

2017 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.

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)
- 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:

Day 1: Tuesday, June 20, 2017 9:30 am to 3:30 p.m. (Registration 8:30 a.m.–9:30 a.m.)
Day 2: Tuesday, July 18, 2017 9:30 a.m. to 3:30 p.m.
Day 3: Tuesday, August 22, 2017 9:30 a.m. to 3:30 p.m.

LOCATION:

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



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DEADLINE: Registration Deadline is June 1, 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. Or you can bring your own.

LUNCH: Food For Thought Cafe' is located on-site and offers sandwiches, salads, beverages and desserts.

CEUs: 4.75 CEUs for each day for the following IAODAPCA/ICB Categories: Counselor II, Preventionist II, CARS II, MISA I or II, PCGC II, CCJP II, CRSS I or II, MAATP II, NCRS II, CFPP 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: RACHEL BARKSDALE LITTLE
Fax: (309) 346-2542
Email: Rachel.Barksdale-Little2@illinois.gov
Mail: 200 S. Second St; Suite 201; Pekin, IL 61554
Phone: (309) 346-2094 -- For questions

