2019 CRSS COMPETENCY TRAINING

REGISTRATION - SPRINGFIELD

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 18, 2019 9:30 a.m. to 3:45 p.m.
Day 2: July 16, 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:

Memorial Center for Learning & Innovation
Room 2A, Curtis Theatre Classroom
228 West Miller Street
Springfield, IL 62702

2019 CRSS COMPENTENCY TRAINING

REGISTRATION - SPRINGFIELD

DEADLINE: Registration Deadline is June 7, 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. Or you can bring your own.

LUNCH: The Food For Thought Cafe' is located on the first floor, or the hospital cafeteria is located next door to MCLI.

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: CHRISTAL HAMM
Fax: (309) 346-2542
Email: XXXXX
Mail: 200 S. Second St; Suite 201; Pekin, IL 61554
Phone: (309) 346-2094 -- For questions