

**OFFICE OF PROFESSIONAL REGULATION**

**TREATING PROFESSIONAL AGREEMENT**

TO: The Vermont Office of Professional Regulation

I, \_\_\_\_\_ have read and understand  
**(Printed First and Last Name of Treating Professional)**

the Stipulation and Consent Order, Board Order, or Contract for

\_\_\_\_\_  
**(Printed First and Last Name of Licensee) (Profession)**

and agree to assist him/her in meeting the requirements as stated in the Order or Contract.

\_\_\_\_\_  
Signature of Treating Professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Job Title of Treating Professional

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Mailing Address

**Instructions to submit form:**

**E-mail:**

[kristin.donnelly@vermont.gov](mailto:kristin.donnelly@vermont.gov)

[carla.preston@vermont.gov](mailto:carla.preston@vermont.gov)

**If submitted by e-mail, must be sent from e-mail address of person completing the form**

**Mail:** Office of Professional Regulation, 89 Main St – 3<sup>rd</sup> Floor, Montpelier, VT 05620

**Fax:** 802-828-2389

**Attention:** Case Manager