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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