

Applicants for Entry on the Roster of Non-Licensed Non-Certified Psychotherapists

Steps for Applying:

1. Complete the application.
2. Submit the completed application and the \$75 non-refundable application fee, payable to the Vermont Secretary of State.
3. If applicable, have the state from which you obtained your initial license and your most recent state of licensure complete the "Verification of Licensure" form.
4. Submit a copy of your "Disclosure Document" with your application. You can use the form that is included in this application package, or you can create your own, as long as it contains all of the items required by the Rules, Part 2 and Part 5.4:

Each practitioner must provide each client with a disclosure document which presents the practitioner's professional qualifications and experience. This document also must include a "Client's Disclosure Confirmation" statement, acknowledging that the disclosure occurred no later than the third office visit.

Each practitioner's disclosure document must also include the following two additional documents:

- a. A copy of the "Office of Professional Regulation Notice." This document includes the professions that we regulate and how to contact this Office to register a complaint. This document can be reprinted, but not edited.
- b. A copy of the Vermont Statutes, 3 V.S.A. § 129a and 26 V.S.A. § 4093, pertaining to unprofessional conduct. This document can be reprinted, but not edited.

NOTES:

1. If there are items or sections missing from your disclosure document, you will be notified and your application will not be processed until the deficiencies are corrected.
2. If you modify your disclosure document at a later date, you must resubmit a new document to the Office of Professional Regulation with an explanation of the modifications you have made.
3. If you have any change of address or other contact information, this information must be forwarded to this Office no later than thirty (30) days after the change occurs.

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 Allied Mental Health Practitioners

Application for Non-Licensed and Non-Certified Psychotherapists

Which track of licensure will you be following? (Check One)

Psychology Mental Health Counselor Social Worker Marriage and Family Therapy No Track

(Use Ink or Typewritten only)

First Name (Legal name no nicknames)	MI	Last Name & Title (Jr., Sr., II, III, etc.)
Previous Name(s) (Maiden)		

Social Security Number _____ / _____ / _____ ** (Providing your social security number (SSN) is mandatory, and requested under the authority granted by 42 U.S.C. §405(c)(2)(C). It will be used by the Departments of Taxes, Child Support, and the Department of Labor in the administration of Vermont law, to identify individuals affected by such laws. Your SSN is not disclosed as part of a public records request);

OR

Passport Number _____ *** (If you do not have a social security number you must provide a passport number as evidence that there is no attempt to procure a license fraudulently (3 V.S.A. §129a).

Mailing Address	P.O. Box	
	Street/Apt #	
	City/State/Zip	
	Country	

911 Address (if different than mailing)	P.O. Box	
	Street/Apt #	
	City/State/Zip	

Phone	() -	Cell Phone	() -
Fax	() -	E-Mail	

Date of Birth	Gender (Circle One)
	Female Male

List below every state in which you now hold, or have ever held, a license, certification or registration to practice.

STATE	LICENSE #	DATE ISSUED	DATE EXPIRES(D)

Vermont Mandatory “Good Standing” Declarations

Section B: Vermont Mandatory “Good Standing” Declarations

CHILD SUPPORT:

Child Support Orders, 15 V.S.A. § 795(b): “Good standing” for child support is defined by 15 V.S.A. § 795(d). **You must check the appropriate box. As of the date of this application:**

	I am not subject to a child support order.
	I am subject to a child support order and I am in “good standing” or in full compliance with a plan to pay any and all child support.
	I am subject to a child support order and I am NOT in “good standing” or in full compliance with a plan to pay any and all child support. Please contact the Office of Child Support at (802) 241-2319. OCS must report your compliance to this office before you may be issued a license.

TAXES:

Taxes Due to the State of Vermont, 32 V.S.A. § 3113(b): “Good Standing” for taxes due is defined by 32 V.S.A. § 3113(g). **You must check the appropriate box. As of the date of this application:**

	I am in “good standing” with respect to, or in full compliance with a plan to pay any and all taxes due to the Vermont Department of Taxes.
	I am NOT in “good standing”* with respect to or in full compliance with a plan to pay any and all taxes due to the Vermont Department of Taxes. Please contact the Vermont Department of Taxes at (802) 828-2515 for more information. The Tax Department must report your compliance to this office before you may be issued a license.

DISTRICT COURT FINES/JUDICIAL BUREAU:

Court judgments for fines or penalties, 4 V.S.A. § 1110(b): “Good standing” for court judgments is defined by 4 V.S.A. § 1110(c). **You must check the appropriate box. As of the date of this application:**

	I have no unpaid judgments issued by the judicial bureau or criminal division of the superior court for fines or penalties for a violation or criminal offense.
	I am in “good standing” with respect to any unpaid judgment issued by the judicial bureau or criminal division of the superior court for fines or penalties for a violation or criminal offense.
	I am NOT in “good standing” with respect to any unpaid judgment issued by the judicial bureau or criminal division of the superior court for fines or penalties for a violation or criminal offense. You must provide this office documentation of compliance before you may be issued a license.

RESTITUTION ORDERS:

Unpaid Judgments, 13 V.S.A. § 7043a: “Good standing” for restitution orders is defined by 13 V.S.A. § 7043a(c). **You must check the appropriate box. As of the date of this application:**

	I have no restitution order.
	I am in “good standing” with respect to any restitution order.
	I am NOT in “good standing” with respect to any restitution order. You must provide this office documentation of compliance before you may be issued a license.

Vermont Mandatory Credential and Fitness Questions

Circle **Yes** or **No** for each of these questions. If the answer is "**Yes**," follow the instructions provided.

Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) denied an application by you for a license, certificate, or registration to practice a profession or occupation? <i>If "Yes," you must attach a copy of the order or official notification of the action(s).</i>	Yes	No
Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) taken any disciplinary action (restricted, suspended, revocation or conditioned) against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If "Yes," you must provide a copy of the order or official notification of the action.</i>	Yes	No
Have you ever surrendered a license, certificate or registration to a licensing authority in Vermont or any other state, federal authority or other jurisdiction (US or elsewhere)? <i>If "Yes," you must provide a detailed written explanation and copies of any applicable documentation.</i>	Yes	No
Are you currently under investigation by a licensing authority in Vermont or any other state, federal authority or other jurisdiction (US or elsewhere)? <i>If "Yes," you must provide a detailed written explanation and a copy of any available information from the licensing authority.</i>	Yes	No
Have you EVER been convicted of a crime other than a minor traffic violation? (Driving While Intoxicated and Driving Under the Influence are not "minor traffic violations.") <i>If "Yes," you must provide a detailed written explanation and attach the official court documents (i.e., affidavit of probable cause, the information and/or the docket report.)</i>	Yes	No
Do you have any criminal charges pending against you in any jurisdiction (US or elsewhere)? <i>If "Yes," you must provide a detailed written explanation and attach a copy of the charging documents.</i>	Yes	No

Note: Vermont law requires that you report to the Office of Professional Regulation a felony conviction or any conviction of a crime related to the practice of your profession within 30 days. 3 V.S.A. § 129a(a)(11).

The answers to the following questions are not subject to public disclosure:

Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must have your health care provider submit a detailed statement explaining how you are able to practice safely.</i>	Yes	No
Does your use of alcohol, substances, or prescription medications impair or limit your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
Are you currently addicted to or in any way dependent on alcohol or habit forming drugs? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No

Statement of Applicant

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (13 V.S.A. §2901)

Signature of Registrant	Date

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



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

VERIFICATION OF LICENSURE

Complete the applicant section of this form and have the state of original licensure and your most recent state of licensure complete the rest.

Licensed as a:			Date of Birth:
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Applicant:

First Name	MI	Last Name & Title (Jr., Sr., II, III, etc.)	Former/Maiden
Mailing Address:	P.O. Box		
	Street/Apt #		
	City/State/Zip		
	Country		

I hereby authorize the License Agency to furnish to the Vermont Office of Professional Regulation the information requested below.

Signature _____ Date: _____

Information Below To Be Completed by the Licensing Agency:

License #		Date Issued:		Date Expired:	
License as a:					

Licensed By:		Examination/Education	License Status		Active
		Endorsement/Reciprocity			Inactive
		Waiver			Lapsed

Has this license ever been encumbered in anyway (revoked, suspended, limited, surrendered, restricted, placed on probation)? <i>If "Yes," attach a copy of the decision.</i>	Yes	No
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Signature of person completing form: _____ Date: _____

State Completing this form: _____ City/State: _____ Telephone: _____

<p>STATE LICENSING AUTHORITY: Mail to Diane Lafaille Licensing Board Specialist Office of Professional Regulation 89 Main Street, 3rd Floor Montpelier, VT 05620-3402</p>	<p>(OFFICIAL SEAL)</p>
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Vermont Secretary of
State
Office of Professional
Regulation
89 Main Street, 3rd Floor
Montpelier VT 05620-
3402



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Board of Allied Mental Health Practitioners

Disclosure Document for Non-licensed and Non-certified Psychotherapists

First Name	Middle Initial	Last Name
Previous Name(s) (Maiden)		

Formal Education	Name of Institution:	
	Dates Attended:	____/____/____ - ____/____/____
	Degree(s) awarded, if any:	
Formal Education	Name of Institution:	
	Dates Attended:	____/____/____ - ____/____/____
	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:	
	Location: City/State/Zip	
	Duration:	____ / ____ / ____ - ____ / ____ / ____
	Status:	Full-Time Part-Time
	Receive supervision or peer consultation?	YES NO
	How often?	
Experience	Description of Practice:	
	Location: City/State/Zip	
	Duration:	____ / ____ / ____ - ____ / ____ / ____
	Status:	Full-Time Part-Time
	Receive supervision or peer consultation?	YES NO
	How often?	
Experience	Description of Practice:	
	Location: City/State/Zip	
	Duration:	____ / ____ / ____ - ____ / ____ / ____
	Status:	Full-Time Part-Time
	Receive supervision or peer consultation?	YES NO
	How often?	

Scope of Practice	Therapeutic Orientation:	
	Area of Specialization:	
	Treatment Methods:	

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

Office of Professional Regulation Notice

The Office of Professional Regulation provides Vermont licenses, certifications, and registrations for over 56,000 practitioners and businesses. Forty-six professions and occupations are supported and managed by this office. A list of professions regulated is found below.

Each profession or occupation is governed by laws defining professional conduct. Consumers who have inquiries or wish to obtain a form to register a complaint may do so by calling (802) 828-1505, or by writing to the Director of the Office, Secretary of State's Office, 89 Main Street, 3rd Floor, Montpelier, VT 05620-3402.

Upon receipt of a complaint, an administrative review determines if the issues raised are covered by the applicable professional conduct statute. If so, a committee is assigned to investigate, collect information, and recommend action or closure to the appropriate governing body.

All complaint investigations are confidential. Should the investigation conclude with a decision for disciplinary action against a professional's license and ability to practice, the name of the license holder will then be made public.

Complaint investigations focus on licensure and fitness of the licensee to practice. Disciplinary action, when warranted, ranges from warning to revocation of license, based on the circumstances. You should not expect a return of fees paid or additional unpaid services as part of the results of this process. If you seek restitution of this nature, consider consulting with the Consumer Protection Division of the Office of the Attorney General, retaining an attorney, or filing a case in Small Claims Court.

Accountancy	Naturopaths
Acupuncture	Nursing
Architects	Nursing Home Administrators
Athletic Trainers	Occupational Therapists
Auctioneers	Opticians
Audiologists	Optometry
Barbers & Cosmetologists	Osteopathic Physicians and Surgeons
Boxing Control	Pharmacy
Chiropractic	Physical Therapists
Dental Examiners	Private Investigative & Security Services
Dietitians	Property Inspectors
Drug and Alcohol Counselor	Psychoanalyst
Electrolysis	Psychology
Professional Engineering	Psychotherapist, Non-licensed
Funeral Service	Radiologic Technology
Hearing Aid Dispensers	Real Estate Appraisers
Land Surveyors	Real Estate
Landscape Architects	Respiratory Care
Marriage & Family Therapists	Social Workers, Clinical
Clinical Mental Health Counselors	Tattooists
Midwives, Licensed	Veterinary
Motor Vehicle Racing	

Chapter 78: Roster of Psychotherapists Who Are Nonlicensed

§ 4090. Disclosure of Information

The board shall adopt rules requiring persons entered on the roster to disclose to each client the psychotherapist's professional qualifications and experience, those actions that constitute unprofessional conduct, and the method for filing a complaint or making a consumer inquiry, and provisions relating to the manner in which the information shall be displayed and signed by both the rostered psychotherapist and the client. The rules may include provisions for applying or modifying these requirements in cases involving institutionalized clients, minors and adults under the supervision of a guardian.

The Vermont Statutes Online

Title 3: Executive

Chapter 5: SECRETARY OF STATE

Sub-Chapter 3: Professional Regulation

3 V.S.A. § 129a. Unprofessional conduct

(a) In addition to any other provision of law, the following conduct by a licensee constitutes unprofessional conduct. When that conduct is by an applicant or person who later becomes an applicant, it may constitute grounds for denial of a license or other disciplinary action. Any one of the following items, or any combination of items, whether or not the conduct at issue was committed within or outside the State, shall constitute unprofessional conduct:

- (1) Fraudulent or deceptive procurement or use of a license.
- (2) Advertising that is intended or has a tendency to deceive.
- (3) Failing to comply with provisions of federal or state statutes or rules governing the practice of the profession.
- (4) Failing to comply with an order of the board or violating any term or condition of a license restricted by the board.
- (5) Practicing the profession when medically or psychologically unfit to do so.

(6) Delegating professional responsibilities to a person whom the licensed professional knows, or has reason to know, is not qualified by training, experience, education, or licensing credentials to perform them, or knowingly providing professional supervision or serving as a preceptor to a person who has not been licensed or registered as required by the laws of that person's profession.

(7) Willfully making or filing false reports or records in the practice of the profession; willfully impeding or obstructing the proper making or filing of reports or records or willfully failing to file the proper reports or records.

(8) Failing to make available promptly to a person using professional health care services, that person's representative, or succeeding health care professionals or institutions, upon written request and direction of the person using professional health care services, copies of that person's records in the possession or under the control of the licensed practitioner, or failing to notify patients or clients how to obtain their records when a practice closes.

(9) Failing to retain client records for a period of seven years, unless laws specific to the profession allow for a shorter retention period. When other laws or agency rules require retention for a longer period of time, the longer retention period shall apply.

(10) Conviction of a crime related to the practice of the profession or conviction of a felony, whether or not related to the practice of the profession.

(11) Failing to report to the office a conviction of any felony or any offense related to the practice of the profession in a Vermont District Court, a Vermont Superior Court, a federal court, or a court outside Vermont within 30 days.

(12) Exercising undue influence on or taking improper advantage of a person using professional services, or promoting the sale of services or goods in a manner which exploits a person for the financial gain of the practitioner or a third party.

(13) Performing treatments or providing services which the licensee is not qualified to perform or which are beyond the scope of the licensee's education, training, capabilities, experience, or scope of practice.

(14) Failing to report to the office within 30 days a change of name or address.

(15) Failing to exercise independent professional judgment in the performance of licensed activities when that judgment is necessary to avoid action repugnant to the obligations of the profession.

(b) Failure to practice competently by reason of any cause on a single occasion or on multiple occasions may constitute unprofessional conduct, whether actual injury to a client, patient, or customer has occurred. Failure to practice competently includes:

(1) performance of unsafe or unacceptable patient or client care; or

(2) failure to conform to the essential standards of acceptable and prevailing practice.

(c) The burden of proof in a disciplinary action shall be on the State to show by a preponderance of the evidence that the person has engaged in unprofessional conduct.

(d) After hearing, and upon a finding of unprofessional conduct, a board or an administrative law officer may take disciplinary action against a licensee or applicant, including imposing an administrative penalty not to exceed \$1,000.00 for each unprofessional conduct violation. Any money received under this subsection shall be deposited in the Professional Regulatory Fee Fund established in section 124 of this title for the purpose of providing education and training for board members and advisor appointees. The Director shall detail in the annual report receipts and expenses from money received under this subsection.

(e) In the case where a standard of unprofessional conduct as set forth in this section conflicts with a standard set forth in a specific board's statute or rule, the standard that is most protective of the public shall govern. (Added 1997, No. 40, § 5; amended 2001, No. 151 (Adj. Sess.), § 2, eff. June 27, 2002; 2003, No. 60, § 2; 2005, No. 27, § 5; 2005, No. 148 (Adj. Sess.), § 4; 2009, No. 35, § 2; 2011, No. 66, § 3, eff. June 1, 2011; 2011, No. 116 (Adj. Sess.), § 5.)

§ 4093. Unprofessional conduct

(a) Unprofessional conduct means the following conduct and conduct set forth in section 129a of Title 3:

(1) Providing fraudulent or deceptive information in an application for entry on the roster.

(2) Conviction of a crime that evinces an unfitness to practice psychotherapy.

(3) Unauthorized use of a protected title in professional activity.

(4) Conduct which evidences moral unfitness to practice psychotherapy.

(5) Engaging in any sexual conduct with a client, or with the immediate family member of a client, with whom the psychotherapist has had a professional relationship within the previous two years.

(6) Harassing, intimidating or abusing a client.

(7) Entering into an additional relationship with a client, supervisee, research participant or student that might impair the psychotherapist's objectivity or otherwise interfere with his or her professional obligations.

(8) Practicing outside or beyond a psychotherapist's area of training, experience or competence without appropriate supervision.

(b) After hearing, and upon a finding of unprofessional conduct, the board may take disciplinary action against a rostered psychotherapist or an applicant. (Added 1993, No. 222 (Adj. Sess.), § 17; amended 1997, No. 40, § 71; 1997, No. 145 (Adj. Sess.), § 61; 1999, No. 52, § 37.)

