



**WELLMP**  
ENGAGE YOUR HEALTH

Town of Mount Pleasant  
**Wellbeing Incentive  
Wellness Video Certification**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Video: \_\_\_\_\_

Length of Video: \_\_\_\_\_ Number of Videos Watched: \_\_\_\_\_

Brief Summary of Video(s): \_\_\_\_\_

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