



2010-2011
ARIZONA HOSA
STATE OFFICER CANDIDATE
APPLICATION

This state officer application packet contains some very important information. Carefully read it prior to completing the forms. Once you have thoroughly reviewed the packet, complete all of the forms listed below and return them to Jane Shovlin at Arizona HOSA, 1535 W. Jefferson St. Bin #42 Phoenix, AZ 85007 by March 15, 2010.

This Packet Contains:

- Procedure for Becoming a HOSA State Officer
- Study Guide for State Officer Test
- State Officer Team Candidate Application
- Advisor/Officer Candidate Memorandum of Understanding
- Request for Official Transcript, Resume and Employer Notification Form
- Letters Of Recommendation Request
- Video/Recorded Voice/Photography Release
- HOSA Code of Conduct
- Medical Liability Release Form
- State Assurance Form
- 2010-2011 Required HOSA State Officer/Advisor Dates

To be completed & returned by March 15, 2010

- State Officer Team Candidate Application
- Advisor/Officer Candidate Memorandum of Understanding
- Request for Official Transcript
- Two Letters of Recommendation
- Resume
- Employment Notification Form
- Video/Recorded Voice/Photography Release
- HOSA Code of Conduct
- Medical Liability Release Form
- Completed Letter of Assurance
- Proof of State and National HOSA Membership (Verified by State Advisor)

PROCEDURE FOR BECOMING an AzHOSA STATE OFFICER

1. Each chapter is limited to one (1) **FIRST CHOICE** candidate for each office.
2. Any student who wants to be considered as a candidate for an AzHOSA state office must:
 - a. Complete and sign the Officer Candidate Application Form by the specified date.
 - b. Submit an official school transcript with evidence of a current 2.5 grade average on a 4-point scale and submit it by the specified date.
 - c. Submit a resume and Employment Notification form by specified date
 - d. Submit photography and medical release forms by the specified date.
 - d. Take an examination, participate in an interview, recite the HOSA Creed and respond to a question with a one minute extemporaneous speech to determine placement on the ballot.
3. Candidates may be slated for one office and will have the opportunity to decline the nomination. Officers cannot hold the same office two years successively.
4. Offices for which students may become a candidate are:

President
Secondary Regional Vice Presidents
 North
 Central
 South
Postsecondary Regional Vice Presidents
 North
 Central
 South
Secretary
Historian/Reporter

All offices are open to students in grades 9-12 that have taken or currently taking a CTE class with the exception of the three Post Secondary Vice Presidents. Those candidates must be currently enrolled in a college or university

All candidate applications are due to the HOSA State Advisor by March 15, 2010. All candidates will take a test at a site to be determined and must pass with a score of 70% or above. Candidates will also recite the HOSA Creed and respond to a question with a one-minute extemporaneous speech before a panel of judges who interview the candidate after the speech is complete. The Nominating Committee, the State Advisor and the CTSO Coordinator shall have the authority to change the candidates from the office originally selected with the

candidate's consent. A candidate may be asked to "run" for his/her second choice. The candidate may also be asked to change office in the event there is no other choice.

Officers will be installed at the 2010 Spring Leadership Conference and will assume all responsibilities upon installation.

Two alternates will be chosen based on test scores and interview scores. If at anytime during the term of office an officer loses eligibility or leaves office, an alternate will be placed in that position.

STUDY GUIDE FOR OFFICER TEST

References for Study Guide:

Robert's Rules of Order
Section A and C of Advisors National HOSA Handbook'
National HOSA Publications (magazines)
National Recognition Program
HOSA Learn, Grow and Become
Medical Terminology References

Sample Questions:

1. Which of the following is a team event?
 - a. CERT
 - b. Medical Assisting -- Clinical
 - c. Sports Medicine
 - d. Veterinary Assisting

2. The motion to limit debate may be applied:
 - a. only to the immediately pending question.
 - b. to an entire series of debatable questions.
 - c. to the motion to lay on the table.
 - d. to the privilege motion to recess.

3. After members make motions, they should:
 - a. debate the motion.
 - b. remain standing and wait for permission to debate.
 - c. resume their seats.
 - d. sit and wait for another member to ask a question so that debate may proceed.

4. What organization sponsors the Healthcare Issues Exam?
 - a. USA Today
 - b. The Make-a-Wish Foundation
 - c. Kaiser Permanente
 - d. American Red Cross

5. The fuel form of fat found in food sources is:
 - a. fatty acid.
 - b. glycerol.
 - c. lipoprotein.
 - d. triglyceride.

I request consideration as a candidate for the HOSA State office(s) checked below: (Please number to show order of preference). I understand that I may be slated for either office and will have the opportunity to decline the nomination. I understand I cannot hold the same office two years successively.

- President

- Secondary Regional Vice President
 - North
 - Central
 - South

- Postsecondary Vice President
 - North
 - Central
 - South

- Secretary

- Historian/Reporter

***The Post Secondary Vice President positions are based on the location of the college the student is attending. ***

Memorize and recite at interview

HOSA Creed

I believe in the Health Care Profession.

I believe in the profession for which I am being trained; and the opportunities which my training offers.

I believe in education.

I believe that through education I will be able to make the greatest use of my skills, knowledge, and experience in order to become a contributing member of the health care team and of my community.

I believe in myself.

I believe that using the knowledge and skills of my profession, I will become more aware of myself. Through fulfilling these goals I will become a more responsible citizen.

I believe that each individual is important in his or her own right; therefore I will treat each person with respect and love.

To this end, I dedicate my training, my skills, and myself to serve others through Health Occupations Students of America.

Essay:

Why should you be considered for the HOSA State Officer Team? (May be typed and attached)

ADVISOR/OFFICER CANDIDATE MEMORANDUM OF UNDERSTANDING

Please review the following items prior to submitting application. A signature is required from the student, the advisor, the principal and the superintendent.

Expectations of an Arizona HOSA State OFFICER:

1. Be committed to HOSA and promote HOSA's goals and objectives in every way possible.
2. Be enrolled in a regularly scheduled Health Careers program during my term of office.
3. Be a paid state and national HOSA member.
4. Attend the current year's Spring Leadership Conference (SLC) as a candidate for election and prepare an acceptance speech for the Voting Delegates audience and participate in a caucus.
5. Complete the term of office, accepting this honor as a responsibility to the local program and to Arizona HOSA.
6. Know the duties and functions of the office for which selected and fulfill all responsibilities until the next Spring Leadership Conference (If selected for the office of secretary, the minutes of the meeting must be submitted within 2 weeks after each meeting. This is a combined responsibility of both the officer and local advisor.).
7. Accept the role and responsibility as a member of the Arizona HOSA Executive Council as written in the Arizona HOSA Bylaws.
8. Be in possession of an official HOSA uniform and project a positive and professional image of HOSA all times.
9. Represent the local school, advisor, program, state officer team, and state advisor, AzHOSA and the Arizona Department of Career and Technical Education with the decorum required of such a position.
10. Arizona State Officers will refrain from using their name or position on any Internet sites (My Space, Facebook, Twitter) Arizona HOSA does not support or condone the use of its name or logo on any internet sites not sanctioned by the Arizona Department of Career and Technical Education and the AzHOSA State Advisor.
11. Maintain a professional image and good grooming in order to project a desirable image of the organization.
12. Attend all meetings, trainings, and conferences during the term of office and accept responsibilities as requested by the HOSA State Advisor and CTSO Coordinator (calendar is attached):
 - State Officer Leadership Training (June)
 - National Leadership Conference (June)
 - Washington Leadership Academy (September)
 - Local Chapter Officer Training (September)
 - Fall Leadership Conference (November)
 - AzHOSA Annual Golf Tournament (Early December)
 - All Executive Council planning meetings
 - ACTE Legislative Day (February)
 - New State Officer Accreditation Meeting (March)
 - Spring Leadership Conference (April)
13. Avoid places and actions that could raise questions regarding moral character or conduct.
14. Use of alcohol, tobacco or illegal substances at any school, HOSA or Arizona Department of Career and Technical Education sponsored event will result in permanent expulsion from the Executive Council.

15. Be able to work as a team player, avoiding any display of superiority.
16. Treat all members of the organization equally and without discrimination.
17. Be willing to spend the necessary time and travel during my term of office.
18. Understand that the expenses of travel, food and accommodations are the responsibility of your school district.
19. Resign office immediately if at any time commitments and expectations are not met (includes attendance, professional image, official dress, responsibility and conduct).
20. Follow the Code of Conduct at all events.

EXPECTATIONS OF THE LOCAL HOSA ADVISOR:

1. See to it that the state officer follows his/her expectations listed above.
2. Attend all meetings, trainings, and conferences during the term of office and accept responsibilities as requested by the HOSA State Advisor and CTSO Coordinator (calendar is attached):
 - a. All Executive Council planning meetings
 - b. State Officer Leadership Training (June)
 - c. Washington Leadership Academy (September)
 - d. Local Chapter Officer Training (September)
 - e. Fall Leadership Conference (November)
 - f. AzHOSA Annual Golf Tournament (Early December)
 - g. ACTE Legislative Day (February)
 - h. New State Officer Accreditation Meeting (March)
 - i. Spring Leadership Conference (April)
 - j. National Leadership Conference (June)
3. Assist the state officer at school, workshops and conferences.
4. Travel with the state officer at all times unless accompanied by State HOSA Advisor.
5. Assist the State Advisor and/or CTSO Coordinator as needed.
6. Serve as the state officer’s positive role model with dress, language, habits, assistance, ethics, etc.
7. Understand that there is no extra compensation to serve in this position.
8. Understand that because of responsibilities with state officers, it will be necessary to obtain assistance to help with other students at conferences.

I understand all of the expectations required of an Arizona HOSA State Executive Council Member and the local advisor and I am committed to this responsibility.

Student

Local Advisor

Principal or Campus Director

Superintendent

Submit a Sealed Copy of Your Official School Transcript

Submit a Copy of your Personal Resume

Employer Notification and Memorandum of Understanding Form

Employee's Name _____

School _____

Office Choice _____

The above named student has displayed punctuality, good communication skills, good attendance, responsibility and overall good citizenship during employment with

(Name of Business)

I endorse _____ as a candidate for the AzHOSA Executive Council. I understand the responsibilities and time commitment associated with being an AzHOSA State Officer.

Comments:

Employer's Name

Supervisor's Name

Supervisor's Signature

Title

Date

VIDEO/RECORDED VOICE/PHOTOGRAPHY RELEASE

I hereby give and grant to the Arizona Department of Career and Technical Education and Arizona HOSA the absolute and unconditional right to use, publish, display, electronically distribute and/or reproduce in any manner, video/recorded voice/photographs that positively promotes the image and benefits of career and technology education through educational materials, trade materials and/or Arizona HOSA and the Arizona Department of Career and Technical Education web sites.

I hereby waive any right to inspect or approve the finished video/recorded voice/photographs or any finished materials, copy or other matter which may be used in conjunction with or the manner in which any of the same are used, reproduced, published, or displayed.

I further release the Arizona HOSA and the Arizona Department of Career and Technical Education from any liability whatsoever that may occur or be produced in the taking, reproducing, publishing, showing, or displaying of said video/recorded voice photographs, and agree that Arizona HOSA and the Arizona Department of Career and Technical Education shall be the owner of the photographs and all rights to them, may copyright the video/recorded voice/photographs in its own name, and may grant to others permission to use them.

I further understand that I am not to receive payment for said video/recorded voice/photographs and that these video/recorded voice/photographs will not discredit or distort my person on any way.

NAME _____

ADDRESS _____

SIGNATURE _____ DATE _____

ARIZONA STATE OFFICER CANDIDATE Membership

SECONDARY _____ POSTSECONDARY _____ (Check One)

If the above named person is a minor, the parent or guardian shall consent to the above authorization and release by signing below.

NAME _____ DATE _____

SIGNATURE _____ DATE _____

ARIZONA HOSA CONDUCT CODE

A good reputation enables members to take pride in their organization. HOSA has 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.
3. HOSA conference name badges shall be worn at all times.
4. Participants 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.
5. Participants are to report any accidents or injuries to their local or state advisor immediately.
6. Participants are expected to observe the designated curfew (curfew means being in your own room by the designated hour).
7. Participants are responsible for vandalism of any kind. Participants will be expected to pay any and all damages.
8. Participants attending conferences may not purchase, consume or be under the influence of alcohol or drugs at any time. Violators will be subject to stringent disciplinary action.
9. Smoking is allowed for adults not in HOSA uniform in designated areas only.
10. Participants who disregard the rules will be subject to disciplinary action and will be sent home at their own expense. School administration and parents will be notified.
11. Any long distance phone calls, charges to the room, etc. will be the responsibility of the individual participant.
12. Participants are to abide by the HOSA Attire Policy at all business sessions, general sessions, competitive events, awards sessions and other conference activities.

I have read the Code of Conduct for HOSA conferences and agree to abide by these rules.

Print Name of Student	Signature of Student	Date
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Print Name of Advisor	Signature of Advisor	Date
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Print Name of Parent/ Guardian	Signature of Parent/Guardian	Date
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legal or financial responsibility with respect to my personal or my student/child's participation in or contact with any known element associated with an activity including competitive events.

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

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

I **do not give** permission for medical treatment until I have been contacted.

Parent/Guardian's Signature: _____ Date _____

(Applicable for delegates under the age of 18 and must be signed by the parent or legal guardian.)

Delegate's Signature: _____ Date _____

Advisor's Signature: _____ Date _____

**2010-2011 ARIZONA HOSA
STATEMENT OF ASSURANCE
COMPREHENSIVE CONSENT FORM**

Please Type or Print

School _____

Advisor _____

I, _____, have a properly completed and signed the Arizona HOSA

(Advisor's Name)

Comprehensive Consent Form. By completing this form, I am stating that I will have the following documents with me whenever I travel with the state officer(s): Comprehensive Consent Form, Medical Liability Form, HOSA Code of Conduct, and all local school district required documentation. I will keep on file for each student attending any of the following Arizona HOSA activities or any other workshops, seminars, and activities sponsored by Arizona HOSA and those listed below:

1. State Officer Leadership Training
2. All Executive Council planning meetings
3. Local Chapter Officer Training
4. Fall Leadership Conference
5. New State Officer Accreditation Meeting
6. Spring Leadership Conference
7. National Leadership Conference (if possible)
8. AzHOSA BOD Meetings (President)
9. Conference Planning Meetings for State Officers

By signing below I am indicating that I will have the Arizona HOSA Comprehensive Consent Form in my possession for the duration of any activities, including travel to and from these activities. I also understand the following:

1. A signed original copy of the Comprehensive Consent Form should be on file at the AZ HOSA office prior to attending an event. Advisors should take the original copies of the students "Personal Liability and Medical Release Forms" and "HOSA Code of Conduct" with them to each event.

3. The Arizona HOSA Comprehensive Consent Form, when properly and totally completed, represents my student's and my best liability and medical protection during HOSA activities.

I have read the above and hereby offer assurance that I understand and agree to comply with and enforce the policies stated, as indicated by my signature appearing below.

Date

Chapter Advisor Signature

School

Chapter Advisor's Name (PRINT)

2010-2011
REQUIRED HOSA STATE OFFICER & ADVISOR DATES

April	14-16	2010 AZ HOSA Spring Conference	Tucson , AZ
June	8-12	State Officer training	Phoenix, AZ
June	22-27	HOSA Nat'l Leadership Conference	Orlando, FL
September	TBA	Local Officer Training	Phoenix, AZ
September	TBA	Washington Leadership Academy	Washington DC
October	TBA	Planning Meeting for 2010 Fall Leadership Conference	Phoenix, AZ
November	TBA	2010 Fall Leadership Conference	Phoenix, AZ
January	TBA	HOSA State Officer Meeting Planning for 20110 Spring Conference	Phoenix, AZ
February	TBA	ACTE Az Legislative Day	Phoenix, AZ
March	TBA	Accreditation of new state officers	Phoenix, AZ
April	TBA	2011Spring Leadership Conference	Tucson, AZ

(Two Letters of Recommendation)

Letter of Recommendation Request

Mr/Mrs/Ms _____,

Would you please write a letter of recommendation for me? I am applying to run as a state officer candidate for the Arizona HOSA (Health Occupations Students of America) State Officer Team. If you would please seal your letter in the envelope provided and return to me, I can include it in my application.

Thank you for your time.

Regards,

HOSA Membership Dues

Each officer elected to the new Executive Council Team is responsible for their National and State dues. These are payable to the AzHOSA State Advisor at the beginning of the next fiscal year- July 1, 2010. If the officer is still in high school, their local chapter will be responsible for their dues.