

KY HOSA-FHP State Officer Candidate Nomination Packet

Revised 10/14/2024
2025-2026

General Information:

Serving as a KY HOSA-FHP Officer is a year-long commitment to the organization. Therefore, it is vital that all members who aspire to become state officers are highly qualified, able, and willing to assume the responsibilities required of state officers. Considering the extensive responsibilities of Executive Council members, it is strongly encouraged that there be **one dedicated advisor for each state officer candidate**.

Read and review this packet carefully before submitting it to your local advisor. Discuss the responsibilities of a KY HOSA-FHP Officer with your parents/guardians, local advisor, and school administrators. After reviewing all provided information, only if the candidate is fully convinced that, if elected, they will carry out the responsibilities of a KY HOSA-FHP Office, they should complete this packet and:

Upload the packet via the HOSA Conference Management System by **Saturday, February 1, 2025 at 5:00 PM EST**.

Any questions can be asked at the **mandatory interest meeting** for members, advisors, and guardians on **Monday, December 16, 2024 from 6:30-8:00 PM EST**.

Items to Note:

Those planning to seek election to a KY HOSA-FHP state office may compete **ONLY** in knowledge tests or recognition events due to scheduling conflicts.

Refer to Kentucky HOSA-FHP Bylaws, Article V, to determine criteria for nominations. Nominations may be submitted for President, Vice President, Secretary, Treasurer, Historian, and Parliamentarian.

The Officer Candidate Exam will begin at **11:00 AM on Thursday in the Whitley Room**. Interviews will follow shortly after at **1:00 PM in the Franklin Room**. **The dedicated advisor for each candidate must be present for their interview**. All state officer candidates must score **70%** on the exam to be granted an interview.

Each nominee who scores 70% or higher on the officer candidate exam is placed on the official ballot by the nominating committee and must be prepared to give a 2-3 minute campaign speech.

For those elected, a **mandatory onboarding meeting** for new officers and advisors, hosted by the State Officer Coordinator and State Advisor, will be held on **Saturday at 7:30 AM in Room 626**.

KY HOSA–FHP

State Officer Candidate Nomination Packet

- ▶ In order for a student to be an eligible candidate for state office, they **must** have held office in a local chapter.
- ▶ No local chapter shall submit more than two candidates for state office, each of which must be in a **separate** officer category.
- ▶ Officer candidates **shall not** serve as voting delegates.
- ▶ The Nominating Committee will interview all officer candidates (who completed the exam with a 70% or above) along with their local advisors before the final slate is determined.
- ▶ The newly elected officers and their local advisor will meet briefly **following** the general session on Friday with the KY HOSA-FHP Executive Council. Please refer to the agenda.
- ▶ KY HOSA-FHP officer candidates **cannot** hold other state offices in other Career and Technical Student Organizations during their term.
- ▶ Travel requests must be submitted to the State Advisor for approval **4 weeks prior** to the date of travel. The State Advisor shall make room reservations for the officers. It shall be the responsibility of each individual officer's advisor to notify the State Advisor **one week prior** if a student will not attend a meeting/conference. If the officer does not attend (and prior notification was not given), their local chapter will be responsible for the expense(s). The advisor signing the officer's application will be expected to serve as the Officer's advisor during term of office, transporting the officer to meetings when at all possible. The only exception will be termination of the advisor teaching position.
- ▶ Out of state travel is not reimbursed by KY HOSA-FHP, however some funds may be paid by KY HOSA-FHP as approved in the KY HOSA-FHP budget.

State Officer Candidate Campaign Rules

1. Campaigning will begin only after a slate of candidates is announced/posted.
2. Each officer candidate shall present their campaign speech during the first delegate session. The campaign speeches shall not exceed three minutes.
3. Campaign costs shall not exceed \$100 (reasonable value of donation must be included).
4. Campaign materials shall not be posted throughout the hotel. Exhibit reception area will be designated for posters and the distribution of campaign literature.
5. Each candidate is responsible for collecting all materials from designated campaign areas before the final balloting in the Assembly of Delegates.
6. The campaign rules and regulations must be strictly adhered to at the conference. Any violation of campaign rules will result in disqualification of the candidate.

Projected Schedule of Events for Upcoming Year

These dates are tentative and may change as needed.

KY HOSA State Officers must be prepared to dedicate a great amount of time to mandatory meetings/activities. Projected meeting times include, but are not limited to, those listed.

2025-26 Mandatory Events 2025-26 Mandatory Officer Check-Ins

- **March 22, 7:30-8:00 AM EST**
 - New Officers + Advisors Welcome Meeting
- **April 25-27**
 - Work Weekend & Executive Council Meeting
- **June 17-21**
 - International Leadership Conference
- **July TBD**
 - KACTE Summer Conference
- **August 15-17**
 - Work Weekend & Executive Council Meeting
- **September/October TBD**
 - Kentucky Leadership Training Institute
- **October 21, 5:00-8:00 PM EST**
 - Virtual Executive Council Meeting
- **November 18, 5:00-8:00 PM EST**
 - Virtual Executive Council Meeting
- **December 11, 5:00-8:00 PM EST**
 - Virtual Executive Council Meeting
- **January 13, 5:00-8:00 PM EST**
 - Virtual Executive Council Meeting
- **February 13-15**
 - Work Weekend & Executive Council Meeting
- **March TBD**
 - State Leadership Conference

The **second Monday** of each month from **5:30-6:30 PM EST.**

- **May 12**
- **June 9**
- **July 14**
- **August 11**
- **September 8**
- **October 13**
- **November 10**
- **December 8**
- **January 12**
- **February 9**

Please note that other events may arise throughout the year, as designated by the KY HOSA State Advisor

2025-26 Optional Meetings & Events

All officers **must** attend optional events listed below **based on need.**

All officers **must** attend at least one regional conference.

- **July**
 - KACTE Summer Program
- **September**
 - Washington Leadership Academy
- **November, dates vary TBD**
 - Regional Conferences
- **December, dates vary TBD**
 - Regional Conferences
- **February TBD**
 - Student Leadership Day

If elected, missing any two of the mandatory meetings or events will result in the officer being asked to resign from their position.

Candidate Resume

Name: _____ Current Grade Level: _____

School email address: _____

Non-School email address: _____

Home Address: _____

School/College Name: _____

1. HOSA-FHP Office Held:

(Candidate must have held office in local chapter)

Year:

a. _____

b. _____

c. _____

2. Honors/Awards Received (HOSA and others):

a. _____

b. _____

c. _____

d. _____

3. Participation in other Activities (School and Community):

a. _____

b. _____

c. _____

4. Offices held in other organizations:

a. _____

b. _____

c. _____

The interview committee will slate officer candidates for the most appropriate office based upon application process.

1st Preference of Office: _____

2nd Preference of Office: _____

3rd Preference of Office: _____

Notice: Requirements for an Employer

It is understood that many students are employed. However, in order to be a state officer, your employer must understand that, if elected, you have responsibilities to KY HOSA-FHP. Missing mandatory meetings/events due to work is not acceptable and will not be excused.

Mandatory meetings and events are days that **you will need to be off** as requirement for your position.

- If currently employed, please have your employer complete the Memorandum of Understanding below.
- If you change jobs or become employed during your term as a KY HOSA-FHP officer, you will need to complete the Memorandum of Understanding and submit it to the KY HOSA-FHP State Officer Coordinator and State Advisor ASAP.

Memorandum of Understanding:

I understand that this employee may be or has been elected to a KY HOSA-FHP State Office position, which is a significant time commitment and responsibility to their officer team, the executive council, and the entire KY HOSA- FHP delegation.

I understand and acknowledge that there are times this employee **will need to be off** as a requirement of their state office position. I agree to be as flexible as possible when scheduling this employee to work in my establishment.



Signature of Supervisor



Signature of Delegate


Officer Candidate & Advisor Statements, Statements of Candidate Support

Officer Candidate Statement:

If elected a KY HOSA-FHP Officer, I will dedicate one full year of service to the organization. I will serve my entire term of office and will promote the goals and objectives of KY HOSA-FHP. I will project a desirable image of KY HOSA-FHP at all times. I will abide by KY HOSA-FHP bylaws & policies. I understand the responsibilities of KY HOSA-FHP officers and will purchase an official HOSA uniform by the International Leadership Conference. I will complete and fulfill all obligations and assignments given to me as a member of the KY HOSA-FHP Executive Council and strive to be a productive member of the KY HOSA Officer Team.



Signature of KY HOSA-FHP Candidate



Signature of Parent/Legal Guardian

Local Advisor Statement:


The candidate _____ meets the qualifications for office and I recommend and will support them as a KY HOSA-FHP State officer. I understand that I am responsible for attending all mandatory meetings as listed in this packet. I will support my student officer in the successful fulfillment of their duties as a member of the KY HOSA-FHP Executive Council. I understand that it will be my responsibility to attend all council meetings and KY HOSA -FHP conferences and events with my student.



Signature of Local HOSA Advisor

Parent/Guardian Statement:

I approve of my student applying for a KY HOSA-FHP State office and if elected, agree that they will be able to spend the time necessary to carry out the duties of the office. I agree to support attendance to all mandatory meetings as listed in this packet.




Signature of Parent or Guardian


Administration Statement:

I will support my student officer in the successful fulfillment of the duties as a member of the KY HOSA-FHP Executive Council.

Requires the signature of both Career & Tech Ed principal and local high school principal, if applicable.



Signature of Principal (Area Technology Center/Career & Tech Ed Center)



Signature of Principal (Local High School)

Advisor & Administrator Support Contract

Please review this document with your administrator. Both parties will initial each statement.

Serving as a KY HOSA-FHP officer advisor is a twelve-month commitment to the student and the organization. It is vital that all advisors are willing and able to assume the responsibilities required. Please read the following carefully and initial on the lines provided.

- _____ I understand that by supporting a student for State Office it will be my responsibility to attend all council meetings and conferences with my student.
- _____ I understand it is my responsibility to ensure my student has transportation to and from a required meeting or conference and provide transportation when feasible.
- _____ I understand that I will be a member of the KY HOSA-FHP Executive Council and therefore responsible in fulfilling duties as a Council member.
- _____ I understand I will be expected to serve on committees with my officer.
- _____ I understand that it is my responsibility to ensure my student officer has an official HOSA uniform from Awards Unlimited by the International Leadership Conference.
- _____ I understand that it will be my duty to ensure my student officer understands and fulfills the duties of their office in a timely manner.
- _____ The school Principal/Director is aware of the time obligations that I must meet if my student is elected to an office- even if the student graduates before the end of the officer term.
- _____ I understand that in the event my student officer does not or cannot fulfill the duties of the office, I will be responsible for seeing that the office is filled and/or the duties fulfilled.
- _____ I understand that by signing this contract, it is my obligation to fulfill all the above duties.
- _____ I understand that if I do not comply with this contract, I will receive a letter of failure to meet conditions of said contract copied to my administrator and supervisor.
- _____ I understand that if my officer fails to attend two of mandatory meetings the officer will be asked to resign. This includes both virtual and in-person meetings.

KY HOSA-FHP State Officer Candidate Medical Release Form Pt.1

Due to legal restrictions, it is necessary that **all** delegates, parents/guardians, guests, and HOSA Advisors complete this form to be eligible to attend KY HOSA-FHP events. This form should be submitted to the Local Advisor. In turn, the Local Advisor will make a copy for their files and submit forms to the State Advisor as directed.

Delegate Information

Full Name: _____

Date of Birth: _____

Cell Phone: _____

Parent/Guardian(s) Information

Full Name: _____

Full Name: _____

Relation: _____

Relation: _____

Cell Phone: _____

Cell Phone: _____

Home Phone: _____

Home Phone: _____

School Information

School Name: _____

City: _____ State: _____

Local Advisor: _____

School Phone: _____

Physician Information

Full Name: _____

Office Phone: _____

Address: _____

KY HOSA-FHP

State Officer Candidate

Medical Release Form Pt.2

Question:

Is the individual covered by group or medical insurance? Circle one. **YES** **NO**

Name of Insured: _____

Insurance Company: _____

Group Number: _____

Policy Number: _____

Please completely describe any medical condition which may recur or be a factor in medical treatment:

Allergies _____

Physical Handicap _____

Convulsions _____

Medicational Reactions _____

Blackouts _____

Heart/Lung issues _____

Other (specific:) _____

If currently taking medication, please provide the following information:

Medication Name: _____

Prescribing Physician: _____ Prescribing Physician
Phone Number: _____

Liability Release

I certify that the information on this form is accurate and complete to the best of my knowledge.

I understand each individual is responsible for his/her own insurance coverage during this trip. I hereby release the Kentucky HOSA Board of Directors, the Kentucky HOSA Staff, State and Local HOSA Associations, and any designated individual in charge of the Kentucky HOSA group or specific activity from any legal or financial responsibility with respect to my personal and/or my student/child's participation in or contact with any known element associated with an activity including competitive events.

Parent/Guardian: Please initial next to ONE of the following options.

_____ **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 my permission** for medical treatment until I have been contacted.

 _____
Signature of Parent/Legal Guardian

 _____
Signature of Delegate

*For delegates under the age of 18, must be signed by the parent or legal guardian.

KY HOSA-FHP

State Officer Candidate

Photo Release Form

At various times throughout the KY HOSA-FHP, staff will be taking digital images, photographs, and or videotapes of participants for educational, promotional, and informational purposes related to print material or the web.

I hereby grant permission to the KY HOSA-FHP and its representatives to take photographs, videos or recordings of my child's voice and to use, reproduce, and/or publish photographs, video, other digital representations, and/or audio that may pertain to them, including their image, likeness and/or voice.

I further hereby authorize the KY HOSA-FHP to edit, alter, copy, exhibit, publish or distribute the images or recordings, for any lawful purpose, in any media now known or later developed, as KY HOSA-FHP deems fit.

I hereby waive any right to inspect or approve the use of the images or recordings. I also agree that by signing below I release KY HOSA-FHP and any and all of its representatives from any and all monetary obligations or payments to me, my child, or any of my/my child's authorized representatives for use of video, films, photographs, image, other digital representation and/or voice of them.

I acknowledge that KY HOSA-FHP owns all rights to the images or recordings in any medium.

I hereby hold harmless, indemnify, release and forever discharge the KY HOSA-FHP and its representatives from all claims, damages, liability and causes of action arising from or related to the use of the images, recordings or materials, which I, my heirs, representatives, executors, administrators, or any other persons acting on my child's behalf or on behalf of my/their estate have or may have by reason of this authorization.

I have read the above release and understand and agree to the terms of the document.



Signature of Parent/Legal Guardian

*For delegates under the age of 18,
must be signed by the parent or legal guardian.



Signature of Delegate

KY HOSA-FHP

State Officer Candidate

Code of Conduct

A good reputation enables members to take pride in their organization. HOSA-FHP members have an excellent reputation. Your conduct at any HOSA-FHP 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-FHP.
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 at HOSA functions)
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.
 - . 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 means that each person must be in own 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 KY HOSA-FHP events 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 only allowed in designated areas. Show respect to roommates.
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. Any long-distance phone calls, charges to the room, etc. will be the responsibility of the individual student and/or parents.
11. Members are to abide by the KY HOSA attire policy at all sessions, tours and other activities.
12. As a delegate to KY HOSA-FHP events, permission is granted to make photographs, videotapes, broadcasts, and/or sound recordings, separately or in combination, available for reproduction for educational and promotional purposes by KY HOSA Future Health Professionals.

I have read the KY HOSA-FHP Code of Conduct and agree to abide by these rules.



Signature of Parent/Legal Guardian

*For delegates under the age of 18,
must be signed by the parent or legal guardian.



Signature of Delegate

KY HOSA-FHP

Nomination Packet Checklist

Incomplete packets will not be considered for nomination.

There are additional files that you will need to submit with this packet.

This includes: two letters of recommendation, an official transcript, and a clear, passport size photo of yourself in professional attire.

- Candidate Resume
- Requirements for an Employer (if applicable)
- Officer Candidate & Advisor Statement,
Statements of Candidate Support
- Advisor & Administrator Support Contract
- Medical Release Form (parts 1 and 2)
- Photo Release Form
- KY HOSA-FHP Code of Conduct
- Two Letters of Recommendation
- Official Transcript from Current School Year
- Passport Size Photo

KY HOSA–FHP Officer Candidate Examination

Exam Study Guide

History and background of State & National HOSA

HOSA–FHP Handbook, Section A, Latest Edition

▶ **2024-2025 International Theme:** Powered by People

▶ **Mission:** The mission of HOSA is to empower HOSA-Future Health Professionals to become leaders in the global health community through education, collaboration, and experience.

▶ **Purpose:** The purpose of HOSA-Future Health Professionals is to develop leadership and technical HOSA skill competencies through a program of motivation, awareness and recognition, which is an integral part of the Health Science Education instructional program.

▶ **Goals:**

- To promote physical, mental and social well being.
- To develop effective leadership qualities and skills.
- To develop the ability to communicate more effectively with people.
- To develop character.
- To develop responsible citizenship traits.
- To understand the importance of pleasing oneself as well as being of service to others.
- To build self-confidence and pride in one's work.
- To make realistic career choices and seek successful employment in the health care field.
- To develop an understanding of the importance in interacting and cooperating with other students and organizations.
- To encourage individual and group achievement.
- To develop an understanding of current health care issues, environmental concerns, and survival needs of the community, the nation and the world.
- To encourage involvement in local, state and national health care and education projects.
- To support Health Science Education instructional objectives.
- To promote career opportunities in health care.

▶ **Colors**

- Navy Blue: represents loyalty to the health care profession.
- Maroon: represents compassion of HOSA members.
- Medical White: represents purity of purpose.

▶ **Symbols**

- The triangle represents the three aspects of humankind well-being (social, physical, mental)
- The hands signify the caring of each HOSA member.

▶ **Visit the KY HOSA-FHP website (www.kyhosa.org) for information on the following:**

- Executive Council members
- Bylaws & policies
- Kentucky's competitive event program

KY HOSA–FHP

Officer Candidate Examination

Exam Study Guide

History and Background of Kentucky & International HOSA

(Source: HOSA–FHP Handbook, Latest Edition)

► Creed:

I **recognize** the universal need for quality, compassionate healthcare.

I **understand** the importance of academic excellence, skills training, and leadership development in my career pathway.

I **believe** through service to my community and to the world, I will make the best use of my knowledge and talents.

I **accept** the responsibility of a health professional and seek to find my place on a team equally committed to the well-being of others.

Therefore, I will **dedicate** myself to promoting health and advancing healthcare as a student, a leader, an educator, and a member of HOSA-Future Health Professionals.

► Core Values:

We value **learning**. We are committed to learning and becoming respected, knowledgeable and skilled health professionals. We will respect the experiences and contributions of our teachers, peers and patients and seek to learn from them.

We value **leadership**. We will serve as role models in our academic program, profession and community. We will be ethical, accountable and trustworthy. We will use our influence to empower others to strive for excellence.

We value **service**. We are dedicated to serving others with compassion. We believe that individuals are important, and we will treat everyone with respect and care.

We value **innovation**. We are dedicated to enriching the lives of others. We will continuously seek the knowledge and skills to address challenges and improve the health professions.

► Kentucky HOSA State Advisor:

Susan Readnow, MS, BSN, RN

► HOSA, Inc. Board of Directors Chair:

Outgoing: Cindy Beck, Incoming: David Kelly

► International HOSA Website:

www.hosa.org

► International HOSA Executive Director:

Karen Koeninger (interim)

► International HOSA Headquarters:

Southlake, Texas 76092

► Kentucky HOSA Website:

www.kyhosa.org

► Be sure to review Parliamentary Procedure (Source: Robert's Rules of Order, Newly Revised)

1. Classes of Motions

2. Parliamentary Procedure: the set or rules for conduct at meetings.

Based on democratic philosophy, it allows for free and open discussion of ideas.

HOSA-FHP officers **must have a working knowledge of Parliamentary Procedure** to conduct effective meetings.

KY HOSA–FHP

Officer Candidate Examination

Exam Study Guide

You can find details about the following International HOSA topics at www.hosa.org:

Executive Council + Board of Directors members | history & important locations and dates.

All are **purposes of the HOSA International Conference**, as stated in HOSA Inc. Policy and Procedures Manual:

- to provide a variety of educational and social learning activities.
- to provide educational workshops that promote development.
- to conduct the necessary annual business of HOSA–Future Health Professionals.

The HOSA president-elect is **elected by** the secondary and post- secondary/collegiate members of the voting delegation.

A state must have **at least five** local chapters to affiliate with HOSA.

Kentucky is part of the **Central HOSA region**.

- The secondary division has the largest membership in HOSA currently.
- HOSA has 3 regions.
- A member who is not in favor of a motion votes by saying no.
- The maker of a motion has the right to speak first on the motion.
- The recording officer of an assembly is the secretary.
- The middle school division is the newest HOSA membership type.
- Honorary Life Member is the membership division for individuals who have made a significant contribution to the development of Health Science Education and/or have rendered outstanding service.
- NMDP is HOSA's Premiere Service Project.
- The HOSA Bylaws can be amended only by a 2/3 vote of the national voting delegate assembly.
- A chairman, president or presiding officer, at a meeting is not responsible for participating in debate.
- If a chair makes a mistake in assigning the floor, a member can rise to a point of order.
- A quorum is the minimum number of members needed to transact business.
- The number of voting delegates a chapter is allowed at a state's Annual Business Meeting is determined by the state's bylaws and/or policy and procedure manual.
- The parliamentary authority for HOSA is Robert's Rules of Order, Newly Revised.
- When a member seconds a motion, it implies that the member agrees that the motion should be discussed.
- Members can vote on all business brought before the assembly.
- The basic form used by the chair in stating the question is “It is moved and seconded that...”
- A motion is open to debate when the motion has been stated by the president.
- In the regular order of business, new business is preceded by unfinished business.
- If a member wishes to move discussion on a motion to the next regular meeting, the member should make a motion to postpone.
- Before a member in an assembly can speak in debate, she/he/they must obtain the floor.

KY HOSA–FHP Officer Candidate Examination

Parliamentary Procedure Terminology

Adopt: Accept or approve a motion, report or statement.

Agenda: List of activities for a meeting, also called Order of Business.

Adjourn: Action that ends the meeting.

Repeal: To withdraw, cancel, annul, or rescind.

Amend: To change a motion by adding to, taking from, taking from AND adding to.

Bylaws: Rules of the organization. They define the primary characteristics and functions.

Chair: Presiding officer- President.

Program of Work: List of activities for the year.

Committee: A group formed to do a certain task.

Debate: Any form of discussion on the merits of a motion.

Delegates: Representatives of a larger group of people.

Floor: Permission to speak.

Ratify: Validating an unofficial action already taken...

Member: Person having the right to full participation in the proceedings of an assembly.

Minutes: Notes of the meeting, written by the secretary.

Recess: A break.

Majority: More than half. The most.

Pro Tem: For the time being, temporary.

Minority: Less than half. The least.

Postpone: To put off or delay.

Motion: Formal proposal by a member that the assembly take certain action.

Pending: A question is pending from the time it is stated by the chair until it is disposed of.

Second: Shows that more than one member is interested in discussing the motion.

Quorum: Number of members needed to legally conduct business. Usually a majority.