



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.) _____

Building in which activity will take place _____

The closest State Officer will be asked to attend. 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.**

If a specific State Officer is requested other than the closest one, all associated costs will be assumed by the requesting chapter. If overnight accommodations are needed, the State Officer ***must*** stay in a hotel.

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
 13570 NW 101st Dr., Suite 200
 Alachua, FL 32615
 Phone: (386) 462-HOSA
 Fax: (386) 518-6875

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