

**SEND THREE COPIES TO
DISTRICT CHAIR BY January 31**

Original Copy for Reporting
PLEASE PRINT OR TYPE

REPORT FOR: 20_____

LOCAL ORGANIZATION COMMUNITY HEALTH EDUCATION REPORT

Reporting Period: January 1-December 31

Local Organization Name:

District

Name of Hospital

City of Hospital

Name of CHE Chair

Address of CHE Chair

City

State

Zip

Telephone

E-Mail

Fax No.

1. Does your organization assist in hospital education projects?

2. Name the on-going health education projects in the last 12 months. Total number of projects

3. Name the **NEW** health education projects in the last 12 months. (Not included in ongoing projects) Total number of new projects:

4. Total health education projects for the year – number should equal ongoing plus new health education projects.

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? ☐ yes ☐ No

Project Name

8. On the reverse side or on a separate sheet: Please give a general description of one of your local organization's special projects related to health education. Include any details regarding your goals and objectives for the project.

Sign: Local
Community Health Chair

Date

Please be sure that your reported numbers match those reported on your local president's end of year report.

Local Report Community Health Education Chair