

LOCAL "Rookie" ADVISOR RECOGNITION FORM

This form must be received in the Florida HOSA State Office on or before February 15, 2019

This award is presented to a beginning HOSA advisor (with no more than two years experience) who has made an outstanding contribution to HOSA through his/her special enthusiasm and commitment. 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 a "Rookie" Advisor who has significantly affected HOSA and its members in a positive way. From the forms received, a committee will select one advisor from each division to honor during the Recognition Session at the 2019 State Leadership Conference.

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

School phon					
Circle one:	MIDDLE SCHOOL	SECONDARY	POSTSECONDARY		
Will this advisor be attending the State Leadership Conference?			Yes	No	
the page if n ————————————————————————————————————	necessary.	ndvisor outstanding to you a			
Please comp	lete this form and return	it on or before February 15	th to:		
	Florida HOSA	Fax: (386	Fax: (386) 518-6875		

Or scan and e-mail to State Office

13570 NW 101st Dr., Suite 200

Alachua, FL 32615

Please check the Florida HOSA website (www.flhosa.org) for current e-mail addresses.