



**2012-2013
ARIZONA HOSA
STATE OFFICER CANDIDATE
APPLICATION**

Congratulations! You have taken the first step towards a year that will be filled with new and memorable opportunities. Please review the checklist below. This application is due on Friday, February 24, 2012. No late applications will be accepted.

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 submit all forms in the Officer Candidate Application by the February 24, 2012 to
AzHOSA #42
Arizona Department of Education
1535 W, Jefferson St.
Phoenix, AZ 85007
 - b. Attend the Officer Candidate Interview on March 9, 2012 at the Arizona Department of Education - Palm Lane, Phoenix, AZ
 - c. Take a proctored Examination (see study guide) and pass with a 70%.
 - d. Participate in an Interview
 - e. Recite the HOSA Creed
 - f. Respond to a questions with a one minute extemporaneous speech
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 (Must live in the region)
 - North
 - Central
 - South
 - Postsecondary Regional Vice Presidents
 - North
 - Central
 - South
 - Secretary
 - Historian/Reporter

If the AzHOSA Bylaw amendments pass the officer positions will be:

- President
- Secondary Regional Vice President
 - Region 1
 - Region 2
 - Region 3
 - Region 4
- Secretary
- Reporter/historian
- Parliamentarian
- Post Secondary Vice President

All offices are open to students in grades 9-12 that have taken or currently taking a CTE-Health Career class with the exception of the Post Secondary Vice President positions. Those candidates must be currently enrolled in a college or university pursuing a health career. After elections, each officer will pay \$16.00 membership dues for the next year.

Officers will be installed at the 2012 Spring Leadership Conference and will assume all responsibilities upon installation. All officers must attend the mandatory State Officer Training in the beginning of June, 2012.

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

Applicant Summary and Checklist

_____ 1. Proof of citizenship

Due to potential State officer activities that include State Volunteer Employee requirements, international and domestic travel, White House Visitations and insurance requirements, applicants must be able to provide one of the following at the time of applying for State Office:

1. Social Security number or,
2. United States Passport or,
3. United States birth certificate

_____ 2. Completed State Officer Application including:

- Form A: State Officer Team Candidate Application
- Form B: Candidate/Advisor/School Administration Memorandum of Understanding
- Form C: Official Transcript
- Form D: Two Letters of Recommendation
- Form E: Resume
- Form F: Personal Essay
- Form G: Video/Recorded Voice/Photography Release
- Form H: Medical Liability Release Form
- Form I: HOSA Code of Conduct
- Form J: Employment Notification Form
- Form K: State Officer Calendar
- Form L: Candidate's Office Choice Form
- Form M: State Officer Travel Policy

Form B

CANDIDATE / ADVISOR / SCHOOL ADMINISTRATION MEMORANDUM OF UNDERSTANDING

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

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 a campaign 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 Education, 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, etc) 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.
13. Avoid places and actions that could raise questions regarding moral character or conduct.
14. The use of alcohol, tobacco or illegal substances at any school, HOSA or Arizona Department of Career and Technical Education sponsored event will result in immediate 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 a shared responsibility with your school district and AzHOSA.
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.
- 21.

Candidate's Name

Candidate's Signature

EXPECTATIONS OF THE LOCAL HOSA ADVISOR:

1. See to it that the state officer follows his/her expectations listed above.
2. Follow up on all reports and commitments required of the state officer.
3. Attend all meetings, trainings, and conferences during the term of office and accept responsibilities as requested by the HOSA State Advisor and CTSO Coordinator
4. Assist the state officer at school, workshops and conferences.
5. Travel with the state officer at all times unless accompanied by State HOSA Advisor.
6. Assist the State Advisor and/or CTSO Coordinator as needed.
7. Serve as the state officer’s positive role model with dress, language, habits, assistance, ethics, etc.
8. Understand that there is no extra compensation to serve in this position.
9. Understand that because of responsibilities with state officers, it will be necessary to obtain assistance to help with other students at conferences.

Local Advisor’s Name

Local Advisor’s Signature

EXPECTATIONS OF THE SCHOOL ADMINISTRATION

If _____ is elected as an AzHOSA State Officer I agree to:

1. Support this officer if he/she is elected with the tools needed to fulfill his/her duties
2. Support the advisor’s role throughout the year as well as attendance at all required HOSA events
3. Enable the officer to attend events required of a state officer.
4. Allow officer to travel alone to designated activities when the advisor or parents cannot attend the event. Please note that HOSA requires and arranges for officer chaperones at all state sponsored and supported activities and events by working with state committee members and state staff. The State Office does not provide for funding for chapter advisors to accompany state officers on their official assignments. Only state officer expenses are funded.

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.

Principal’s Name

Principal’s Signature

Superintendent’s Name

Superintendent’s Signature

Form C

Sealed Copy of Your Official School Transcript

Form D

(2) Letters 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,

Form E

Personal Resume

Form F

Personal Essay: Typed

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

Form G

VIDEO/RECORDED VOICE/PHOTOGRAPHY RELEASE

I hereby give and grant to the Arizona Department of Education, the Arizona Department of Education - Career and Technical Education, Arizona HOSA, National HOSA and ACTE Az 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 Department of Education, the Arizona Department of Education - Career and Technical Education, Arizona HOSA, National HOSA and ACTE Az 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.

CANDIDATE'S NAME _____

CANDIDATE'S SIGNATUR _____

DATE _____

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

PARENT NAME _____

PARENT SIGNATURE _____

DATE _____

Form H

**2012-13 MEDICAL LIABILITY RELEASE FORM
PLEASE TYPE OR PRINT ALL INFORMATION**

Name _____

Parent's/Guardian's Name _____

Home Address _____

Parent/Guardian/Telephone: Home: _____
Work: _____
Cell: _____

Applicant's Physician: _____ Phone: _____

Physician's Address: _____

Alternate Contact: _____

Telephone Numbers: Home: _____ Work: _____

Local Advisor: _____

School Name: _____

Applicant 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:

a. Allergy: _____

b. Physical Handicap: _____

c. Convulsions: _____

d. Medicine Reactions: _____

e. Blackouts: _____

f. Disease of Any Kind: _____

g. Heat & Lung Problems: _____

h. Other (Be specific): _____

If currently taking medication, please provide the following information:

▪ Name of Medication: _____

▪ Prescribing Physician and Phone Number: _____

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 his/her own insurance coverage. I hereby release the AzHOSA Board of Directors, the AzHOSA State Advisor, ADE/CTE staff, HOSA, Inc., National HOSA Staff, and Local HOSA advisors, local school staff, and any designated individual or group in charge of the HOSA group or specific activity from any 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.)

Applicant's Signature: _____ Date _____

Advisor's Signature: _____ Date _____

Form J
Requirements for an Employer

In order to be a state officer, your employer must understand that, if elected, you have responsibilities to AzHOSA. These are days that you will need to be off as a requirement for your position. (see calendar)

Have your current employer complete the Memorandum of Understanding below.

If you change jobs or become employed during your term as an AzHOSA State Officer, you will need to complete this form and submit it to the AzHOSA office **prior to accepting** the position.

Employer Notification and Memorandum of Understanding Form

Employee's Name _____

School _____

Office Choice _____

Business Name _____

The above named employee has displayed punctuality, good communication skills, good attendance, responsibility and overall good citizenship during their employment.

I endorse _____ as a candidate for the AzHOSA Executive Council. I understand the responsibilities and time commitment associated with being an AzHOSA State Officer. I understand that the officer will not be able to work on the days listed on the calendar.

Comments:

Employee's Name

Supervisor's Name

Supervisor's Signature

Title

Date

Form K

2012-2013
MANDATORY AzHOSA STATE OFFICER DATES

<u>Date</u>		<u>Event</u>	<u>Location</u>
April	1-3	2012 AZ HOSA Spring Conference	Westin La Paloma Tucson , AZ
April	27-29	Public Speaking Course Program of Work	Phoenix, AZ
June	4-9	State Officer Training	Phoenix, AZ
June	19-24	HOSA Nat'l Leadership Conference	Orlando, FL
July	14-17	ACTE Az Summer Conference	Tucson, AZ
August	4-5	State Officer Chapter Visit Training	TBD
September	8	Local Officer Training	Phoenix, AZ
September	14-18	Washington Leadership Academy	Washington DC
October	6	State Officer Planning Meeting	Phoenix, AZ
October	TBA	Leadership Camp Regional Meetings	Prescott Valley, AZ
November	9	2012 Fall Leadership Conference	Phoenix, AZ
December	15	State Officer Meeting State Officer Holiday Dinner	Phoenix, AZ
January	5	State Officer Meeting	Phoenix, AZ
January	TBD	Regional Competitions	TBD
March	2	Accreditation of new state officers	Phoenix, AZ
April	3-5	2013 Spring Leadership Conference	Tucson, AZ

Applicant's signature _____

Parents Signature _____

Advisor's Signature _____

Form L
Choice of a State Officer Position

Each candidate may choose a state officer position to run for. The following items must be considered:

1. The level of your position is based on your current membership classification (Secondary – Post secondary)
2. If you are a returning officer you may not run for the same position
3. May not serve more than two consecutive terms
4. You must live in the region you are running for. If that changes, you will not be eligible to remain in your position.
5. Each Chapter is limited to one (1) FIRST CHOICE candidate for each office.

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

If the AzHOSA Bylaw amendments pass the officer positions will be:

- President
- Secondary Regional Vice President *
 - Region 1
 - Region 2
 - Region 3
 - Region 4
- Secretary
- Historian/Reporter
- Parliamentarian
- Post Secondary Vice President

The Secondary position candidate must live and go to school in the region they are running for.

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

*** The Nominating Committee and the State Advisor 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.

STUDY GUIDE FOR OFFICER TEST

References for Study Guide:

Arizona History

Robert's Rules of Order

Section A and C of Advisors National HOSA Handbook www.hosa.org

National Recognition Program

HOSA Learn, Grow and Become

Sample Questions:

1. Which of the following is a team event?
 - a. CERT
 - b. Medical Assisting
 - 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 Arizona State Advisor is _____
 - a. Dennis Fiscus
 - b. Jane Shovlin
 - c. Mark Hamilton
 - d. Evelyn Irvine

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.