH, 43402	
	Duration:	08 / 01 / 2021 - 08 / 01 / 2023	
	Status:	<u>Full-Time</u>	Part-Time
	Receive supervision or peer consultation?	YES	<u>NO</u>
	How often?	N/A	
Experience	Description of Practice:	N/A	
	Location: City/State/Zip	N/A	
	Duration:	____ / ____ / ____ - ____ / ____ / ____	
	Status:	Full-Time	Part-Time
	Receive supervision or peer consultation?	YES	NO
	How often?	N/A	

Scope of Practice	Therapeutic Orientation:	Person-centered
	Area of Specialization:	Case management, crisis intervention
	Treatment Methods:	CBT

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
	7-6-26
Practitioner's Signature	Date