



Training Employers | Promoting Health | Maximizing Performance

CDC Work@Health Train-the-Trainer Application Form

Introduction to the CDC Work@Health Train-the-Trainer Application Survey

Form Approved
OMB No. XXXX-XXXX
Exp. Date: XX-XX-XXXX

CDC WORK@HEALTH TRAIN-THE-TRAINER APPLICATION FORM

Public reporting of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (XXXX-XXXX).

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Introduction

Individuals who meet the eligibility requirements and are interested in becoming Work@Health™ Program Certified Trainers are encouraged to complete the form on the Work@Health™ website.

Informed Consent

We'd like to give you some more information to help you decide whether or not you would like to participate.

- This project is funded by the Centers for Disease Control and Prevention (CDC). Many parts of this project are being managed by the ASHLIN Management Group (ASHLIN). ASHLIN is a private sector consulting firm with a focus in the area of health and human services and is based in Greenbelt, MD. They are helping CDC implement the Work@Health™ Program. Public Health Management Corporation (PHMC), a non-profit, public health institute located in Philadelphia, PA and part of the ASHLIN Team, designed this form.
- You are being asked to share your contact information so that we can communicate with you about the Work@Health™ Program.
- Your participation is voluntary, and you may skip any questions you do not want to answer. You may also choose to stop filling out the form at any time.
- This form is designed to take approximately 30 minutes to complete.
- All responses you provide will be maintained in a secure manner. We will not disclose your responses or anything about you unless we are compelled by law. Your responses will be combined with other information we receive and reported in aggregate as feedback from the group. In our project reports, your name will not be linked to the information or comments you provide.
- There are no risks or benefits to you personally for completing this form.
- CDC is authorized to collect information for this project under the Public Health Services Act.
- If you have any questions, you can contact Kristin Minot. Her phone number is 215-985-2519 and her email is Kristin@phmc.org.

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Contact Information

The information that we are asking you to provide below will help us to communicate with you about Work@Health™. It will also help us to select individuals for the training who have the knowledge and experience to benefit from the Work@Health™ Program and will go on to train and support employers who want to implement a worksite health program.

1. Contact Information

| | |
|---------------------------|----------------------|
| First Name | <input type="text"/> |
| Last Name | <input type="text"/> |
| Title | <input type="text"/> |
| Company/Place of Business | <input type="text"/> |
| Street Address | <input type="text"/> |
| City | <input type="text"/> |
| State | <input type="text"/> |
| Zip Code | <input type="text"/> |
| Phone Number | <input type="text"/> |
| Email Address | <input type="text"/> |
| Company Website | <input type="text"/> |

2. How did you learn about the Work@Health™ Program Train-the-Trainer opportunity?

- a) State or local Health Department
- b) Employer membership organization
- c) Community-based health organization
- d) Private/non-profit organization
- e) Colleague
- f) Participated in a Work@Health™ training

| | |
|-----------------|----------------------|
| City | <input type="text"/> |
| State | <input type="text"/> |
| Zip Code | <input type="text"/> |
| Phone Number | <input type="text"/> |
| Email Address | <input type="text"/> |
| Company Website | <input type="text"/> |

2. How did you learn about the Work@Health™ Program Train-the-Trainer opportunity?

- a) State or local Health Department
- b) Employer membership organization
- c) Community-based health organization
- d) Private/non-profit organization
- e) Colleague
- f) Participated in a Work@Health™ training

Other (please provide name of organization or agency)

3. Have you ever implemented a worksite health program in a business, agency, or organization?

- Yes
- No



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Worksite Health Implementation

You said that you have implemented a worksite health program in a business, agency, or organization.

4. Did you hold a leadership role (i.e., C-suite executive, manager, owner) for at least one year at the organization where you implemented a worksite health program?

- Yes
- No

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