



CDPHP[®] Wellness Consultant Application

If you are interested in providing wellness programming for CDPHP, please complete the appropriate sections below.

Wellness consultants provide classes on a per diem basis in any of the following ways: virtually via pre-recorded videos, live virtual calls, and in person at worksite and/or community events.

Last Name: _____ First Name: _____

Email: _____

Phone: _____

Professional Website: _____

Social Media Account: _____

Languages spoken and level of fluency (*conversational, fluent, etc.*):

Have you ever been employed by CDPHP in the past? Yes No

Please describe the program(s) you are interested in offering. Please include program name, description, and length:

Are you able to provide professional pre-recorded content? Yes No

Please indicate your availability for live virtual programs:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Are you able to provide live in-person classes? Yes No

In what counties are you available to provide programming?

Please indicate your availability for live in-person classes:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Are you associated with a facility where programs can be hosted? Yes No

If so, please provide the following information:

Facility name:

Facility contact:

Facility phone number:

Facility address:

Maximum number of participants that can be accommodated:

Available equipment:

Please return this form, along with your resume and applicable certifications and/or professional licenses, to the CDPHP Wellness Team at wellnessteam@cdphp.com.



A plan for life.