

## 2017 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.

Participants need to attend all three days in the same site (Chicago, Springfield or Mt. Vernon). However, participants can attend the three days in whichever site is most convenient.

### 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:

- How to advocate for recovery support across systems (Day 1)
- Helping individuals access and build an effective support network (Day 1)
- Wellness & recovery centers owned and operated by persons in recovery (Day 1)
- Making decisions about how and when to self-disclose (Day 2)
- Utilizing cultural humility to develop healthy relationships with colleagues and individuals receiving services (Day 2)
- How to apply for and maintain the CRSS credential (Day 2)
- Diving deeper into challenging ethical scenarios (Day 3)

### DATES:

<u>Day 1:</u> Tuesday, June 27, 2017	9:30 am to 3:30 p.m. (Registration 8:30 a.m.–9:30 a.m.)
<u>Day 2:</u> Tuesday, July 25, 2017	9:30 a.m. to 3:30 p.m.
<u>Day 3:</u> Tuesday, August 29, 2017	9:30 a.m. to 3:30 p.m.

### LOCATION:

James R. Thompson Center  
1<sup>st</sup> Floor Auditorium  
100 W. Randolph  
Chicago, IL 60601



2017 CRSS COMPETENCY TRAINING

# REGISTRATION - CHICAGO

**DEADLINE:** Registration Deadline is June 8, 2017

**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:** 4.75 CEUs for each day for the following IAODAPCA/ICB Categories: Counselor II, CARS II, MISA I or II, PCGC II, CCJP II, CAAP II, CRSS I or II, MAATP II, NCRS II, CFPP 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](mailto:Kathryn.Dittemore@illinois.gov)  
**Mail:** 401 S. Clinton; Chicago, IL 60607  
**Phone:** (312) 793-1008 -- For questions

