







# CERTIFIED RECOVERY SUPPORT WORKER (CRSW) ACADEMY TRAINING



## March/April 2020

**Instructors: Bret Smith, CRSW, NCCPRSS, Matthew Davis, BS, CRSW**

<b>Dates:</b>	<p>Monday, Tuesday, and Wednesday(s):</p> <p>March 30<sup>th</sup> – April 15<sup>th</sup>, <b>2020</b></p>				
	<b>Mon-Wed</b>	March 30 <sup>th</sup> , 31 <sup>st</sup> , and April 1 <sup>st</sup>	9:00-4:30		Choices Recovery Coach Academy 6 hrs/day
	<b>Mon-Tues</b>	April 6 <sup>th</sup> and 7 <sup>th</sup>	9:00-4:30		Choices Recovery Coach Academy 6 hrs/day
	<b>Wed</b>	April 8 <sup>th</sup>	9:00-4:30		HIV/HEP-C for Recovery Support Staff 6 hrs/day
	<b>Mon-Tue</b>	April 13 <sup>th</sup> and 14 <sup>th</sup>	9:00-4:30		Ethical Consideration for Peer Support Specialists 6 hrs/day
	<b>Wed</b>	April 15 <sup>th</sup>	9:00-4:30	NAMI Connect Suicide Prevention 6 hrs/day	
	<p><b>This CRSW Academy offered by MHCGM is recognized throughout the country and provides the highest level of foundation training in IC &amp; 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. These trainings are approved through NAADAC. NAMI Connect is approved through the Licensing Board of Alcohol and other Drug Use Professionals</b></p>				
<b>Location:</b>	The MHCGM Conference Room - <b>(Lunch is on your own)</b> 5 Blodget Street, Manchester, NH				
<b>Cost:</b>	<ul style="list-style-type: none"> <li>▪ <b>\$200 per person which includes a \$30.00 non-refundable deposit for the entire 54.0 hours; (some scholarships may be available on a case-by-case basis )</b></li> <li>▪ <b>Scholarships available up to \$170.00 per candidate BASED ON CRITERIA</b></li> </ul>				
<b>Reserve</b>	Class size is limited so please complete and send in the attached registration form as soon as possible. <b>IF SPACE IS AVAILABLE YOU MAY REGISTER INDIVIDUALLY FOR: HIV/HEP-C - \$30.00 / Ethical Consideration - \$80.00)</b> Please contact Charlene Kach at <a href="mailto:kachchar@mhcgmg.org">kachchar@mhcgmg.org</a> .				
<b>Contact Hours:</b>	<ul style="list-style-type: none"> <li>▪ New Hampshire Board of Licensing for Alcohol and Other Drug Use Professionals has approved this training for: <b>54.0 hours</b>.</li> </ul>				
<b>Sponsors</b>	<ul style="list-style-type: none"> <li>▪ THE MENTAL HEALTH CENTER OF GREATER MANCHESTER</li> </ul> <div style="text-align: center; margin-top: 10px;">   </div> <ul style="list-style-type: none"> <li>▪ NETWORK4HEALTH</li> <li>▪ NH HEALTHY FAMILIES</li> </ul>				



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## REGISTRATION FORM

Mon-Wed	March 30 <sup>th</sup> , 31 <sup>st</sup> , and April 1 <sup>st</sup>	9:00-4:30	CHOICES A PASSION FOR PURPOSE	Choices Recovery Coach Academy	6 hrs/day
Mon-Tues	April 6 <sup>th</sup> and 7 <sup>th</sup>	9:00-4:30	CHOICES A PASSION FOR PURPOSE	Choices Recovery Coach Academy	6 hrs/day
Wed	April 8 <sup>th</sup>	9:00-4:30	CHOICES A PASSION FOR PURPOSE	HIV/HEP-C for Recovery Support Staff	6 hrs/day
Mon-Tue	April 13 <sup>th</sup> and 14 <sup>th</sup>	9:00-4:30	CHOICES A PASSION FOR PURPOSE	Ethical Consideration for Peer Support Specialists	6 hrs/day
Wed	April 15 <sup>th</sup>	9:00-4:30		NAMI Connect Suicide Prevention	6 hrs/day

Please **mail/email** completed registration form with payment to:

**MHCGM**

**ATTN: Charlene Kach, Continuing Education**

2 Wall Street, Manchester, NH 03101

Tel: 603-854-8384 E-MAIL: [kachchar@mhcgcm.org](mailto:kachchar@mhcgcm.org)

Please make checks payable to: **MHCGM**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

“By checking this box I acknowledge the recommendation from the Trainers of this Academy stating that a person entering into this CRSW Academy should have a minimum of one year sobriety”.

\_\_\_\_\_ (signature)

\$170.00 – Complete CRSW Training – includes all manuals  \$30.00 Non-refundable deposit

\*\*\*\*\*OR\*\*\*\*\* **IF ROOM IS AVAILABLE** \*\*\*\*\*

\$30.00 –HIV/HEP-C  \$80.00 Ethical Consideration for Peer Support Specialists

Registration fee in the amount of \$ \_\_\_\_\_

Circle One:



Credit Card #: \_\_\_\_\_ CCV code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

If you are using your **PERSONAL** credit card we will need the BILLING ADDRESS (**your address**) to complete the process.

Date Received by MHCGM: \_\_\_\_\_

Reservation #: 005507-

Scholarship Awarded \_\_\_\_\_/Date

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