

PROFESSIONAL DISCLOSURE STATEMENT

In accordance with the Annotated Code of Maryland, Health Occupations, 17-30, Authority granted by license, 17-309, Supervised clinical practice, and 17-507, Professional disclosure statement

Licensed Graduate Professional Counselor (LGCP) _____

Counseling Agency/Practice Name _____

Street Address: _____

Phone Number: _____

Education

Degree: _____ Program of Study: _____

Name of University: _____

Authorized to provide services involving the application of counseling principles and methods in the diagnosis, prevention, treatment, and amelioration of psychological problems, emotional conditions, or mental conditions of individuals or groups

Under Clinical Supervision of: Wendy Iglehart, MA, LCPC, LLC

Address: 10 Warren Road, Suite 120, Cockeysville, MD 21030

Phone Number: 443-824-0222

Licensed Clinical Professional Counselor: #LC1673

Approved Clinical Supervisor: #603

This information is required by the Board of Professional Counselors and Therapists, which regulates all licensed and certified counselors

**Maryland Board of Professional Counselors and Therapists
4201 Patterson Avenue
Baltimore, MD 21215-229 / 410-764-4732**