



CDPHP® Health Screening & Wellness Consultant Application

If you are interested in partnering with CDPHP® to provide wellness programming and/or 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 a related field. Experience in a client-facing role that provides 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 been employed by CDPHP in the past? Yes No

Please indicate your availability:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Wellness Consultant Applicants Only

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

- Albany
- Otsego
- Ulster
- Columbia
- Rensselaer
- Warren
- Dutchess
- Schenectedy
- Washington
- Fulton/Montgomery
- Schoharie
- Greene
- Sullivan

Please describe the program(s) you are interested in offering:

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 résumé and applicable certifications and/or professional licenses, to:

CDPHP
c/o Population Health and Wellness Department
500 Patroon Creek Blvd.
Albany, NY 12206