

# LOCAL ADVISOR RECOGNITION FORM

**Deadline for submission is February 26, 2010**



Every year Florida HOSA members select **one local secondary, one local postsecondary, and one middle school** advisor to be honored as the outstanding advisors in the state. Recommended advisors should possess traits such as dedication to students and the Health Science/HOSA partnership, as well as a caring and encouraging personality. Please take this opportunity to help us recognize those people who have significantly affected HOSA and its members in a positive way. These advisors will be recognized at the Recognition Session at the 2010 State Leadership Conference.

*If you have an advisor whom you would like to submit as someone who meets these criteria, please complete this form.*

**Name of advisor being recognized** \_\_\_\_\_

**Advisor's School/Chapter** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**School phone** \_\_\_\_\_

Circle one: **MIDDLE SCHOOL**      **SECONDARY**      **POSTSECONDARY**

**Will this advisor be attending the State Leadership Conference?**

**Give an example of what makes this advisor outstanding to you and to HOSA. Use the back of the page if necessary.**

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**Your Name** \_\_\_\_\_

**Mail or fax this form to:** Florida HOSA State Advisor  
14646 NW 151<sup>st</sup> Blvd.  
Alachua, FL 32615

FAX: (386) 462-1601