|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Send to **DISTRICT CHAIR** by January 31  either electronically or one paper copy | | Original Copy for Reporting  **PLEASE PRINT OR TYPE** | | |
| **REPORT FOR: 20\_\_\_\_\_\_\_\_**  **LOCAL ORGANIZATION COMMUNITY HEALTH EDUCATION REPORT**  **Reporting Period: January 1-December 31**  **DISTRICT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **CHE Chair:** | | | **CHE Term** | | |  | | |  | | | **Address: Street** | | **City** | | **Zip** | |  | |  | |  | | **Telephone No.** | **Email** | | **Fax** | | |  |  | |  | | | **Name of Organization Reporting:** | | **Name of Affiliated Hospital:** | | | |  | |  | | | | **Address: Street** | | **City** | | **Zip** | |  | |  | |  | | | | | |
| 1. Does your organization assist in hospital education projects? **Y or N** | | | | |
| 2. Number of ONGOING health education projects from previous years. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 3. Number of NEW health education projects started during this year of reporting. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 4. Total health education projects for the year – number should be the total of #2 and #3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Please be sure that your reported numbers match those reported on your local president’s end of year report.*** | | | 5. Number of articles written for newsletter.    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 6. Number of health education reports given at general membership meetings: Total\_\_\_\_\_\_\_\_\_  What were the subjects of the reports? (use additional sheet if necessary) | | | | |
| 7. Are you interested in presenting a health education project at State Convention? **Y or N** | Project Name | | | |
| 8. Either here or on a separate sheet, please give a general description of one of your local organization’s special projects related to health education. | | | | |
| Sign: Local Community Health Chair or Person Completing Form  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date |

Local Report Community Health Education Chair August 2020