

# REGISTRATION - SOUTH

The Department of Human Services/Division of Mental Health will be hosting three equivalent training opportunities throughout Illinois. Registration is REQUIRED.

The training is **FREE**. However, due to budgetary constraints, there will be no scholarships or mileage reimbursement available, and lunch is on your own.

## WHO SHOULD ATTEND?

- CRSS professionals who wish to increase their skills
- Individuals interested in pursuing the CRSS credential
- Supervisors of peer specialists and other CRSS staff
- Counselors and social workers who are interested in learning more about the CRSS profession

## WHAT YOU WILL LEARN AND PRACTICE:

1. How to practice safe and healthy disclosure about your own experiences (standards 1-2)
2. How to maintain high standards of personal conduct and also conduct self-care in a manner that fosters your own recovery (standards 3 & 6)
3. How to fairly and accurately represent yourself and your capabilities (standards 4-5)
4. How to avoid relationships or commitments that conflict with the interests of individuals you serve, impair professional judgment, imply a conflict of interest, or create risk of harm to individuals you serve (standards 12-13)
5. Seven steps to ethical decision making

## DATE/TIME:

Tuesday, October 20, 2015 9:30 am to 3:30 p.m. (Registration starts at 8:30 am)

## LOCATION:

Mt. Vernon Airport  
100 Aviation Dr.  
Mt. Vernon, IL 62864



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**DEADLINE:** Registration Deadline is **October 2, 2015**

**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 \$12 to purchase lunch & drink at Wilkey's Cafe at the airport.

**CEUs:** Continuing Education Units (CEUs) have been applied for through the Illinois Certification Board (ICB/IAODAPCA).  
CEUs will be available for LCSW/LSW/LCPC/LPC.

**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:** BRENDA CUNNINGHAM  
**Fax:** (217) 785-3066  
**Email:** [Brenda.Cunningham@illinois.gov](mailto:Brenda.Cunningham@illinois.gov)  
**Mail:** 319 E. Madison, Suite 3B; Springfield, IL 62701  
**Phone:** (217) 558-5108 -- For questions

