

# Healthy Hospital Initiative New Mexico - Participation Confirmation

\* Required

1. **Do you approve your hospital participating in all three phases of the Healthy Hospital Initiative? \***

*Mark only one oval.*

- Yes     *Skip to "Your Contact Information."*
- No     *Stop filling out this form.*
- Yes but only certain phases (I, II, III) - specify in the next item what Phases

## Phase Participation

2. **We will participate in Phases**

*Check all that apply*  
*Check all that apply.*

- Phase I - Environmental Scans
- Phase II - Wellness Director Interview
- Phase III - Behavior Survey

## Your Contact Information

### Your Contact Information

3. **Your First Name**

.....

4. **Your Last Name**

.....

5. **Your Title**

.....

6. **Your Phone #**

.....

7. **Your Phone Email**

.....

## Wellness Director or Designee Contact Information

8. **First Name**

.....

9. **Last Name**

.....

10. **Title**

.....

11. **Phone #**

.....

12. **Phone Email**

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