



# Mended Hearts<sup>TM</sup>

## 2017 Annual Report - Progress Worksheet

*Please enter all data from this worksheet online in the Officer Portal of [mendedhearts.org](http://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](http://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:

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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):

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

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## 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**