

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