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 11, 2019 9:30 a.m. to 3:45 p.m.
- **Day 2:** July 9, 2019 9:30 a.m. to 3:45 p.m.
- **Day 3:** August 13, 2019 9:30 a.m. to 3:45 p.m.

Registration begins at 8:30 a.m.

**LOCATION:**
Rend Lake College Market Place Mall
200 Outlet Ave
Mt. Vernon, IL, 62864
2019 CRSS COMPENTENCY TRAINING

REGISTRATION – MT. VERNON

DEADLINE: Registration Deadline is May 24, 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 nearby, or bring your own lunch.

CEUs: 5.00 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: __________________________________________________

Phone # (required): _________________________________________________

Email Address (required): ____________________________________________

Mailing Address: ___________________________________________________

Special Accommodations: ____________________________________________

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

ATTN: RHONDA KECK
Fax: (618) 833-8336
Email: Rhonda.Keck@illinois.gov
Mail: Choate Center; 1000 N. Main; Anna, IL 62906
Phone: (618) 833-5161, x2515 -- For questions