



Wellness Champion

Nomination Form

Nominee

Name of Nominee: _____

Employer: WVU Healthcare (WVU Hospitals & UHA) WVU@HSC

Department: _____

Title: _____

Work Phone: _____

E-mail: _____

Nominator

Check here if self-nominated.

Name: _____

Employer: WVU Healthcare (WVU Hospitals & UHA) WVU@HSC

Department: _____

Title: _____

Work Phone: _____

E-mail: _____

Please state why this nominee should be considered for a Wellness Champion position.

Signature of individual submitting the nomination: _____

For more information regarding the Wellness Champion position, please call The Wellness Program office at 304-293-2520 or email wellnessprogram@hsc.wvu.edu



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