

Send to District PPE Chair by January 31 either electronically or one paper copy		Original Copy for Reporting PLEASE PRINT OR TYPE	
REPORT FOR YEAR 20_____ LOCAL PUBLIC POLICY EDUCATION REPORT January 1- December 31 District _____			
Name: PPE Chair- DVS- Other Reporting		PPE Term Date	
Address: Street		City	Zip
Telephone No.	Email		Fax
1. a. Name of Organization Reporting Address: Street		1. b. Name of Affiliated Hospital: City Zip	
2. PPE Chair/Other Serving on Hospital Board Y/N?		3. Administrators meet with Local Board Y/N General Membership? Y/N	
4. Do you regularly communicate Public Policy with a) local board Y or N b) membership Y or N c) administration Y or N			
5. Number of total contacts made with Legislators (both State & Federal) (<u>See PPE Tracking Form</u>) a) by phone b) by Letter c) In Person d) by Email e) Postcard			
6. How many newsletter articles did you write for: (<u>See PPE Tracking form</u>) a) Organization b) Hospital			
7. Does your Organization have a regular calling Committee for Legislative Contacts? Y/N			
8. How Many Members of HEAT?		9. How Many Attended Advocacy Day?	
10a) Does PPE receive and read the WHA, "Valued Voice"? Y/N 10b) Pass on to Others? Y/N			
11. On the reverse side, please list the issues your organization 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 or add additional pages.			
12. 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; (<u>See PPE Tracking Form</u>))			
Sign: Local Policy Chair, or Position		Date	