

Send to District PPE Chair by January 31 either electronically or one paper copy		Original Copy for Reporting PLEASE PRINT OR TYPE	
<p align="center">REPORT FOR YEAR 20_____ LOCAL PUBLIC POLICY EDUCATION REPORT January 1- December 31 District_____</p>			
PPE Chair:		PPE Term	
Address: Street		City	Zip
Telephone No.	Email	Fax	
Name of Organization Reporting		Name of Affiliated Hospital:	
Address: Street		City	Zip
1. Do you regularly communicate Public Policy with a) local board Y or N b) membership Y or N c) administration Y or N			
2. Do you have a regular calling committee for Legislative contact? Y or N <u>(See PPE Tracking form)</u>			
3. Number of total contacts made with legislators (both State and Federal) <u>(See PPE Tracking form)</u> a) by Phone b) by letter c) in Person d) by Email e) postcard			
4. How many newsletter articles did you write for: <u>(See PPE Tracking form)</u> a) Organization b) Hospital			
5. Do you receive and read WHA's "Valued Voice"? Y or N		6. Do you pass "Valued Voice" on to others? Y or N	
7. How many a) members of HEAT: b) attended Advocacy Day:			
8. Please list briefly the issues that you wrote, called or talked about this past year. (If needed, please use an additional sheet.) Also, list the issues you would like to see a part of the PPE Program. (If needed, Please use an additional sheet.)			
9. Did your local organizations hold a special event specifically regarding public policy issues this past year? [Y or N] (If held, please attach a description of the event to your report; (See PPE Tracking Form)			
Sign: Local Policy Chair		Date	