Read the following pages of information very carefully. If you have any questions, please call the Florida HOSA State Office at (386) 462-HOSA.

Fill out the attached application by either typing or using a blue/black ink pen and make a copy for your records. **Mail the original application (with this cover page) by certified mail to the Florida HOSA State Office by February 4, 2017. Applications will not be accepted before January 1.**

All HOSA officer candidates and elected State Officers:
- Must be an active member of their local HOSA chapter in good standing,
- Must be currently enrolled in a Health Science class (or major), and
- Must have and maintain a District and State Grade Point Average (GPA) of 2.5 or higher.

Failure of elected officers to meet grade requirements will result in evaluation and possible probation or removal by the Florida HOSA, Inc. Board of Directors.

Per the Florida HOSA Bylaws, each active chapter may endorse no more than three (3) active HOSA members as State Officer candidates. The positions for which a candidate may be slated are: President-Elect, Parliamentarian, or Vice-President (Northern/Southern, Secondary/Postsecondary).

All State Officer candidates must register for, and attend, the State Leadership Conference, as well as be in attendance during the Recognition Session on Friday evening at the SLC when the newly elected State Officers are announced and take their Oath of Office. Failure to be present at the Recognition Session if announced as a new State Officer may result in being removed from office. Applicants who pass the screening process will be allowed to give a three minute speech during the Business Session at the State Leadership Conference - no props, pictures, or other visuals will be allowed during the candidate’s speech. Verbal campaigning is allowed - NO campaign materials are allowed.

The following items MUST be included as part of the candidate’s application and postmarked by the published deadline:
1. Candidate Application
2. Information Sheet
3. Nomination Form
4. Permission Form
5. Travel Policies Form
6. Personal Profile
7. Applicant Questionnaire
8. Code of Conduct Form
9. Medical Liability Release Form
10. Statement of Acceptance of Responsibilities
11. Parent/Guardian and State Advisor Telephone Conversation
12. One page handwritten essay (blue/black ink) on “What I Can Contribute to HOSA”
13. Official Transcript of Grades

Send all completed forms by **certified mail** postmarked on or before February 4, 2017 to:

Florida HOSA State Office
13570 NW 101st Dr., Suite 200
Alachua, FL 32615
Florida HOSA - Future Health Professionals

State Officer Candidate Application

This page only ("State Officer Candidate Application") will be scanned and posted to the Florida HOSA website (www.flhosa.org) for your introduction and for your information to be disseminated to our members, advisors, and Voting Delegates. Please complete by typing or writing legibly in blue/black ink keeping your responses appropriate. The Florida HOSA State Office reserves the right to omit responses deemed improper.

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<th>Year:</th>
<th>Honors/Awards Received</th>
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<th>Year:</th>
<th>Participation in Other Activities</th>
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<th>Year:</th>
<th>Offices Held in Other Organizations</th>
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Why I Would Like to be a Florida HOSA State Officer:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________

Signature __________________________________ Date __________

Signature __________________________________ Date __________
Florida HOSA - Future Health Professionals

State Officer Information Sheet

Preferred office _____________________ Year in school: Fr.  So.  Jr.  Sr.
Name _______________________________ Name to be called _____________________
(First)                  (Middle)                   (Last)
Home Phone _____________________ Cell Phone _____________________
Social Security No. ___________

Home Address ______________________________________________________
(Street/Box No.) (City, State)                (Zip)
E-mail Address _____________________________________________________

Parents/Guardian ____________________________________________________
Father’s Occupation ___________ Business Phone (_____)___________
Business Address ____________________________________________________
Mother’s Occupation ___________ Business Phone (_____)___________
Business Address ____________________________________________________
School _____________________________ Chapter Advisor _________________
City _____________________________ Principal _______________________

Are you permitted to attend out-of-town meetings?  ___Yes  ___No
Do you have a Driver’s License?   ___Yes  ___No
If so, would you be permitted to occasionally drive to meetings?  ___Yes  ___No

Enrollment in a Health Science Course to Date:
___  Previously enrolled
___  Enrolled this year
___  Will be enrolled next year
Florida HOSA - Future Health Professionals

State Officer Nomination Form

Serving as a HOSA State Officer demands a commitment to the organization. Therefore, it is vital that all members who aspire to become HOSA State Officers are highly qualified, able and willing to assume the responsibilities required of this esteemed position.

Read carefully and study the statement below before submitting this form to the Florida HOSA State Advisor. After discussing the responsibilities of a Florida HOSA State Officer with parents or guardians, the local chapter advisor, and school administrators, the State Officer candidate should submit this form along with the other required materials to the Florida HOSA State Advisor.

Candidate Statement

If elected as a Florida HOSA State Officer, I will dedicate myself to the service of the organization. I also pledge to serve my entire term of office while promoting the goals and objectives of HOSA. I will further project a desirable image of HOSA at all times and will abide by the policies of my state organization.

Candidate’s Signature ___________________________________________ Date________

Local Advisor’s Statement

It is my belief that this candidate will fulfill the responsibilities of a Florida HOSA State Officer and I highly recommend this applicant.

Local Advisor’s Signature _________________________________________ Date________

Statements of Support

I approve of my son/daughter applying for a Florida HOSA State Office. If elected, I agree that he/she will be present at all required functions and will also provide the transportation necessary to carry out the duties of a Florida HOSA State Officer.

Parent’s (Guardian’s) Signature _________________________________ Date_______

This school will support (candidate’s name) __________________________ in successfully fulfilling the duties of a Florida HOSA State Officer.

Principal’s Signature ___________________________________________ Date_______
State Officer Permission Form

The duties and responsibilities of serving as a Florida HOSA State Officer involve attendance at Executive Council meetings and workshops, as well as travel to those activities. Each officer is responsible for making his or her own travel arrangements. PLEASE READ THIS INFORMATION CAREFULLY, OBTAIN THE APPROPRIATE SIGNATURES, AND RETURN TO THE STATE OFFICE.

I understand that this permission form is effective from the New Officer Conference to the National Leadership Conference the following year.

I understand that each individual is responsible for his or her insurance coverage during any trip that involves HOSA.

I hereby release the National HOSA Board of Directors, The Florida HOSA, Inc. Board of Directors, The National HOSA and Florida HOSA State staff, the State and local HOSA organizations, and any designated individual in charge of the HOSA group or specific activity from any legal or financial responsibility with respect to my personal or student’s/child’s participation in or contact with any known element associated with a HOSA activity.

I understand that the possession and/or use of any drugs, alcohol, or tobacco products are cause for immediate removal from office.

I understand that the use of profane, slanderous, or abusive language is prohibited and could be cause for removal from office.

_____________________________________________________ __________________
Parent/Guardian Signature Date

_____________________________________________________ __________________
State Officer Candidate Signature Date
Florida HOSA - Future Health Professionals

State Officer Travel Policies

1. When you travel on behalf of HOSA, you are representing all members throughout the country and the State Officer Team. Dress in official HOSA uniform and conduct yourself accordingly.

2. All State Officer travel must be approved by the Florida HOSA State Advisor based on the travel budget for the year.

3. Any Chapter requesting a State Officer to visit their school (for a meeting or speaking engagement, etc.) will assume responsibility and expenses for 50% of the Officer's travel (under State Match Program).

4. State Officers are also Florida HOSA, Inc. Board members and will be reimbursed for their round-trip travel, lodging, and meal expenses for Board of Directors meetings.

5. State Leadership Conference round-trip travel costs, lodging, $30.00 per diem meal allowance (maximum), and Conference Registration fee will be completely covered by Florida HOSA.

6. For any other State Sponsored event, lodging will be arranged by the State Office, unless prior permission is given otherwise. State Officers will be reimbursed up to a maximum of $30.00 per day for meals not provided by the State Office.

7. Reimbursement will be made to State Officers only with a completed Reimbursement Form and attached receipts if it is submitted prior to thirty days after the event.

8. Florida HOSA will have minimum insurance coverage for State Officer travel and cannot be held responsible for injuries to a State Officer when traveling on HOSA business.

9. Newly elected State Officers are expected to participate in a weekend training session held in May. Florida HOSA will incur all transportation, lodging, and meal expenses for this New Officer Conference.

NOTE: Remember that your travel assignment duties are not fulfilled simply by leaving your Region. You will need to submit a State Officer Report to the Florida HOSA State Advisor as well as complete follow-up Thank You letters to those individuals who made your trip possible (Regional or Local Advisors, your own Regional or Local Advisor, Regional or Local Officers, etc.). Also you will need to follow through on any requests you may get. When you are elected as a HOSA State Officer, you are committing yourself to some required travel. Other travel may arise throughout the year for recruiting and fundraising purposes. Your school administrator/employer should be made aware of these responsibilities as soon as you are elected.

I HAVE REVIEWED THE ABOVE POLICIES AND AGREE TO FOLLOW THEM AS OUTLINED.

_____________________________________________________ __________________
State Officer Candidate Signature  Date

_____________________________________________________ __________________
Parent/Guardian Signature Date
State Officer Personal Profile

If you are elected, this information will be posted to the Florida HOSA website so our members can get to know you better. There are no right or wrong answers, but please keep responses appropriate. The Florida HOSA State Office reserves the right to omit responses deemed improper. (*will NOT be posted to the Florida HOSA website)

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<tr>
<th>Name</th>
<th>Age*</th>
<th>Birthday</th>
<th>Polo Shirt Size*</th>
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<td>(S, M, L, XL, 2XL)</td>
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<td>Hometown</td>
<td>Favorite Food</td>
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<td>Nicknames</td>
<td>Favorite Subject in School</td>
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<td>Favorite Sports Team</td>
<td>For 24 hours, I would love to trade places with…</td>
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<td>Career Goals</td>
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<td>Hobbies</td>
<td>Pet Peeve (what really makes me angry)</td>
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<td>Best Book Ever Read</td>
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<td>Greatest Personal Accomplishment</td>
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<td>Future Medical Discovery Anticipated Most (e.g. - the cure for cancer or AIDS)</td>
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<td>If I had a million dollars, I would…</td>
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<td>My most embarrassing moment</td>
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<td>I love HOSA because (keep it short)…</td>
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<td>Favorite Quote and by whom</td>
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Florida HOSA - Future Health Professionals

State Officer Applicant Questionnaire

Please answer the following questions. Use another sheet of paper if necessary.

1. Why are you interested in being a Florida HOSA State Officer?

2. What previous experience as a leader have you had?

3. List any speech or public speaking courses you have had.

4. Are you a better leader or follower? Explain your answer.

5. Describe what you think your duties will be if you are elected to State Office.

Please circle your response.

6. I understand the duties and responsibilities of the office for which I am a candidate.  Yes No

7. I will be able to attend all required meetings as scheduled on the Calendar of Events for Florida HOSA.  Yes No

8. I will be able to travel as necessary to attend meetings as part of my duties as a State Officer.  Yes No

9. I understand that expenses for travel and meals will be reimbursed according to the policies set forth by Florida HOSA.  Yes No

10. I understand that I will be reimbursed for expenses and will NOT be paid in advance.  Yes No

11. I have read Sections A and C of the HOSA Handbook on the National HOSA website  Yes No

12. I have read the current Florida HOSA Bylaws.  Yes No

13. I have permission from my parents/guardian and school administrators to attend:

1. All State Officer Planning Meetings (4)  Yes No
2. Fall Leadership Development Academy  Yes No
3. State Leadership Conference  Yes No
4. New Officer Conference  Yes No
5. Next Year’s International Leadership Conference  Yes No

14. List any other information you think may be relevant to your candidacy.

______________________________________________________________________________
______________________________________________________________________________

______________________________________________________________________________
______________________________________________________________________________

____________________________________  _____________________________________
Candidate Signature                Advisor Signature

__________________________________________________________
Parent/Guardian Signature               Principal Signature
A good reputation enables members to take pride in their organization. HOSA members have an excellent reputation. Your conduct at any HOSA function should make a positive contribution to the reputation that has been established.

1. Your behavior at all times should be such that it reflects credit to you, your school/college, your state and HOSA.

2. Student conduct is the responsibility of the local chapter advisor. Students shall keep their advisors informed of their activities and whereabouts at all times. (HOSA conference name badges shall be worn at all times).

3. You are expected to attend all general sessions and other scheduled conference activities. Please be prompt and show respect to those in the audience and on stage.

4. Members are to report any accidents, injuries or illnesses to their local or state advisor immediately.

5. Members are expected to observe the designated curfew. (Curfew is described as being in your own assigned room by the designated hour.)

6. If a student is responsible for stealing or vandalism, the student and his/her parents will be expected to pay any and all damages.

7. Members/participants attending any HOSA function may not purchase, consume or be under the influence of alcohol or drugs at any time. Violators will be subject to stringent disciplinary action.

8. Smoking is not permitted.

9. Students who disregard the rules will be subject to disciplinary action and will be sent home at their own expense. Parents will be notified.

10. Members will understand and adhere to their specific school district’s Swimming Policy. If a member does swim, Florida HOSA will be released from liability.

11. Any long distance phone calls, charges to the rooms, etc., will be the responsibility of the individual student and/or their parents.

12. Members are to abide by the Conference Attire Policy established by National and Florida HOSA at all business sessions, general sessions, competitive events, and other conference activities.

13. Permission is granted to make photographs, video, broadcasts and/or sound recordings, separately or in combination, available for reproduction for educational and promotional purposes by Florida HOSA.

_I have read the above Code of Conduct for HOSA conferences and functions and agree to abide by these rules._

Print Name of Student __________________________ Signature of Student __________________________ Date __________

Print Name of Parent/Guardian/Advisor (if not postsecondary member) __________________________
Signature of Parent/Guardian/Advisor __________________________ Date __________

Postsecondary/Collegiate Students Only:E-mail Address __________________________
Cell Phone Number __________________________
HOSA MEDICAL LIABILITY RELEASE FORM

DIRECTIONS: Due to legal restrictions, it is necessary that all students, parents/guardians, guests and HOSA Advisors complete this form as a prerequisite to attend National or State conferences and functions. This form should be returned to the HOSA Chapter Advisor who will forward all forms to the State Advisor. Please note that National HOSA has their own medical liability forms that are available each year on the NLC page in the NLC Guide, which should be used for that event only.

PLEASE TYPE OR PRINT ALL INFORMATION -- If the member is an adult or adult postsecondary student (18 or older), disregard the request for Parent/Guardian signature.

Member’s Name ___________________________ Gender: □ M □ F
Parent/Guardian Name (if 18 or older this is still required for emergencies) _______________________
Member’s Address __________________________________________________________
Member’s Home Phone ________________ Work (Parent/Guardian) _______________________
Name of Physician ________________________ Physician’s Telephone _______________________
Emergency Contact Person ________________________ Home phone ______________ Work __________
Local Advisor _______________________
School Name ________________________ School Phone _______________________
Student is covered by group or medical insurance: __ Yes __ No.
If yes, complete the following information.
Name of Insured: ______________________________________________________________________
Insurance Company: ____________________________ Group # _____________ Policy #_____________
Please completely describe any medical condition which may recur or be a factor in medical treatment. Use back of form if necessary.

A. Disease of Any Kind __________________________ E. Convulsions _______________________
B. Physical Handicap __________________________ F. Blackouts _______________________
C. Medicine Reactions _________________________ G. Allergy _______________________
D. Heart or Lung Problems ______________________ H. Other (please be specific) ______________

If currently taking medication, please provide the following information:

A. Name of Medication _________________________________________________________________
B. Prescribing Physician _________________________________ Physician's Phone ______________

PARENT/GUARDIAN: Please check one of the following and sign your name.

_____ A. I give my permission for immediate medical treatment of the named member as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.

_____ B. I do not give permission for medical treatment of the named member until I, or any persons listed above, have been contacted.

LIABILITY RELEASE. I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for their own insurance coverage during this trip. I hereby release the National and Florida HOSA Board of Directors, the National and State Staff, State and Local HOSA Associations, and any designated individual in charge of the HOSA group or specific activity from any legal or financial responsibility with respect to my personal or my student's/child's participation in or contact with any known element associated with any activity including competitive events.

Member Signature __________________________ Date __________

Parent/Guardian Signature (if not Postsecondary/Collegiate member) ______________________ Date __________
Florida HOSA - Future Health Professionals

State Officer Applicant

Statement of Acceptance of Responsibilities

As a State Officer of Florida HOSA - Future Health Professionals, I recognize that the following activities are part of an officer’s responsibilities and I agree to perform, to the best of my abilities, these and other duties of the office to which I am elected.

Please read and indicate understanding by initialing.

1. Conduct myself at all times in a manner which will display my leadership ability and which will bring credit to myself and to HOSA.

2. Notify the State Office of any change in my address, phone number or student classification.

3. Attend and participate in all meetings of the State Officer Team.

4. Notify the State Office in writing prior to accepting invitations to attend and participate in local activities whether or not the expenses are to be reimbursed by the state association.

5. Read and study state and national programs and materials so as to be able to discuss the program and related projects and activities with local members and advisors or other interested individuals.

6. Avoid expressing personal opinions regarding political or controversial challenges when representing HOSA.

7. Organize and conduct the Fall Leadership Development Academy (FLDA).

8. Attend and speak at local and state activities with prior approval of the State Office.

9. Plan, attend, and participate in the annual State Leadership Conference.

10. Represent myself in a professional, mature, and organized manner.

11. Attend the New Officer Conference (NOC).

12. Attend and participate in the annual National Leadership Conference.

13. Conduct ongoing communication with other members of the State Officer team and with the State Advisor.

14. Complete Monthly Reports by the 5th of each month and send copies to the State Advisor and the State President.

15. Maintain at least a 2.5 District and State Grade Point Average.

16. Respond and carry out additional requests of the State Office.

17. Arrive on time to all functions of the State Officer Team.

I, __________________________, agree to the above responsibilities. I understand that failure to accept any of these responsibilities will result in being placed on probation and a discussion with the State Advisor. The second consequence could result in a request for my resignation.

______________________________  ______________________________
Officer Candidate                  Parent/Guardian Signature

______________________________  ______________________________
Local Advisor                    Principal
Because of the extensive amount of time and travel involved with being a State Officer, the State Advisor would like to speak personally with each State Officer candidate’s parent or guardian. This conversation will allow the parent/guardian and State Advisor to become acquainted and talk about the responsibilities that need to be met as a State Officer. It will also give the parents/guardians an opportunity to ask any questions they may have about their son/daughter becoming a State Officer.

Please fill-in the information below at the conclusion of the phone call and send with the rest of the application. A State Officer candidate will not be considered for office unless this call has been completed. The call is not anticipated to last more than 5 minutes.

If this call is unable to be accomplished before the Application Deadline, please send the remaining portion of your completed application to the Florida HOSA State Office according to the directions. Once received in the State Office, the State Advisor will contact your parent/guardian.

If you do not want long distance charges applied to your telephone bill, please e-mail the State Advisor (LDeVault@flhosa.org) to set up a time to call you.

Name of parent/guardian: ________________________________________________

Date and time of call: ________________________________________________

Did parent/guardian personally speak with the State Advisor when call was made?

☐ Yes      ☐ No