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| Send to **DISTRICT CHAIR** by January 31 either electronically or one paper copy | Original Copy for Reporting**PLEASE PRINT OR TYPE**  |
| **REPORT FOR: 20\_\_\_\_\_\_\_\_****LOCAL ORGANIZATION COMMUNITY HEALTH EDUCATION REPORT****Reporting Period: January 1-December 31** **DISTRICT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **CHE Chair:** | **CHE Term** |
|  |  |
| **Address: Street** | **City** | **Zip** |
|  |  |  |
| **Telephone No.** | **Email** | **Fax** |
|  |  |  |
| **Name of Organization Reporting:** | **Name of Affiliated Hospital:** |
|  |  |
| **Address: Street** | **City** | **Zip** |
|  |  |  |

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| 1. Does your organization assist in hospital education projects? **Y or N** |
| 2. Number of ONGOING health education projects from previous years. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. Number of NEW health education projects started during this year of reporting. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. Total health education projects for the year – number should be the total of #2 and #3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Please be sure that your reported numbers match those reported on your local president’s end of year report.*** | 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? **Y or N** | Project Name |
| 8. Either here or on a separate sheet, please give a general description of one of your local organization’s special projects related to health education.  |
| Sign: Local Community Health Chair or Person Completing Form\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date |

Local Report Community Health Education Chair August 2020