

CDPHP® Health Screening and Wellness Consultant Application

If you are interested in partnering with CDPHP to provide wellness programming and/or to become a CDPHP Health Screening Consultant, please complete the appropriate section(s) below.

Health screening consultants support CDPHP wellness staff in providing health screenings and one-on-one consultations for participants at both employer group and community health screening events on a per diem basis. Reliable transportation to attend screening events during regular business hours, early morning hours, evenings, and occasional weekends is required. Applicants must have a background in health education, nutrition, exercise physiology, nursing, or related field. Experience in a client-facing role providing consultative services is required.

Wellness consultants will partner with CDPHP to provide health and wellness programming for members at worksite and/or community events on a per diem basis. For more information, please see the Wellness Consultant FAQ.

Name (Last, First): _____

Email: _____

Phone: _____

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

Please indicate your availability:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

- Wellness consultant applicants only -

In what counties are you available to provide programming? (Circle all that apply)

- | | | |
|-------------------|-------------|------------|
| Albany | Otsego | Ulster |
| Columbia | Rensselaer | Warren |
| Dutchess | Schenectady | Washington |
| Fulton/Montgomery | Schoharie | Saratoga |
| Greene | Sullivan | |

What radius from your home (miles) are you willing to travel? _____

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

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

If so, please provide the following information:

Facility name: _____

Facility address: _____

Maximum number of participants that can be accommodated: _____

Available equipment:

Please return this form by mail, along with your resume and applicable certifications and/or professional licenses, to:

**CDPHP
Population Health and Wellness Department
500 Patroon Creek Blvd.
Albany, NY 12206**