



FOR OFFICE USE ONLY
Scheduled on _____
State Officer _____
State Advisor Initials _____

FLORIDA HOSA
Request for HOSA State Officer Visit

*Must be made at least 30 Days in advance

Chapter/School _____ Region _____

Person Making Request _____

E-mail Address _____

Mailing Address _____ Zip Code _____

School Phone (____) _____ **Requested Date of Visit** _____

Name and Description of Activity _____

Officer's Duties _____

Any special instructions for State Officer (i.e. where to report, park, lunch, etc.) _____

Directions to the activity or school _____

The requesting chapter is responsible for reimbursing the visiting State Officer(s) for **one half (1/2) of travel at \$.35 per mile and per diem.** The State Office will reimburse the other one half (1/2) of costs. **This reimbursement must be made within 45 days after the visit.**

A school representative (chapter or regional advisor, teacher, etc.) **must be present** during the program to facilitate and handle all discipline problems.

MAIL OR FAX THIS REQUEST TO:

Florida HOSA
14646 NW 151st Blvd.
Alachua, FL 32615
Phone: (386) 462-HOSA
Fax: (386) 462-1601

When your request is approved, you will be contacted by the designated State Officer for your visit.