

**Dr. Edwin A. Shockney**  
*Disclosure Statement*

**ACADEMICS**

Associate in Science(A.S.), pre-medicine, Ball State University, Muncie, IN  
Bachelor of Arts (B.A.), humanities, Indiana University, Bloomington, IN  
Master of Arts (M.A.), counseling psychology, State University of New York,  
Albany, NY  
Doctor of Philosophy (Ph.D.), counseling psychology, Berean Christian College, Long Beach,  
CA

**TRAINING**

Reid Memorial Hospital, Richmond, IN (pathology)  
University Hospital, Tampa, FL (pathology/endocrinology)  
College of Public Health, University of South Florida, Tampa FL  
U.S. Naval Hospitals, Orlando, Jacksonville and Pensacola, FL  
U.S. Navy Units DEVICE, NEPMU, and FLHOSPCBTZ

**CREDENTIALS**

State of Colorado Database, #9937  
Certified Cognitive-Behavioral Therapist  
Certified Pain Management Specialist  
Member, American Academy of Experts in Traumatic Stress  
Professional Member, American Counseling Association  
Stipulated as an expert in psychology in municipal, county, district and federal courts in  
Colorado

I am governed by the State of Colorado Department of Regulatory Agencies. The Colorado  
Department of Regulatory Agencies has the general responsibility of regulating the practice of  
counselors, psychologists, licensed clinical social workers, licensed professional counselors, licensed  
marriage and family therapists and non-licensed psychotherapists. The agency that has specific  
authority is the State Mental Health Grievance Board, 1560 Broadway, Suite 1340, Denver, CO 80202.  
303894-7766.

2. As a patient, you are entitled to receive information from me regarding my methods,  
techniques, duration of therapy, and fee structure. Please ask if you wish to receive this information.

3. As a patient, you can seek a second opinion from another therapist or terminate therapy with  
me at any time. In a professional relationship, sexual intimacy between a therapist and a patient is  
never appropriate and should be reported to the State Grievance Board.

4. All information, written or verbal, shared between the therapist and patient is confidential.  
This practice employs a clinical advisor for purposes of case management. Any concerns regarding this  
practice may be discussed with our professional standards consultant, Ms. Sue Garcia, M.A., LPC,  
1633 Medical Center Point, #253, Colorado Springs, CO 80907, (719)634-1825.

By signing this document, you are acknowledging that you have read and received a copy of  
this disclosure statement which is required by the State of Colorado.

Edwin A. Shockney  
Patient/Client Signature

3/4/02  
Date