**State of Vermont**
**Marijuana Registry**
45 State Drive
Waterbury, Vermont 05671-1300
**www.medicalmarijuana.vermont.gov**

[phone] 802-241-5115
[fax] 802-241-5230
[email] DPS.MJRegistry@vermont.gov

*Department of Public Safety*

# MENTAL HEALTH CARE PROVIDER FORM

*(REQUIRED FOR PATIENTS WITH **PTSD** INDICATED ON THE HEALTH CARE PROFESSIONAL VERIFICATION FORM.)*

**Instructions:** This form *must* be completed and submitted for all applicants with Post-Traumatic Stress Disorder (PTSD) identified as the only debilitating medical condition on the Health Care Professional Verification Form. Vermont law requires the Vermont Marijuana Registry (VMR) to confirm applicants with PTSD are undergoing psychotherapy, or counseling with a licensed mental health care provider. The VMR may contact the mental health care provider completing this form to confirm the accuracy of the information contained on this form.

"**Mental Health Care Provider**" means:

"A person license to practice medicine who specializes in the practice of psychiatry; a psychologist, a psychologist-doctorate, or a psychologist-master as defined in 26 V.S.A. § 3001; a clinical social worker as defined in 26 V.S.A. § 3201; or a clinical mental health counselor as defined in 26 V.S.A. § 3261."

## 1. Patient Information

Last Name: _____ First Name: _____ M.I. ____

Date of Birth: _____ Telephone Number: _____

## 2. Mental Health Care Professional Information

Last Name: _____ First Name: _____ M.I. ____

Business Mailing Address: _____

City, State, Zip Code: _____ Telephone Number: _____

## 3. Licensure Information *(**Subsections A and B **MUST** be completed**)*

**A.** ☐ Psychologist ☐ Psychologist-doctorate ☐ Psychologist-master
☐ Psychiatrist ☐ Clinical social worker ☐ Clinical mental health counselor
☐ Advanced Practice Registered Nurse (with Adult Psych and Mental Health Specialty)

**B.** License Number: _____

## 4. Verification

*I certify I am providing psychotherapy and/or counseling to the aforementioned patient. I declare under pains and penalty of perjury that the information provided on this form in its entirety is true and accurate.*

**SIGNATURE: _____ DATE: _____**

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**OFFICE USE ONLY: Notes:** _____

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