Send to District Chair by January 31			Original Copy for Reporting			
either electronically or one paper copy			PLEASE PRINT OR TYPE			
REPORT FOR YEAR 20						
LOCAL PUBLIC POLICY EDUCATION REPORT						
January 1- December 31						
District						
PPE Chair:			PPE Term			
Address: Street			City			Zip
Telephone No.	Email		<u> </u>		Fax	
Name of Organization Reporting:			Name of Affiliated Hospital:			
Address: Street			City			Zip
1. Do you regularly communicate Public Policy with						
a) local board Yor N	b) member	ship YC	c) administration Y or N			
2. Do you have a regular calling committee for Legislative contact? \mathbf{Y} or \mathbf{N}						
3. Number of total contacts made with legislators (both State and Federal) (accumulate on page 2)						
a) by phone b) by letter	c) in perso		on e) by email			d) postcard
4. How many newsletter articles did you write for:						
a) Organization b) Hospit			al			
5. Do you receive and read WHA's "Valued Voice"? ${f Y}$ or ${f N}$			Do you pass "Valued Voice" on to others? $ Y $ or $ N $			
7. How many a) members of HEAT:			b) attended Advocacy Day:			
9. Please list briefly the issues that you wrote, called or talked about this past year. (If needed, please use an additional sheet.)						
Also, list the issues you would like to see a part of the PPE Program. (If needed, Please use an additional sheet.)						
10. Did your local organizations hold a special event specifically regarding public policy issues this past						
year? [Y OR N] If held, please attach a description of the event to your report.						
Sign: Local Policy Chair					Date	