

Tel: 603-668-4111 ~ <u>www.mhcgm.org</u>



CERTIFIED RECOVERY SUPPORT WORKER (CRSW) ACADEMY TRAINING JUNE 2018

Release Date: 4.25.18

Instructors: Bret Smith, CRSW, CPS
Annie Day, CRSW, CPS

Dates:	Monday, Tuesday, Wednesday(s):						
	June 11-13; June 18-20; June 25-27, 2018						
	CRSW ACADEMY Schedule						
	Mon-Wed	June 11-13	9:00 - 4:30	CCAR Recovery Coach Academy	6 hrs/day		
	Mon-Tues	June 18-19	9:00 - 4:30	CCAR Recovery Coach Academy	6 hrs/day		
	Wed	June 20	9:00 - 4:30	HIV for Recovery Support Workers	6 hrs/day		
	Mon	June 25	9:00 - 4:30	NAMI Connect Suicide Prevention	6 hrs/day		
	Tues-Wed	June 26-27	9:00 - 4:30	CCAR Ethical Considerations	6 hrs/day		
	This CRSW Academy offered by MHCGM is recognized throughout the country and provides the highest level of foundation training in IC & RC Peer Recovery Domains and Core Functions. This level of education is valued by organizations employing recovery support workers and offers all the educational components to be licensed as a CRSW in NH.						
Location:	The MHCGM Conference Room - (Lunch is on your own) 5 Blodget Street, Manchester, NH						
Cost:	 \$200 per person for the entire 54.0 hours; (some scholarships may be available on a case-by-case basis) 						
Registration:	Class size is limited, so please complete and send in the attached registration form as soon as possible. IF you are only interested in a portion of the training, or a scholarship, contact Joann Palmer palmerjo@mhcgm.org to see if there is availability. IF slots are available: June 20 HIV Training \$30.00 June 26-27 Ethics Training including manual \$80.00 There is no cost for the June 25 NAMI Connect Suicide Training.						
Contact Hours:	 New Hampshire Board of Licensing for Alcohol and Other Drug Use Professionals has approved this training for: 54.0 hours. 						
Sponsors:	THE MENTAL HEALTH CENTER OF GREATER MANCHESTER						
	• NH HE	ALTHY FAN		nh healthy families.			



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Please mail/email/fax completed registration form with payment to: MHCGM

ATTN: Joann Palmer, Staff Development

1555 Elm Street Manchester, NH 03101 Tel: 603-206-8609 Fax: **603-628-7756**

E-MAIL: palmerjo@mhcgm.org

Please make checks payable to: The MHCGM

Name:		Credentials:	Degree: _	
Company:				
Phone:	Fax:	E-mail:		
\$30.00 – HIV fo	r Recovery Support Workers [Ethical Considerations & manual		uicide Prevention – No Cl	narge
_ •	in the amount of \$		Master Card	<u> </u>
			•	
Date Received by	MHCGM:	_	Reservation #: 00	5442-
				RU 7901