

PLEASE PRINT ORIGINAL COPY FOR REPORTING

SEND TO PARTNERS OF WHA, INC
PRESIDENT ELECT BY MARCH 1ST

DISTRICT HONOR REPORT TO PARTNERS OF WHA, INC.

DISTRICT: _____

YEAR: _____

COMPLETED BY: Name _____

Email _____

Phone _____

ORGANIZATION AND HOSPITAL NAME (Alphabetically by City, No Abbreviations, please)	Annual Reports Completed and Mailed by Due Date 10 POINTS	Minimum of Three Newsletters Per Year (1 Point each, plus 1 bonus point for 3) 4 POINTS	Two Delegates to Spring District Meeting 3 POINTS EACH (Maximum of 2)	Attend WHA Advocacy Day 2 POINTS EACH (Maximum of 2)	Two Delegates to Fall District Meeting 3 POINTS EACH (Maximum of 2)	Delegates to Annual Convention 5 POINTS EACH (Maximum of 2)	Display at Partners Annual Convention 2 POINTS	Silent Auction Item for Convention 2 POINTS	Scholarship Program In Health Career Field 4 POINTS	Page 1 Totals

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ORGANIZATION AND HOSPITAL NAME (Alphabetically by City, No Abbreviations, please)	Have at Least One General Membership Meeting 2 POINTS	Application for WAVE Award 2 POINTS	Application for Best of the Best 2 POINTS	Have a Designated PPE Chair 2 POINTS	Have a Designated CHE Chair 2 POINTS	Have a Member in a Leadership Role at the District or State Level 2 POINTS	TOTAL POINTS	X This Column if Organization Has a Minimum of 40 POINTS	For President- Elect Yes/No Dues Must Be Paid by 6/30