2019 CRSS COMPETENCY TRAINING

REGISTRATION - CHICAGO

The Department of Human Services/Division of Mental Health is hosting Certified Recovery Support Specialist (CRSS) Competency Training. This training is offered as three one-day trainings that are conducted over the course of three months.

Training will be held in Chicago, Springfield, and Mt. Vernon. Participants can choose any one of the three locations, but all sessions must be attended at the same location.

WHO SHOULD ATTEND?

- Individuals who have the CRSS credential and wish to increase their skills
- Individuals interested in pursuing the CRSS credential
- Supervisors of CRSS and other staff in peer roles

WHAT YOU WILL LEARN AND PRACTICE:

- Practice modeling, supporting, and empowering (three steps to self-advocacy) (Day 1)
- Practice “doing with” rather than “doing for” (Day 1)
- Practice supporting an individual in moving toward change (Day 2)
- Better understand the changing healthcare environment in which we are currently working (Day 2)
- Identify effective problem-solving tools to utilize when dual/complex relationships are unavoidable. (Day 3)
- Identify effective methods for self-care when dealing with burnout, compassion fatigue, or vicarious trauma. (Day 3)

DATES:

Day 1: June 25, 2019 9:30 a.m. to 3:45 p.m.
Day 2: July 23, 2019 9:30 a.m. to 3:45 p.m.
Day 3: August 20, 2019 9:30 a.m. to 3:45 p.m.

Registration begins at 8:30 a.m.

LOCATION:

James R. Thompson Center
Lower Level Auditorium
100 W. Randolph
Chicago, IL 60601
2019 CRSS COMPENTENCY TRAINING

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DEADLINE: Registration Deadline is June 14, 2019

REGISTRATION: You MUST pre-register in order to attend. Space is limited. Register early!

FREE: The only cost is the cost of your lunch.

LUNCH: Bring money to purchase lunch at the food court.

CEUs: 5.0 CEUs for each day for the following IAODAPCA/ICB Categories: Counselor II, CARS II, CODP I or II, PCGC II, CCJP II, CAAP II, CRSS I or II, CPRS I or II, MAATP II, NCRS II, CFPP II, CVSS I or II

Name (required): ____________________________________________________

Agency Affiliation (if any): ________________________________________

Phone # (required): _______________________________________________

Email Address (required): ________________________________________

Mailing Address: _________________________________________________

Special Accommodations: _________________________________________

Registration can be submitted by fax, email, or postal mail to:

ATTN: KATHRYN DITTEMORE
Fax: (312) 793-1633
Email: Kathryn.Dittemore@illinois.gov
Mail: 401 S. Clinton; Chicago, IL 60607
Phone: (312) 793-1008 -- For questions