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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Send Completed Form With a Copy Of Each Local Organization Report to Partners of WHA, Inc. State PPE Chair by March 1** | | | | | | ***Original Copy for Reporting***  ***Please Print or Type.***  ***Make Copy for File*** | | | |
| **REPORT FOR 20\_\_\_\_\_\_\_\_\_\_\_\_\_**  **January 1-December 31**  **DISTRICT PUBLIC POLICY EDUCATION CHAIR’S REPORT**  **DISTRICT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
| **District PPE Chair:** | | | | | | | | **PPE Term** | |
| **Address: Street** | | | **City** | | | | | | **Zip** |
| **Telephone No.** | | | | **Email** | | | | **Mobile** | |
| **Work** | | | | **Fax** | | | | **Other** | |
| **1. Number of Hospitals Reporting** | | **DVS’ Reporting** | | | **PPE’s Reporting** | | | **Other Reporting** | |
| **Number Not Reporting** | | **2. Member or PPE Chair Serving on Hospital Board?** | | | **3a) Number of administrators meeting regularly with local Board** | | | **3b) General Membership** | |
| **4 (Answer a-c)**  **Number of PPE Chair**  **that communicate regarding**  **public policy with:** | | **4a) Local Board** | | | **4b) general membership** | | | **4c) administration** | |
| **5. (Answer a-g)**  **Number of total contacts**  **made with legislators**  **State and Federal** | | **5a) by phone** | | | **5b) by letter** | | | **5c) in person** | |
| **5d) email** | | | **5e) postcard** | | |  | |
| **6. How many PPE Chairs write for: (Answer a-b)]** | | | | | **7. How many local organizations have a regular calling committee for Legislative contact?** | | | | |
| **a) Hospital Newsletter?** | | **b) Local Organization Newsletter?** | | |
| **8. How many members of Heat:** | **9 How many attended Advocacy Day?** | | **10a) How many local PPE chairs receive and read the WHA “Valued Voice”?** | | | | **10b) Pass “Valued Voice” on to others?** | | |
| **11. In the space below please list the issues the local organizations wrote called or talked about this past year.**  **Also, list the issues you would like to see as part of the PPE program. Continue on reverse side if necessary or add additional**  **page.** | | | | | | | | | |
| **12. How many local organizations held a special event regarding public policy issues this past year?**  **If held, please include the information with your report.** | | | | | | | | | |
| **Sign: (Position)** | | | | | | | | **Date** | |

Report Form: Public Policy Chair District Revised; May 2022