

1. Contact Information

First Name *

Last Name *

Title *

Company Name *

Street Address *

Apt/Suite/Office

City *

State *

Zip *

Country

Email Address *

Phone Number *

URL *

State of Incorporation

Company Demographics

2. Select the annual revenue (gross sales) range that fits your company *

- Less than \$1,000,000
 - \$1,000,000-\$4,999,999
 - \$5,000,000-\$9,999,999
 - Greater than \$10,000,000
-

3. Does your company meet any of the following ownership or governance structures? *

- Woman owned
 - Minority owned
 - B-Corporation
 - Women Board Members
 - Fair Labor Association Accreditation
 - Veteran Owned
 - Employee owned
-

4. Sales pathway *

- Direct
 - Distributor
-

5. What Distributors do you work with currently? *

- Cardinal
- Medline
- Owens & Minor
- Grainger
- Henry Schein
- Other - Write In (Required)

*

Product Sustainability Profile

6. Are you applying for medical products, carpet or resilient flooring that meet Health Care Without Harm/Practice Greenhealth's Safer Chemicals criteria? *

- Yes
- No

For additional guidance on the criteria used by **Greenhealth Approved** please follow the links below:

[Medical Products](#) (link is to draft guidance)

[Carpet](#)

[Resilient Flooring](#)

7. Which product category are you submitting for consideration with this application? Please note a product information form upload is required for each product category you are submitting. *

- Carpet
- Flooring
- Medical Products

8. You indicated that your products address a different sustainability issue or are not within one of the Greenhealth Approved categories. Please list the product category you would like considered for inclusion in our eligible categories.

9. Please describe what sustainability attributes your product carries and/or what sustainability challenge your product addresses. *

Examples: Reusable textiles free from PFAS -or- Supports the circular economy through packaging innovations.

Product and Sales Information

10. Only products sold in the US are eligible for the Greenhealth Approved Seal. Please confirm below that your products meet this criteria. *

- Yes
- No

11. How many products are you applying for to use the Greenhealth Approved seal? *

12. What is your annual revenue for the products you wish to license to the Greenhealth Approved seal? *

Document Upload

13. Please upload the product information workbook here. Please note a different vetting workbook exists for each category. As a reminder, the category workbooks can be found on the relevant Greenhealth Approved category page:

Medical Products

Carpet

Resilient Flooring *

[Browse...](#)

14. Did your company participate in the Healthier Hospitals Initiative? *

- Yes
- No
- I don't know

Thank You!

Thank you for submitting your products for consideration of the Greenhealth Approved seal. At this time, we do not have standards established for this specific product or sustainability feature. However, we would be interested in reviewing your submission to better understand our capabilities of establishing a standard that would be appropriate for this category. Thank you for your patience as we do this review and we will reach out to you with additional information or questions as soon as possible.

If you have questions prior to us contacting you, please reach us at info@greenhealthapproved.org
