

Certified Well Departments (CWD)

APPLICATION PACKET

PURPOSE

CWD is an exciting initiative as part of the overall University Wellness initiative to become the healthiest university! Departments are the central space where connection, community, and caring takes place. Imagine your students and colleagues all sharing an experience that can make the whole department happier, more engaged, more resilient, more confident and healthier!

WHY DO CWD MATTER?

Achieving greater levels of physical, mental, and spiritual health as a community means we all benefit from our collective efforts. The CWD initiative recognizes, rewards and celebrates those departments that put forth intentional effort to improve their members' health and wellness as a team. This provides an encouraging environment for faculty, staff, students, and visitors to easily participate in an overall healthier AU campus.

CRITERIA

Please use the next page to determine your department's eligibility to submit the application and to work towards achieving the set criteria to become a **CERTIFIED WELL DEPARTMENT** at Andrews University.

The open application period to be recognized as a CWD for each school year is August 15 – December 15.

THANK YOU TO ALL DEPARTMENTS FOR MAKING A FOCUSED AND
INTENTIONAL EFFORT TO BECOME CERTIFIED WELL!

Date received: (for office use only):

CWD APPLICATION

NOTE:

*Please submit a hard copy to University Wellness
or email a scanned application to wellness@andrews.edu*

Department Name: _____

Application Date: _____ Did you have CHD status last year? _____

Total # of Staff: _____ Total # of Faculty: _____ Total # of Students: _____

Name(s) of Wellness Ambassador(s):

1. _____

2. _____

3. _____

Name(s) of Student Wellness Ambassador(s):

1. _____

2. _____

3. _____

INSTRUCTIONS:

1. Please thoroughly complete the criteria checklist on the next two pages.
2. There are a total of nine criteria. **Some criteria categories provide you with two options.** You can choose one or the other in order to meet the criteria.

CRITERIA CHECKLIST FOR DEPARTMENT APPLYING:

	OPTION 1	YES	NO	OPTION 2	YES	NO
1	Has at least one active Wellness Ambassador					
2	Includes Wellness Menu (www.andrews.edu/wellness) update during regular staff meetings/department assemblies			Provides employees and students with Wellness Menus via <u>email or printout</u> (renew each semester)		
3	50% of dept. full-time employees use a functioning activity tracker/app .			50% of dept. full-time employees use Fitthumb or Virtuagym on a regular basis (= once per week) to participate in online activities/track health behaviors etc.		
4	Offers a weekly 5-min. "Mini Fit Break" in a space where employees and students can participate. Leader: _____ Day: _____ Time: _____ Location: _____			Does the "Daily Plank Challenge" @ 3 p.m. (or another time) in a space where employees and students can participate. Leader: _____ Time: _____ Location: _____		
5	Has a "Healthy Certified Food Menu" (please attach to this application, signed by the Department Chair). This list should indicate, which foods and drink are acceptable to the department at departmental functions. This list must then be distributed to all employees and students of the department to encourage active participation and adherence.					
6	Ensure that all full-time employees utilize an eco-friendly water container on a regular basis.					
7	Provide a set of resistance bands , a resistance ball and a piece of cardio equipment in a public area to use (e.g. trampoline, stationary bike, etc.)			Provide an interactive regular game opportunity that sparks activity and interaction in a public area for anyone to use. Examples include: <ul style="list-style-type: none"> • Putting green • Wii System • Ping-pong table • Etc. 		

	OPTION 1	YES	NO	OPTION 2	YES	NO
8	<p>Offers a mental/emotional wellness promotion/ educational event per semester:</p> <p>Fall event 1 (date): _____ Type of event: _____ Topic: _____ Speaker: _____</p> <p>Spring event 1 (date): _____ Type of event: _____ Topic: _____ Speaker: _____</p>			<p>Offers a mental/emotional wellness promotion/ education nugget during each employee department meeting.</p> <p><u>Fall Nugget Topics:</u> 1. 2. 3.</p> <p><u>Spring Nugget Topics:</u> 1. 2. 3.</p>		
9	<p>Offers a spiritual wellness promotion/education event per semester:</p> <p>Fall event 1 (date): _____ Type of event: _____ Topic: _____ Speaker: _____</p> <p>Spring event 1 (date): _____ Type of event: _____ Topic: _____ Speaker: _____</p>			<p>Offers a spiritual wellness promotion/education OR devotional/prayer during each employee department meeting.</p> <p><u>Fall Topics:</u> 1. 2. 3.</p> <p><u>Spring Topics:</u> 1. 2. 3.</p>		

I, _____ (Department Chair), confirm that all information in this application is accurate and fully support the efforts in becoming and staying a 'Certified Well Department'. I will personally make every effort to encourage my employees and all students to become actively engaged with making positive lifestyle changes at work and during learning experiences. I will actively support our department's Wellness Ambassador(s) and empower her/him/them to make a positive impact on the department's culture of wellbeing. I will ensure that all criteria listed in this application will be regularly implemented and maintained.

Signature of Department Chair: _____ Date: _____