






CERTIFIED RECOVERY SUPPORT WORKER (CRSW) ACADEMY TRAINING



March/April 2020

Instructors: Bret Smith, CRSW, CPS, Matthew Davis, CRSW

Dates:	<p>Monday, Tuesday, and Wednesday(s):</p> <p>March 30th – April 15th, 2020</p>			
	Mon-Wed	March 30 th , 31 st , and April 1 st	9:00-4:30	 Choices Recovery Coach Academy 6 hrs/day
	Mon-Tues	April 6 th and 7 th	9:00-4:30	 Choices Recovery Coach Academy 6 hrs/day
	Wed	April 8 th	9:00-4:30	HIV/HEP-C for Recovery Support Staff 6 hrs/day
	Mon-Tue	April 13 th and 14 th	9:00-4:30	 Ethical Consideration for Peer Support Specialists 6 hrs/day
	Wed	April 15 th	9:00-4:30	NAMI Connect Suicide Prevention (for Academy attendees only) 6 hrs/day
	<p style="color: #a52a2a; font-weight: bold;">This CRSW Academy offered by MHCMM 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. This training is approved through NAADAC</p>			
Location:	The MHCMM Conference Room - (Lunch is on your own) 5 Blodgett Street, Manchester, NH			
Cost:	<ul style="list-style-type: none"> ▪ \$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) Scholarships available up to \$170.00 per candidate BASED ON CRITERIA 			
Reserve	Class size is limited so please complete and send in the attached registration form as soon as possible. IF SPACE IS AVAILABLE YOU MAY REGISTER INDIVIDUALLY FOR: HIV/HEP-C - \$30.00 / Ethical Consideration - \$80.00) Please contact Charlene Kach at kachchar@mhcgmm.org .			
Contact Hours:	<ul style="list-style-type: none"> ▪ New Hampshire Board of Licensing for Alcohol and Other Drug Use Professionals has approved this training for: 54.0 hours. 			
Sponsors	<ul style="list-style-type: none"> ▪ THE MENTAL HEALTH CENTER OF GREATER MANCHESTER ▪ NETWORK4HEALTH <div style="text-align: center;">   </div>			



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REGISTRATION FORM

Mon-Wed	March 30 th , 31 st , and April 1 st	9:00-4:30	CHOICES A PASSION FOR PURPOSE Choices Recovery Coach Academy	6 hrs/day
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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@mhcgmg.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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