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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? | | | | |
| 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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