



Mended Hearts™

2017 Annual Report - Progress Worksheet

Please enter all data from this worksheet online in the Officer Portal of mendedhearts.org. All chapter officers have access to the Annual Reports online. Archived 2016 reports are also available to view online. Please compile the needed information below in advance of computer data entry.

Chapter Location and Region

Period: Jan 1 through Dec 31, 2017

Chapter Name: _____

Chapter Number: _____

Chapter City: _____

Chapter State (abbreviated form): _____

Region: _____ Select one: (Central, Mid-Atlantic, Midwest, Northeast, Rocky Mountain, Southern, Southwest, Western) Note: If unsure of region, please check mendedhearts.org/FIND CHAPTERS for map of color-coded states and regions.

Publicity, Recognition & Awards

List any recognition and awards received by the Chapter (or individual in the name of the chapter) from local community organizations:

Please list any in-kind donations your chapter has received (list donors, hospitals, organizations, individuals and any in-kind donations including meals provided, parking, office space, printing, and/or complimentary meeting room space or other services):

Describe significant local or national publicity received by the chapter (print, radio, TV, social media):

Chapter Meetings

Please respond to ALL questions. If there is nothing to report for a given question, please enter 0 (zero) in the appropriate field. Remember to include information from your satellite, if applicable. PLEASE ANSWER QUESTIONS IN NUMERICAL FORMAT.

Total number of chapter meetings held this period: _____

Meeting Day/Time/Place: _____

How many included cardiac-related programs: _____

Average meeting attendance: _____

Board Meetings

Total number of board meetings held this period: _____

Meeting Day/Time/Place: _____

Number of members who attended the 2017 National Education and Training Conference (Nashville, TN): _____

Number of regional cluster meetings hosted: _____

Number of members who attended a regional cluster meeting: _____

CHAPTER SATELLITES

Does your chapter have satellites? _____

Yes ____ or No ____ If Yes, how many: _____

CHAPTER SATELLITES

Satellite 1 Coordinator: _____

#1 Email: _____

1 Phone: _____

1 Facility/Hospital Served: _____

1 Facility/Hospital System: _____

Satellite 2 Coordinator: _____

2 Email: _____

2 Phone: _____

2 Facility/Hospital Served: _____

2 Facility/Hospital System: _____

Satellite 3 Coordinator: _____

3 Email: _____

3 Phone: _____

3 Facility/Hospital Served: _____

3 Facility/Hospital System: _____

Satellite 4 Coordinator: _____

#4 Email: _____

4 Phone: _____

4 Facility/Hospital Served: _____

4 Facility/Hospital System: _____

Satellite 5 Coordinator: _____

5 Email: _____

5 Phone: _____

5 Facility/Hospital Served: _____

5 Facility/Hospital System: _____

Satellite 6 Coordinator: _____

#6 mail: _____

6 Phone: _____

6 Facility/Hospital Served: _____

6 Facility/Hospital System: _____

Communication

Does the chapter publish a communications flyer or newsletter? Yes or No _____

If Yes, how frequently: _____ Select: (monthly, bi-monthly, quarterly)

If Yes, is it produced electronically and emailed: _____

Are you inserting your communications into HeartGuide pocket when visiting patients/families?

Yes ____ No ____ N/A ____

Person submitting report: _____

Email: _____

ARD Reviewer: _____

RD Reviewer: _____

FINISH