

Workplace **Wellness Champion** Certification

DATE: _____



A HEALTHY WORKPLACE....

VISION STATEMENT

MISSION STATEMENT

Main reasons for a wellness program here?
What do I want to see with/in the wellness program?

Strategic Affiliate Memory Jogger

Name, Company Name, Email/Contact

Acupuncture	
Acupressure	
Allergies	
Aromatherapy	
Art Therapy	
Asthma	
Back Health	
Cancer Society	
Chiropractor	
Diabetes Association	
Fitness Instructors	
Gait Specialist	
Healing Touch Therapist	
Hearing	
Heart and Stroke Foundation	
Herbal Specialist	
Holistic Nutrition	
Homeopathy	
Hydrotherapy	
Ionic Footbaths/Detox	
Iridologist	
Kickboxing	
Massage Therapist	
Men's Health	
Mental Health	
Motivational Speaker	
Naturopathic Doctor	
Osteopath	
Osteoporosis Society	
Pedorthist	
Pharmacist	
Pilates	
Reflexologist	
Reiki	
Shoe Specialist	
Smoking Cessation	
Stress Management	
Tai Chi	
Women's Health	
Yoga	
Other:	

#1 – Communication – Main Points/Action Items

#2 – Visibility/Value – Main Points/Action Items

#3 – Supportive Programs – Main Points/Action Items

What Have We Tried?	How Do We Change?

Evaluation and Measuring Outcomes – Main Points/Action Items
