

TOOL: Wellness Committee Contact List



Fill in the name and contact information for each committee member. Provide a copy of the contact list to all committee members.

Representing Group	Name	Email	Phone	Responsibilities
<input type="checkbox"/> Front-line clinical				
<input type="checkbox"/> Administrative				
<input type="checkbox"/> Client				
<input type="checkbox"/> Supervisor or leadership				
<input type="checkbox"/> Quality Improvement				
<input type="checkbox"/> Security				
<input type="checkbox"/> Human Resources				
<input type="checkbox"/> Communications				
<input type="checkbox"/> Prescribing representative				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

