



Training Employers | Promoting Health | Maximizing Performance

CDC Work@Health Employer Application Form

Introduction to the Work@Health™ Employer Application Form

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

Work@Health™ Employer Application Form

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Introduction

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. The 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 20 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 all respondents. 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 telephone number is 215-985-2519 and her email is Kristin@phmc.org.

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Employer Training Registration Form

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 employers for the training that represent different sizes, locations, industry types, and experiences in workplace health.

1. Employer Name:

2. Primary Location:

Employer Zip-Code:	
Mailing Address 1:	
Mailing Address 2:	
Mailing City:	
Mailing County:	
Mailing Zip Postal:	

3. Location Designation

☐ Rural ☐ Urban ☐ Suburban

4. Primary Contact Person

Title:	
Name:	
Primary Phone:	
Contact Text Message Phone Number:	
Primary Email Address:	

4. Primary Contact Person

Title:	
Name:	
Primary Phone:	
Contact Text Message Phone Number:	
Primary Email Address:	
Confirm Email Address:	

5. Primary Contact Person: Please select method to receive notifications

☐ Email ☐ Phone ☐ Text Message

6. Secondary Contact Person

Title:	
Name:	
Primary Phone:	
Contact Text Message Phone Number:	
Primary Email Address:	
Confirm Email Address:	

7. Secondary Contact Person: Please select method to receive notifications

☐ Email ☐ Phone ☐ Text Message

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