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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)** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | |
| **Sign: Local Policy Chair** | | | | | | | | | | | | | | **Date** | |