

Kentucky Preferred Employer Network

Enrollment Form

The **Kentucky Preferred Employer Network** was developed by the Kentucky Tobacco Prevention and Cessation Program to assist employers with providing proven, professional resources to help employees become tobacco free. As a member of the Preferred Employer Network, you will receive exclusive tobacco cessation services and materials to assist your employees with cessation and to create a toxin free environment for your nonsmoking employees. These services will include access to a Health Policy Specialist and Worksite Wellness Coordinator to assist you in creating a healthy, more productive workplace.

The **Kentucky Preferred Employer Network Toolkit** includes:

- Letter of Introduction
- Resource Guide
- Kentucky Preferred Employer Network enrollment form
- A printable fact sheet about Kentucky's Tobacco Quitline
- Patient Fax Referral Form to Kentucky's Tobacco Quitline
- Link to the Tobacco Prevention and Cessation website

Please complete this form and mail to:

Tobacco Prevention and Cessation Program
275 E. Main Street, Mail Stop HS 1 EE
Frankfort, KY 40621
ATTN: Bobbye Gray, RN

Or, email this information to Bobbye.Gray@ky.gov

Please enroll me in the Kentucky Preferred Employer Network. There is no charge for this service.

Company Name _____

Type of Company _____

Address _____ County _____ Zip _____

Contact Person _____

E-Mail Address _____

Phone (_____) _____ Fax (_____) _____

Please return this form to: Bobbye.Gray@ky.gov or fax to (502)564-2983.