

**PARTNERS OF WHA, INC.**

**YEAR-END REPORT FOR \_\_\_\_\_  
COMPILED COMMUNITY HEALTH EDUCATION STATE CHAIR'S REPORT  
January 1-December 31**

<b>State CHE Chair</b>	<b>No of District Reporting</b>
------------------------	---------------------------------

<b>Telephone No.</b>	<b>Email</b>	<b>Fax No.</b>
----------------------	--------------	----------------

District	No. of local organizations	No. local organizations reporting	No. w/CHE Chairs	No. Assisting in Hospital Education Projects (1)	No. of Ongoing Projects in Last 12 Months (2)	No. New CHE Projects for Year (3)	Total Health Education Projects (4)	No. of Articles Written For Newsletter (5)	Reports Given at General Membership Meetings (6)
<b>Total</b>									

**For responses to questions 7 and 8 use reverse side**

<b>State Community Health Education Chair</b> _____	<b>Date</b> _____
---	-------------------