

WRAP Facilitator Certification Training

July 27—July 31, 2009
9:00 am-4:30 pm
Registration begins 8:30 am

WMU Kendall Center
50 W. Jackson Street
Battle Creek, MI 49017

Course Instructors:

Erica Buffington
Walter Hudson

Educational Objectives:

Upon completion of the class the participant will be able to:

- Apply the values and ethics of WRAP
- Verbalize the differing perspectives in a WRAP class
- Learn to empower and motivate people to work toward recovery
- Successfully complete the four performance elements:
 1. Belief in Recovery
 2. Responding to Questions
 3. Introductions
 4. Presentation of WRAP Component

Registration \$2500

Free to Summit Pointe Staff
& Venture Affiliated Peer
Support Specialists
Please return completed
registration form (attached)
by July 20, 2009

There will be a 15% handling
fee on all cancellations that are
received by end of business on
July 13, 2009.

Agenda

8:30 am-9 am-Registration
Lunch: Noon—1 pm
Ends: 4:30pm

This workshop approved by
the Michigan Social Work
Continuing Education
Collaboration for 30 CE
Clock Hours.

**Pre-requisite: Must have taken the 3 day—
Introduction to Mental Health Recovery & WRAP to participate
in this training

This training is designed specifically for support coordinators, peer support specialists,
case managers, and ACT staff .

If you have any questions or need special accommodations, please contact us at 866-412-8767, or
info@focustraining.org by June 27, 2009.

WRAP Facilitator Certification Training

Registration Form

July 27— 31, 2009
Focus Training held at:
WMU Kendall Center
50 West Jackson Street
Battle Creek, MI 49017
9:00 am-4:30 pm
(Registration begins at 8:30am)

Training has limited capacity. Register early.
Deadline to register is:
July 20, 2009

Registration Fee \$2500

Registration includes all materials, refreshments,
& lunch.

Make checks payable to **FOCUS**

Amount Enclosed \$ _____

Visa MasterCard

Card Number

Expiration Date

Name on Card (print)

Signature

Purchase order # _____

Billing Address

City/State/Zip

Name (Please Print)

Title

Organization

Address

City/State/Zip

() _____
Phone

() _____
Fax

E-mail Address

Special Dietary Needs (please specify):

To register by phone, call FOCUS Training a 866/412-8767 or visit www.focustraining.org.
To register via fax, send completed registration to 269/966-1777.

Or, mail your completed registration with payment to:

FOCUS 140 W. Michigan Avenue, Battle Creek, MI 49017.

For Cancellation/Refund Policy please see our website.

