Secretary of State

Office of Professional Regulation

SOCIAL WORKER

Disclosure Document for Clinical Social Workers

First Name	Middle Initial	Last Name
Emma	S	Boa
		License # 089.0137359
Previous Name(s) (Maiden)		

Formal Education	Name of Institution:	University of Toronto: Factor Inwentash School of Social Work
	Dates Attended:	08/ 2021/ ____ - 09 /2022 / ____
	Degree(s) awarded, if any:	Master of Social Work
Formal Education	Name of Institution:	University of Vermont
	Dates Attended:	08 / 2013/ ____ - 05 / 2017 / ____
	Degree(s) awarded, if any:	Bachelors of Social Work
Experience	Description of Practice:	Howard Center School Services Clincian
	Location: City/State/Zip	Burlington, VT 05401
	Duration:	11/ 15 / 2022 - 08 / 02 / 2026
	Status:	(Full-Time) Part-Time
	Receive supervision or peer consultation?	(YES) NO
	How often?	Weekly Individual, Monthly Group
Experience	Description of Practice:	Women's College Hospital Clinical Intern
	Location: City/State/Zip	Toronto, ON, Canda M5S1B2
	Duration:	04/2022 / ____ - 09 /2022 / ____
	Status:	(Full-Time) Part-Time
	Receive supervision or peer consultation?	(YES) NO
	How often?	Weekly
Experience	Description of Practice:	Lund Family Center, Residential Counselor
	Location: City/State/Zip	South Burlington, VT 05405
	Duration:	04 /2017 / ____ - 09/ 2019 / ____
	Status:	(Full-Time) Part-Time

	Receive supervision or peer consultation?	**YES** **NO**
	How often?	Weekly

Scope of Practice	**Therapeutic Orientation:**	Eclectic, Strengths Based, Trauma-Informed, Attachment- Informed, Family Systems,
	Area of Specialization:	Children and their Families
	Treatment Methods:	Eclectic, Drawing from: Play based, CBT, psychodynamic, relational
	Special Qualifications:	CBT Foundations with Children

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

Practitioner's Signature 10-30-2026 Date