Vermont Secretary of State
Office of Professional Regulation
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Montpelier VT 05620-3402

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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:	**Full-Time** **Part-Time**
	Receive supervision or peer consultation?	**YES** **NO**
	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:	**Full-Time** **Part-Time**
	Receive supervision or peer consultation?	**YES** **NO**
	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
Stephen M Kratz	7-6-26
Practitioner's Signature	Date