

# KENTUCKY HOSA

## FUTURE HEALTH PROFESSIONALS



### EXECUTIVE COUNCIL APPLICATION

2023

300 SOWER BLVD. 5TH FLOOR SW  
FRANKFORT, KY 40601  
502.564.4286  
WWW.KYHOSA.ORG

THIS IS THE APPLICATION FOR AN ELECTED POSITION ON THE  
KY HOSA FUTURE HEALTH PROFESSIONALS  
EXECUTIVE COUNCIL

PLEASE REVIEW AND SUBMIT A COMPLETED APPLICATION BY  
MARCH 1, 2023  
E-MAIL: KYHOSA@EDUCATION.KY.GOV

THE KY HOSA FUTURE HEALTH PROFESSIONALS COUNCIL MANAGES THE AFFAIRS OF KY HOSA FUTURE HEALTH PROFESSIONALS. IT IS THE COUNCIL'S RESPONSIBILITY TO WORK COOPERATIVELY WITH MEMBERS OF HOSA AND TO PROVIDE CONTINUITY, DIRECTION, AND LEADERSHIP FOR THE ORGANIZATION. THE COUNCIL STRONGLY ENCOURAGES INPUT FROM THE LEADERSHIP OF THE CHARTERED ASSOCIATIONS, LOCAL ADVISORS, AND ALL COUNCIL MEMBERS. MEETINGS ARE OPEN TO THOSE WHO WISH TO ATTEND AS OBSERVERS. AS A NON-DISCRIMINATORY BODY, KY HOSA FUTURE HEALTH PROFESSIONALS ENCOURAGES ALL QUALIFIED PERSONS TO APPLY FOR THE COUNCIL.

THE QUALIFICATIONS FOR ELECTED MEMBERSHIP ON THE COUNCIL INCLUDE:

- A. CONFIRMATION BY ANOTHER COUNCIL MEMBER THAT A CANDIDATE'S CURRENT STATUS IS CONSISTENT WITH THE COUNCIL POSITION BEING SOUGHT
- B. COMMITMENT TO ATTEND THE ANNUAL MEETING
- C. SUPPORT TO ATTEND THE ANNUAL MEETING FOR THE POSITION
- D. WILLINGNESS TO SERVE ON ONE OR MORE STANDING COMMITTEES OF THE COUNCIL
- E. IF NO CANDIDATE APPLIES FOR THE COUNCIL, THE POSITION MAY BE FILLED BY A MEMBER-AT-LARGE FOR THE FULL TERM BY MAKING APPLICATION BEFORE OR DURING THE ANNUAL STATE LEADERSHIP CONFERENCE.

ALL VACANT COUNCIL POSITIONS WILL BE FILLED AT THE EXECUTIVE COUNCIL MEETING HELD DURING STATE LEADERSHIP CONFERENCE

KY HOSA FUTURE HEALTH PROFESSIONALS EXECUTIVE COUNCIL  
2022-23

Ethan Messer, President	2022-23	1 Year
Madisynn Griffin, Vice President	2022-23	1 Year
, Secretary	2022-23	1 Year
Rebecca Riedling, Treasurer	2022-23	1 Year
Brooklyn Tapscott, Historian	2022-23	1 Year
Chloe Pennington, Parliamentarian	2022-23	1 Year
Charlie Mattingly, Past President	2022-23	1 Year
Jennifer Wilson Advisor to the President & Secretary	2022-23	1 Year
Advisor to the Vice President	2022-23	1 Year
Dorothy Beaverson Advisor to the Treasurer	2022-23	1 Year
Andrea Heisner Advisor to the Historian	2022-23	1 Year
Jessica Knight Advisor to the Parliamentarian	2022-23	1 Year
Bridget Shartzler Advisor to the Past President	2022-23	1 Year
Dawne Divine Professional Member	2021-23**	2 Year
Alumni Representative	2022-24**	2 Years
Karen Compton Secondary Council Representative	2021-23**	2 Years
Jennifer Shoemake Postsecondary/Collegiate Council Representative	2022-24	2 Years
Angie Harlan Competitive Event Director		
Susan Readnower KY HOSA State Advisor		
Taylor O'Shaughnessy State Officer Coordinator		
KCTCS Liaison		
Peggy Williford, Health Science Consultant Ky Department of Education		

\* \* POSITIONS THAT WILL BE AVAILABLE ON THE KY HOSA COUNCIL-  
TERM ENDING AFTER THE ELECTION IN MARCH 2023.

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE-PERSONAL: \_\_\_\_\_ WORK: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

HOSA: \_\_\_\_\_ FORMER HOSA MEMBER \_\_\_\_\_ FORMER OFFICER

POSITIONS OPEN FOR ELECTION IN 2023.

CHECK THE COUNCIL VACANCY FOR WHICH YOU ARE APPLYING:

- HOSA SECONDARY ADVISOR REPRESENTATIVE (2-YEAR TERM)  
(AN ACTIVE SECONDARY HOSA ADVISOR)
  
- HOSA PROFESSIONAL REPRESENTATIVE (2-YEAR TERM)  
(HEALTH PROFESSIONAL OR PROFESSIONAL IN A HEALTH RELATED FIELD)
  
- HOSA ALUMNI REPRESENTATIVE (1-YEAR TERM)  
(A REGISTERED HOSA ALUMNI MEMBER)

I. STATEMENT OF QUALIFICATION PLEASE COMPLETE THE FOLLOWING:

A. DESCRIBE CURRENT INVOLVEMENT IN HOSA-FHP:

B. CURRENT JOB TITLE AND BRIEF DESCRIPTION:

C. LEADERSHIP EXPERIENCE IN YOUR WORK WITH HOSA:

D. OTHER LEADERSHIP EXPERIENCES:

II. STATEMENT OF COMMITMENT. PLEASE RESPOND TO THE FOLLOWING:

A. DO YOU AGREE TO ATTEND THE KY HOSA FUTURE HEALTH PROFESSIONALS COUNCIL MEETINGS SCHEDULED DURING YOUR TERM(S) ON THE COUNCIL?

\_\_\_\_\_YES NO

\_\_\_\_\_IF "NO,"EXPLAIN:

B. IT WILL BE THE RESPONSIBILITY OF YOUR SCHOOL OR DISTRICT, TO COVER THE COSTS OF YOUR TRAVEL ASSOCIATED WITH ANY KY HOSA FHP COUNCIL MEETINGS/EVENTS. YOU MUST NOTIFY KY HOSA FHP IF THIS IS NOT POSSIBLE.

\_\_\_\_\_YES, I HAVE FINANCIAL TRAVEL SUPPORT FROM MY EMPLOYER.

\_\_\_\_\_I AM ABLE TO SERVE BUT I KNOW THAT FINANCIAL SUPPORT IS NOT AVAILABLE THROUGH MY EMPLOYER.

C. IN WHAT WAY DO YOU BELIEVE YOUR LEADERSHIP AND SERVICE ON THE COUNCIL WILL BENEFIT KENTUCKY HOSA? (15 WORDS OR LESS)

D. DO YOU HAVE ANYTHING YOU WISH TO SHARE WITH THE NOMINATING COMMITTEE?

**KY HOSA – FUTURE HEALTH PROFESSIONALS  
REPRESENTATIVE ENDORSEMENT**

**THE HOSA REPRESENTATIVE ENDORSING MAY BE A MEMBER OF THE  
HOSA COUNCIL, OR FROM A CHAPTER IN GOOD STANDING.**

**DATE:**

**TO: KY HOSA COUNCIL**

**I ENTHUSIASTICALLY ENDORSE \_\_\_\_\_  
FOR THE POSITION OF \_\_\_\_\_ ON THE KY HOSA  
COUNCIL.**

**(IN THE SPACE BELOW OR IN A SEPARATE LETTER, PLEASE DESCRIBE  
THE CANDIDATE'S CREDENTIALS FOR SERVING AS A  
COUNCIL MEMBER.)**

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**KY HOSA REPRESENTATIVE SIGNATURE**