

State Leadership Conference (SLC) Checklist

Registration is not complete without registering online (*including family/guests wishing to attend any of the Awards Sessions*) and receipt of **all** forms: **SLC Checklist, Registration Summary Report (*not invoice*), Code of Conduct/Ethics, Medical Liability Release, Abuse Prevention Statement, and Volunteer Screening Certification Form** – in addition to **full payment**. **All registration material for a chapter must be sent together in a complete and accurate manner. If you have any questions about properly submitting your school's registration, contact Mandy Memolo at mmemolo@fhosa.org.** Please use this checklist to assist with completing your school's registration accurately and mail complete registration packet to the State Office (address below) so that it is **POSTMARKED** by **March 16th** or before. Chapters in close proximity to the State Office are encouraged to hand deliver their registration packet; please call 386-462-4672 prior to dropping off to ensure staff is available.

School _____ School Phone Number _____

Advisor Name _____ Advisor Cell Phone Number _____

Advisor E-mail Address _____

If Advisor is NOT Attending, Please Provide the Following:

Lead Chaperone Name _____ Lead Chaperone Cell Phone Number _____

Complete Prior to Postmark Deadline:

- ☐ Online registration completed **by deadline (March 6th at 11:59pm EST), including all parents/guests wishing to attend any of the Awards Sessions (no on-site registrations)**
- ☐ Reviewed SLC Registration Summary individually with **all** registered members to verify proper entry in event and that **team members in an event all have the same team number** before the **online registration deadline (March 6th)**, and all errors/omissions have been corrected prior to the deadline closing
- ☐ Reviewed SLC Registration Summary individually with **all** registered members to verify any options/activities (Courtesy Corps, Voting Delegate, State Officer Candidate, and/or Leadership Academy) **before the online registration deadline (March 6th)**, and all errors/omissions have been corrected prior to the deadline closing
- ☐ By signing here _____ you, the local chapter advisor, certify that all members registered *solely* for the Barbara James Service Award and/or the Health Literacy Ambassador recognition event(s) have met the minimum requirements for recognition. You understand that if the minimum requirements are not met by the deadline of February 20th, and the member's name is in the registration system after it automatically closes on March 6th, your member will not be permitted to attend SLC, and no refund will be issued for their registration.
- ☐ Arranged hotel accommodations with either the Marriott Orlando World Center or designated overflow hotel (if applicable) for all registered members **by deadline (March 6th)**
- ☐ By signing here _____ you, the local chapter advisor, certify that you have collected fully completed and signed conference participation forms (Code of Conduct/Ethics and Medical Liability Release Form) from all students, advisors, chaperones, and family/guests (if applicable) that are attending this conference. You also certify that you have submitted a copy of these forms to the Florida HOSA State Office as part of your school's registration packet. You also understand that you are **responsible and required** to bring all original forms with you to the conference in case of an emergency or event that would require their use, or, if you are not attending, you certify that you have given the forms to the designated Lead Chaperone(s) or Point of Contact(s) listed above to bring to the conference.

Registration Packet:

(Mail copies of the documents below; retain originals for your records)

- ☐ This completed SLC Checklist
- ☐ Registration Summary Report (**not invoice**) – download from the SLC Conference Registration tile in the HOSA CMS after you register
- ☐ Signed Florida HOSA Code of Conduct **AND** Medical Liability Release Form for each student member
- ☐ Signed Florida HOSA Code of Ethics **AND** Medical Liability Release Form for each advisor/chaperone
- ☐ Signed Florida HOSA Code of Ethics/Conduct **AND** Medical Liability Release Form for each family/guest
- ☐ Completed Student Accommodation Request Form for competitors in the events of Personal Care, Life Support Skills, Interviewing Skills, and Speaking Skills
- ☐ Signed Abuse Prevention Handbook Statement of Acknowledgement and Agreement (**last page only**) for each advisor/chaperone
- ☐ Completed Screening and Training Certification Form listing each advisor/chaperone (**one form per school**)
- ☐ Payment (**check one**)
 - ☐ School Check
 - ☐ Money Order
 - ☐ Bank/Cashier's Check
 - ☐ PO/Check Request (# _____)

(WE DO NOT ACCEPT CASH OR PERSONAL CHECKS. DO NOT SEND MULTIPLE PAYMENTS; ONLY ONE FORM OF PAYMENT IS PERMITTED PER CHAPTER.)

(If submitting a purchase order/check request, payment must still be postmarked by March 16th.)

Mail Completed Registration

Packet to:

Florida HOSA State Office
3463 NW 13th Street, Suite A
Gainesville, FL 32609

For Office Use Only

CL ____	RS ____	CC ____	ML ____
AF ____	AP ____	BS ____	P ____