

PROFESSIONAL DISCLOSURE STATEMENT

Sandy Deas, Licensed Professional Counselor (C0600321)
4094 Main St. Suite 202
Hilliard, OH 43026
(614) 315-4190

FORMAL PROFESSIONAL EDUCATION

University	Date Received	Dates Attended
Liberty University		September 2008
Ashland Theological Seminary		Spring 2008
University of Central Arkansas	MS in Community Counseling	1988-1990
University of Dayton	BS in Psychology	1982-1986

AREAS OF COMPETENCE

Child, adolescent and family counseling, personal and social counseling, marriage counseling, grief counseling, employee assistance counseling, mental health counseling, diagnose and treatment of mental and emotional disorders under supervision

FEE SCHEDULE

My sessions are 50-55 minutes and cost \$80. I do have a sliding scale to help with cost.

A Professional Counselor engaging in the diagnosis and treatment of mental and emotional disorders under the supervision of an appropriately licensed mental health professional must disclose the name of her supervisor:

Stacy Ingraham, MEd, PCC-S
Capital University
1 College and Main
Columbus, OH 43209
(614) 314-8864
stacy.ingraham@gmail.com

This information is required by the counselor, social worker, and marriage and family therapist board, which regulates the practices of professional counseling, social work, and marriage and family therapy in this state.

**If you have complaints about professional services from a counselor,
social worker and/or marriage and family therapist contact the:**

Ohio Counselor, Social Worker, and Marriage and Family Therapist Board
50 West Broad Street, Suite 1075
Columbus, OH 43215
Phone (614) 466-0912 -Website: www.cswmft.ohio.gov