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| 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?
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| 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***Please be sure that your reported numbers match those reported on your local president’s end of year report.*** | Date |

Local Report Community Health Education Chair

October 2016

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