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| **Send to District PPE Chair by January 31**  | **Original Copy for Reporting** |
| **either electronically or one paper copy** | **PLEASE PRINT OR TYPE** |
| **REPORT FOR YEAR 20\_\_\_\_\_\_\_\_** |
| **LOCAL PUBLIC POLICY EDUCATION REPORT** |
| **January 1- December 31** |
| **District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **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 (See PPE Tracking form)** |
| **3. Number of total contacts made with legislators (both State and Federal) (See PPE Tracking form)** |
| **a) by Phone**  | **b) by letter**  | **c) in Person**  | **d) by Email**  | **e) postcard** |
| **4. How many newsletter articles did you write for: (See PPE Tracking form)** |
| **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)** |
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| **Sign: Local Policy Chair** | **Date** |