

Four Goals of a Recovery Coach:

- Promote recovery
- Remove barriers
- Connect recovering members with support services
- Encourage hope, optimism, and healthy living

Anyone Can Become a Recovery Coach

A Recovery Coach serves as a guide and mentor for people in recovery by removing barriers and obstacles that hinder the recovery process. Recovery Coaches do not provide clinical services, but occasionally work with individuals struggling with difficult emotional and physical circumstances.

“Whether you’re a person in recovery, a family member, friend, or clinician, Recovery Coach Academy® is an innovative approach to healing people’s lives that is unlike any other training. RCA offers a once-in-a-lifetime experience for those ready to gain new knowledge, be challenged, and reap valuable rewards for life.”

—Jim Wuelfing

Connecticut Community for Addiction Recovery

EVERGREEN
council on problem gambling

1801 Fourth Avenue East | Olympia, WA 98506
www.evergreencpg.org

RECOVERY COACH ACADEMY®
REGISTER TODAY!
\$695 VALUE FOR ONLY \$350!

RECOVERY COACH ACADEMY®—A ONCE-IN-A-LIFETIME EXPERIENCE



It's about empowering people...



...so they can empower others.

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Recovery Coach Academy® Registration Application

April 21–24, 2014, in conjunction with the *Focus on the Future* conference

REGISTER TODAY!
FOR SPECIAL RATE OF \$350
(CCAR regular rate of \$695)

Registration Deadline: April 18, 2014

What is Recovery Coach Academy®?

Recovery Coach Academy® (RCA) is a four-day, 30-hour program that provides participants with skills to coach and support individuals struggling with an addiction. RCA uses a dynamic approach that blends process and content and is open to anyone interested in serving as a personal mentor to someone in recovery.



Scholarship Opportunity

A limited number of scholarships are available that cover \$250 toward the Recovery Coach Academy® registration fee for April 21–24, 2014. You'll receive 30 hours of training for only \$100! Visit us at www.evergreencpg.org for details.

Scholarships supported by:



REGISTRANT INFORMATION

Name: _____
Agency/Organization: _____ Position/Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Day phone: _____ Cell/Alternate phone: _____
E-mail address: _____

METHOD OF PAYMENT

Visa® MasterCard® Money Order Credit Card #: _____
Check #: _____ Expiration Date: _____ CSC #: _____
Checks payable to Evergreen Council on Problem Gambling *(3 digits on back of credit card)*
Name on check: _____ Signature: _____
(if different from registrant)

MAIL, E-MAIL, or FAX THIS FORM WITH PAYMENT TO:

Evergreen Council on Problem Gambling
1801 Fourth Avenue East | Olympia, WA 98506
P: 360.352.6133 | F: 360.352.4133
info@evergreencpg.org



**ATTENDANCE LIMITED
REGISTER TODAY!**