

LICENSE DETAILS

License Name

Non-Licensed & Non-Certified Psychotherapist

APPLICANT INFORMATION

Last Name

Tomasi

First Name

David

Middle name

Email

Date of birth

Preferred phone #

Additional phone #

Are You a US Citizen

Yes No

ADDRESS DETAILS

Address type Required

Mailing

Address type Required

Physical/911

Address type Required

Public

Country Required

United States

Country Required

United States

Country Required

United States

Address Line 1 Required

14 Stone Dr

Address Line 1 Required

14 Stone Dr

Address Line 1 Required

14 Stone Dr

Address Line 2

Address Line 2

Address Line 2

Zip Code Required

05446

Zip Code Required

05446

Zip Code Required

05446

City/Town Required

Colchester

City/Town Required

Colchester

City/Town Required

Colchester

State Required

State Required

State Required

Vermont



Vermont



Vermont



GOOD STANDING

Question:

As of the date of this application:

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).

Answer:Required

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.

Question:

As of the date of this application:

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).

Answer:Required

I have no 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 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 or the Superior Court for fines or penalties for a violation or criminal offense.

Question:

As of the date of this application:

Restitution Orders,

13 V.S.A § 7043a:

"Good Standing" for restitution orders is defined by 13 V.S.A § 7043a(c).

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.

Question:

As of the date of this application:

Child Support Orders,

15 V.S.A. § 795(b):

"Good Standing" for child support purposes is defined by 15 V.S.A. § 795(d).

Answer: Required

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 not in "good standing" or in full compliance with a plan to pay any and all child support.

MANDATORY

Question:

Since your license was last renewed (or since it was issued if within the last two years):

Answer: Required

Yes No Yes, and it has been previously disclosed

Have you been DENIED a license, certificate, or registration by Vermont or any other state, federal authority, or any jurisdiction?

If "Yes," you must attach a copy of the order or official notification of the action(s).

Question:

Since your license was last renewed (or since it was issued if within the last two years):

Has Vermont or any other state, federal authority, or any jurisdiction taken any

DISCIPLINARY ACTION against (e.g. warned, reprimanded, fined, restricted, conditioned suspended, or revoked) a license, certificate, or registration that you hold or have held in any profession or occupation?

If "Yes," you must provide a copy of the order or official notification of the action.

Question:

Since your license was last renewed (or since it was issued if within the last two years):

Answer: Required

Yes No Yes, and it has been previously disclosed

Have you ever SURRENDERED a license, certificate, or registration to a licensing authority while under investigation, or prosecution, or in lieu of discipline?

If "Yes," you must provide a detailed written explanation and copies of any applicable documentation.

Question:

Since your license was last renewed (or since it was issued if within the last two years):

Answer: Required

Yes No Yes, and it has been previously disclosed

Are you currently UNDER INVESTIGATION or PENDING CHARGES in any licensing jurisdiction?

If "Yes," you must provide a detailed written explanation and a copy of any available information from the licensing authority.

Question:

Since your license was last renewed (or since it was issued if within the last two years):

Have you been convicted of a crime other than a minor traffic violation? (Driving While Intoxicated and Driving Under the Influence are not "minor traffic violations.")

If "Yes," you must provide a detailed written explanation and attach the official court documents, (i.e., the affidavit of probable cause, the information and/or the docket report).

Question:

Since your license was last renewed (or since it was issued if within the last two years):

Answer: Required

Yes No Yes, and it has been previously disclosed

Do you have any criminal charges pending against you in Vermont or any other jurisdiction (US or elsewhere)?

If "Yes," you must provide a detailed written explanation and attach a copy of the charging documents.

FITNESS

Question:

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?

Answer: Required

[REDACTED]

If "Yes," you must have your health care provider submit a detailed statement explaining how you are able to practice safely.

Question:

Does a dependency on alcohol, drugs, or prescription medication(s) impair or limit your ability to practice this profession with reasonable skill and safety?

Answer: Required

[REDACTED]

If "Yes," you must provide a detailed written explanation.

Question:

Are you currently addicted to or in any way dependent on alcohol or habit forming drugs? If "Yes," you must provide a detailed written explanation.

Answer: Required

[REDACTED]

PROFESSION SPECIFIC

Question:

TRACK OF LICENSURE

Which licensure are you pursuing? (Please select one)

Answer Required

- Marriage & Family Therapy
- Mental Health Counselor
- Psychology
- Social Worker
- None - Remain Non-Licensed Non-Certified
- License Alcohol and Drug Abuse Counselor

Information:

DISCLOSURE

Board of Allied Mental Health Practitioners Administrative Rule Part 2 Disclosure of Information

Each licensed clinical mental health counselor, licensed marriage and family therapist, or rostered psychotherapist must provide a disclosure statement, printed or typed in easily readable format, to each client no later than the third office visit.

Question:

DISCLOSURE

I have met the disclosure requirements and I am in compliance with Administrative Rule Part 2.

Answer: Required

- Yes No

Information:

WORK FORCE CENSUS

Read carefully:

Vermont law, Act 79 effective in 2013, requires the Office of Professional Regulation to collect work force data as part of the licensure process. When you click on the link below, the work force census form will open in a separate window. You must fill out the form, then return to this website to complete your renewal

application.

Why is this necessary?

Planning for Vermonters' future health care needs requires assessment and planning. The information acquired in the census is required of all health care profession licensees. It helps the State with its Health Care Plan, its Health Resources Allocation Plan, and its designation of "underserved areas." Although mandatory, your help and cooperation are appreciated.

Once you have filled out the entire census, you complete it by clicking on the "submit" button. You must then return to this web site to complete your renewal application. You will be asked, "Have you successfully completed and submitted the mandatory Work Force Census online?" (See below). If you answer "yes," you will be permitted to complete the renewal application. Please be aware that the Department of Health reports to OPR the names of each licensee who has not completed the census.

Answering "yes" that you fully completed the census, if you have not, will be considered fraudulent or deceptive procurement of a license, unprofessional conduct, 3 V.S.A § 129a(a)(1), and be grounds for disciplinary action.

Question:

WORK FORCE CENSUS

Please complete the Census form by clicking on the available link

[Download The Form Here](#)

Question:

WORK FORCE CENSUS

Have you successfully completed and submitted the mandatory Work Force Census online?

Answer: Required

Yes No

ATTESTATION

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)

First Name

David

Last Name

Tomasi

Nov 28 2018

Application - Non-Licensed & Non-Certified Psychotherapist

Name David Tomasi
Credential Non-Licensed & Non-Certified Psychotherapist

Fee Details

Roster Application Fee \$75.00
\$75.00

Welcome to eLicense

The Office of Professional Regulation will send all notifications to the licensee's email address on record. Failure to receive such notice shall not excuse any licensee from the obligation to maintain continuous licensure.

The online licensing system will guide you through the questions and information necessary to complete your application.

Applications must be completed and signed by the applicant.

Notice

You are applying
as a non licensed non certified psychotherapist.

Instructions for Licensure - Roster

Note: Public disclosures need to be completely filled out, scanned and upload with all the additional pages. Do not adjust the forms. Incomplete Disclosure Statements will hold up the application process.

1. Complete this online application;
2. Pay the application fee of \$75.00 (non-refundable);
3. Print out and complete Public Disclosure forms. Submit the Public Disclosure forms (all pages required); and [Disclosure Forms](#)
4. Download the Verification of Licensure form from the link below if applicable. Provide verification from your *initial* state of licensure and your *most recent* state of licensure. [Verification of Licensure form](#)

Basis of Licensure

1. Which licensure are you pursuing? (Please select one)
None - Will remain Non Licensed Non Certified
2. How are you applying for licensure?
Registration
3. Have you ever held a license in another state?
No
4. List your states of licensure below by clicking the "add" button (if applicable).

Country	State	Name as it appears on the License	LicenseType	License Number	License Issued Date	License Expiration Date	Previous License Status
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Initial Application - Demographic Information

5. First Name
David

7. Last Name
Tomasi

8. Previous Name (Maiden)

9. 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 and Child Support, and the Judicial Bureau, where necessary to verify compliance with legal obligations. Social Security Numbers are not subject to public records requestors.

Social Security Number

[REDACTED]

10. Date of Birth (MMDDYYYY)

██████████

11. Gender

MALE

12. E-Mail

████████████████████

13. Preferred Phone #

██████████

14. Cell Phone

██████████

15. Birth City:

Bozen / Bolzano / Bulsan

16. Birth State:

South Tyrol

17. Birth Country:

ITALY

Initial Application - Good Standing Questions

18. Child support orders, 15 V.S.A. § 795(b): "Good standing" for child support purposes 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.

19. 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.

20. 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 judgment issued by the Judicial Bureau or Criminal Division of the Superior Court for fines or penalties for a violation or criminal offense.

21. Restitution orders, 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.

Initial Application - Mandatory Credential Questions

22. Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) denied your application for a license, certificate, or registration to practice a profession or occupation? *If "Yes," you must attach a copy of the order or official notification of the action(s).*

No

23. Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) taken any disciplinary action against (e.g., restricted, warned, reprimanded, suspended, revoked, or conditioned) a license, certificate, or registration that you hold or held in any profession or occupation? *If "Yes," you must provide a copy of the order or official notification of the action.*

No

24. 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)? *If "Yes," you must provide a detailed written explanation and copies of any applicable documentation.*

No

25. Are you currently under investigation or the subject of any disciplinary process by a licensing authority in Vermont or any other state, federal authority or other jurisdiction (US or elsewhere)? *If "Yes," you must provide a detailed written explanation and a copy of any available information from the licensing authority.*

No

26. 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.) *If "Yes," you must provide a detailed written explanation and attach the official court documents (i.e., affidavit of probable cause, information, and/or docket report).*

No

27. Are any criminal charges pending against you in any jurisdiction (US or elsewhere)? *If "Yes," you must provide a detailed written explanation and attach a copy of the charging documents.*

No

Initial Application - Fitness Questions

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

28. 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? *If "Yes," you must have your health care provider submit a detailed statement explaining how you are able to practice safely.*

██████████

29. Does your use of alcohol, substances, or prescription medications impair or limit your ability to practice this profession with reasonable skill and safety? *If "Yes," you must provide a detailed written explanation.*

30. Are you currently addicted to, or in any way dependent on, alcohol or habit forming drugs? If, "Yes," you must provide a detailed written explanation.

Supporting Documentation

31. If you answered "yes" to any of the mandatory credential or fitness questions, please select a method to submit required supporting documentation.

32. File Upload.

[David Tomasi - Resume Sept 2016.doc](#)

Public Disclosure

Vermont law requires persons placed on the Roster of Non-licensed and Non-certified Psychotherapists to disclose to each client his or her professional qualifications and experience, those actions that constitute unprofessional conduct, and the method for filing a complaint or making a consumer inquiry. This disclosure must occur by the third office visit.

To assist each practitioner in complying with this requirement, our office has developed documents for your use. If you have not already downloaded these forms, please click the link below and submit the form to the office.

[Disclosure Forms](#)

Note: Public disclosures need to be completely filled out, scanned and upload with all the additional pages. Do not adjust the forms. Incomplete Disclosure Statements will hold up the application process.

33. File Upload.

[David Tomasi 1.JPG](#)

[David Tomasi 2.JPG](#)

[David Tomasi 3.JPG](#)

[David Tomasi 4.JPG](#)

[David Tomasi 5.JPG](#)

Contact Information

Online payment is a secure method of payment.

If you have any questions or concerns, please contact:

Diane Lafaille
Licensing Board Specialist
Office of Professional Regulation
89 Main Street, 3rd Floor
Montpelier, VT 05620-3402
Tel: (802) 828-2390
Email: diane.lafaille@sec.state.vt.us

To check the status of your application, log onto your account at <https://secure.vtprofessionals.org/Login.aspx>. Any pending requirements will display under the Application Status.

Please allow 3-5 business days for the processing of your application.

Note: Some applications will require Board review and/or inspection before final approval can occur.

IMPORTANT NOTE: You are not authorized to practice in the State of Vermont until you are actively licensed here. You will be notified by email when your license is available for printing online.

Initial Application - Individual Affirmation

34. 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

Yes

35. Indicate the **first and last name** of the person completing this online application and affirming its accuracy:

David Tomasi

36. Please enter the date you are completing this application:

10/13/2016

Review

Print



State of Vermont

Allied Mental Health Practitioners
Non-Licensed & Non-Certified Psychotherapist

David Tomasi
14 Stone Dr
Colchester , Vermont 05446

Credential #:097.0124826
Status:Active
Effective:Dec 01,2018
Expires:Nov 30, 2020

Notable Persons

Specialties

James C. Condes
Secretary of State

For the most accurate and up to date record of licensure, please visit <https://secure.professionals.vermont.gov/>

State of Vermont

Allied Mental Health Practitioners
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