



TRAIN-THE-TRAINER APPLICATION FORM

Form Approved
OMB No. 0920-XXXX
Exp. Date: XX-XX-XXXX

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INTRODUCTION

You are asked to complete the survey because of your desire to participate in the Work@Health® Program. This project is funded by the Centers for Disease Control and Prevention. 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 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 is conducting this survey. They are helping CDC evaluate the Work@Health® program.

Informed Consent

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

- 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 Hugh Bailey. His phone number is 301-345-8357 and the program email is workathealth@ashlininc.com.

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

Contact Information *

First Name Last Name

Phone Number

Email address

Confirm email

Job Title/Position

Employer Information

Company/Place of Business

Mailing Address 1

Mailing Address 2

City State Zip Code

Company Website

Type of employer *

- Self-employed
- Private Sector
- Local Government
- State Government
- Federal Government
- Non-profit
- Education [K-12]
- Education [Higher Ed]

Number of employees

- Less than 20
- 20-100
- 101-500
- 501-1,000
- More than 1,000

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www.surveygizmo.com/s3/1924167/W-H2-Train-the-Trainer-Application



How did you learn about the Work@Health® Train-the-Trainer opportunity?

- State or local health department
- Employer membership organization
- Community-based health organization
- Private/non-profit organization
- Colleague
- ASHLIN Management Group
- Professional conference
- Work@Health™ or CDC website
- Other website (please specify)
- Other

As a follow-up to the above question, please specify the name of the organization or agency:

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

- Yes
- No

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

- Yes
- No

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How many years of experience do you have in the field of worksite health? *

How many years of experience do you have in delivering formal training on any topic? *

How many years of experience do you have in delivering training in worksite health? *

Please provide the following information on the last five trainings you have led, including who you have trained, the size of the group, and the specific topic area of the training.

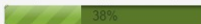
	Audience/Organization training was delivered to	Size of training group (#)	Worksite Health Topic
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you yourself ever successfully recruited participants for your trainings?

Yes No

Which methods have you found to be most effective in recruiting participants for your trainings? (Check all that apply)

- Provided by my agency
- Buy a mailing list
- Place paid advertisements
- Social media
- Recruit colleagues
- Other (please specify)





Please rate your experience level in instructing, coaching, or facilitating employers/employees in worksite health knowledge and skills on a scale of 1 (novice) to 10 (expert):

	No experience	1 (novice)	2	3	4	5	6	7	8	9	10 (expert)
Asking questions to gain information from individuals or a group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encouraging individual and group problem-solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining individual and group focus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Giving verbal and written feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjusting to verbal and written feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing guidance or direction for individual and group members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Debriefing and summarizing discussions for individuals and groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Setting measurable goals and learning objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using technology to plan training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delivering face-to-face training activities with multimedia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delivering online training activities, including online coaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delivering technical assistance coaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluating worksite health programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing budgets for worksite health training programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Have you previously completed the Work@Health® Core Curriculum training?

- Yes
- No
- Not sure

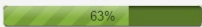
Which Work@Health® Core Curriculum training model did you participate in?

- Online
- Hands-on (i.e., an in-person workshop)
- Blended (i.e., a combination of online and in person training)
- Not sure

Please describe other formal worksite health promotion and protection training or continuing education (e.g., from professional organizations) you have received over the past 5 years.

	Worksite Health Training Program	Training Provider	Year(s) Trained
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Please list other professional certifications or credentials you possess in public health, health promotion, occupational health or related fields. (Check all that apply)

- None
- Registered Dietician
- Registered Nurse
- Occupational Health Nurse
- Physician
- Diabetes Educator
- Community Health Educator
- Certified Health Education Specialist
- Certified Wellness Coach
- Certified Wellness Practitioner
- Certified Wellness Program Manager
- Certified Worksite Wellness Specialist
- Certified Fitness Instructor/Trainer
- Certified Tobacco Cessation Counselor
- Master's Degree (please specify area)
- Ph.D. (please specify area)
- Other (please specify)

Do you have any formal certifications as a training facilitator by an accredited body?

- No
- Yes (please specify)

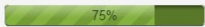
Do you have a formal affiliation with an organization through which you provide training?

- No
- Yes (please specify)

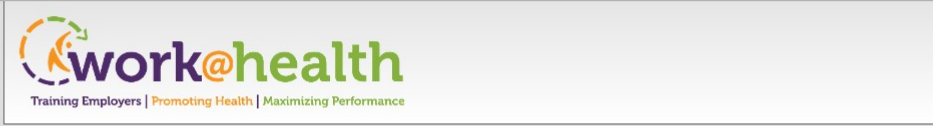
Please rate your confidence in completing the following aspects required to become a Work@Health® Certified Trainer:

	Not at all confident	Somewhat confident	Confident	Very confident	Completely confident
Devote at least 30 hours to completing Work@Health® core and Train-the-Trainer curricula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complete four surveys on your worksite health knowledge and skills and feedback on the training and technical assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recruit at least 5 employers for training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deliver Work@Health® training to at least 5 employers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Save and continue survey later



Please upload a letter of support from your referral contact for your training application. (Max file size 500 KB)

Browse...

Upload

Please upload a brief personal statement describing:

- Your background in worksite health;
- Why you are interested in becoming a Work@Health® certified trainer; and
- How you anticipate your becoming a Work@Health® certified trainer will impact your community.

Browse...

Upload

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Submit

88%



Thank you for your interest in Work@Health®.

Your application has been submitted and will be reviewed by the program team. An email confirmation will be sent to the address entered in this registration form.

VISIT US ONLINE
cdc.gov/workathealth

