

PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION

**PSYCHOLOGICALLY HEALTHY WORKPLACE AWARD
NOMINATION FORM**

Application must be postmarked by January 15, 2010.

Due to the economic climate within Pennsylvania, and the Pennsylvania Psychological Association wanting to support Psychologically Healthy Workplaces and to acknowledge organizations successes, PPA is suspending the application fee for the 2009-2010 application process.

Complete each section of the application. If you are submitting a "hard copy," please clearly print your responses in the spaced provided. If you have downloaded the form, and plan to submit it electronically, please type your responses in the spaces provided. Please feel free to elaborate your answers and use additional sheets/pages if necessary. If you have any questions, please call the coordinator of our Psychologically Healthy Workplace Award Program, Rex Gatto, Ph.D., 412-344-2277, or email rex@rexgatto.com.

Section I: Company Background

Company Name:

Name and Title of Person making the nomination:

Company Address:

City/State/Zip:

Phone Number and extension: (____) _____

Fax Number: (____) _____

E-mail: _____

Check the Type of Firm/Organization: [] Non-Profit [] For-Profit

Approximate Number of Employees: _____

Nature of Company's Business:

Please list the principal officers and titles of your firm/organization:

Section II: Company Description

In one or two sentences, please describe what your organization does.

Section III: Please complete the online application at the following link:

<http://www.phwa.org/applynow/>

Section IV: Additional Information

What other activities (not mentioned previously) does your firm/organization do to promote a healthy workplace?

Describe the values and benefits reaped by your firm/organization and its employees from the activities, programs and attitudes noted on previous pages that contribute to your “psychologically healthy workplace.”

Describe any studies or data collected by your company that illustrates the impact of your activities designed to promote a positive and productive workplace. Examples might include: employee turnover/retention rates, health outcomes, morale levels, productivity, etc.

Why would a candidate or potential employee want to work for your firm/organization?

What additions or changes are under consideration in the future that are designed to contribute to an even more positive, psychologically healthy work environment?

You may add additional supporting material (such as brochures, newsletters, etc.) to illustrate the qualities of your firm/organization’s culture. **Please enclose at least two employee testimonials as to the benefits they and/or the organization have received from any of the above issues.**

If available, a company **brochure** or **annual report** should accompany this nomination form. If you have a brochure or annual report that includes the names of your company’s officers, please submit that brochure or annual report.

Has your organization or any of its officers been involved in any civil or criminal action (either at the state or federal level) within the past two years? YES NO

If your organization provides health care services, has a formal complaint been filed with a licensing board against any of your employees or any of your officers with the past two years? YES NO

If you have answered yes to either of the above two questions please explain the nature of the complaint and its outcome on a separate sheet of paper.

DISCLAIMER: The Pennsylvania Psychological Association reserves the right to revoke the Psychologically Healthy Workplace Award from any award winner that has withheld relevant information or has submitted a false or misleading application.

Using any of the following options, please submit your application by **December 15, 2009**:

- E-mail to **Rachael@papsy.org**.
- Mail to **Pennsylvania Psychological Association at 416 Forster Street, Harrisburg, PA 17102-1748**.
- Fax to **717-232-7294, Attention: Rachael Baturin, MPH, JD**

If you email or fax your application to PPA, please mail the testimonials, brochures (or annual report) and check to the above address.

Once your application and payment are received, you will be instructed on the next steps of the nomination process which includes an interview and brief employee survey.

Thank you for taking the time to complete this nomination form!