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

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

OFFICE USE ONLY: Processed: ☐ **Date:** _____ **Initials:** _____ **Notes:** _____