

**STATEMENT OF SUPPORT FOR
KENTUCKY HOSA STATE OFFICER CANDIDATE**

I approve of my son/daughter applying for a KY HOSA STATE office and if elected, agree that he/she 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 scheduled below.

Signature of Parent or Guardian

The candidate, _____ meets the qualifications for office and I recommend and will support him/her for a KY HOSA State officer. I understand that I am responsible for attending the mandatory meetings as listed below.

Signature of Advisor

This school will support _____ in the successful fulfillment of the duties of the specific HOSA state officer and their Advisor. A statement of academic performance during the previous year is attached. I agree to allow both officer and advisor to attend the mandatory meetings as listed below.

Signature of Principal
(Area technology Center/Technical Center)

Signature of Principal
(High School/College)

PROJECTED meeting times (including meetings where Officer and Advisor MUST be PRESENT) include but are not limited to: (Some of these meetings are “electronic” or “online” meetings) KY HOSA will have virtual or hybrid meeting to maintain our safe schools guidelines.

2021

- March – State Leadership Conference – 4 days **Mandatory**
- March-April – New Officer Meeting - 2 days weekend + 1 Monday **Mandatory**
- June – International Leadership Conference – 6 - 7 days **Mandatory**
- August – planning for Kentucky Leadership Training Institute (KLTI) - 2 days weekend (may also be a week day, if the students committee is meeting) **Mandatory**
- October – Kentucky Leadership Training Institute (KLTI) – 3 days **Mandatory**
- November/December – planning for KLTI - online **Mandatory**

2022

- February – Student Leadership Day (SLD – 2 week days and 2 weekend days (Weekend **Mandatory**) (Monday **Mandatory**) Tuesday **optional**
- March 2022 – State Leadership Conference Newly elected and current officers – 3 days **Mandatory**

OPTIONAL – All Officers have to choice one optional event to attend.

- July - Summer Conference, Louisville – optional 1 to 3 days
- September - (WLA) Washington Leadership Academy – Saturday to Tuesday optional
- November/December – Regional Conferences - optional

**HOSA OFFICER CANDIDATE
ADVISOR SUPPORT CONTRACT**

Serving as a KY HOSA officer advisor is a twelve-month commitment to the student and the organization. Therefore, it is vital that all advisors are willing and able to assume the responsibilities required of KY HOSA STATE officers. 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 I will be a member of the KY HOSA Executive Council and therefore responsible in fulfilling duties as a Council member.
- _____ I understand I will be expected to serve on committees with my student officer.
- _____ I understand it is my responsibility to insure my student officer has an official HOSA uniform from Award's Unlimited ONLY by the International Leadership Conference.
- _____ I understand 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 in the event my student officer does not or cannot fulfill the duties of the office, I will be responsible for seeing 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 I my officer does not attend two mandatory meetings the officer will be expected to resign. This includes both online meetings and face to face meetings.

Possible meeting times include but not limited to:
Refer to list on Statement of Support for KY HOSA Officer Candidate

Signature of Advisor

Educational Facility /Administrator

**HOSA
NOMINATION FORM FOR STATE OFFICERS**

Serving as a state HOSA Officer is a twelve-month 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 all state officers.

Read carefully and study the statement below before submitting this form to your Local Advisor. After discussing the responsibilities of a State HOSA Officer with parents, advisor and school administrators, candidates should submit all required forms to the Local Advisor. After the student has discussed the situation with parents, local chapter advisor, and school administrators and is fully convinced that, if elected, he/she will carry out the responsibilities of a HOSA Office, then complete this form and submit to: Elizabeth Bullock, KY HOSA, 300 Sower BLVD, 5th. Floor 2 SW Frankfort, KY 40601.

STATE OFFICER CANDIDATE'S STATEMENT

If elected a State HOSA 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. I will project a desirable image of HOSA at all times. I will abide by KY HOSA Bylaws and Policies. I understand the responsibilities of KY HOSA officers and will purchase an official HOSA uniform from Award's Unlimited ONLY by the International Leadership Conference. I will complete and fulfill all obligations and assignments, which are given me as a member of the KY HOSA Executive Council and strive to be a productive member of the KY HOSA Officer Team.

Candidate's Signature _____ Print Name _____

Parent's Signature _____ Print Name _____

1st Preference of Office _____

2nd Preference of Office _____

3rd Preference of Office _____

Student officer candidates can be slated to run for any office. The slate is the decision of the interview committee.

ADVISOR'S STATEMENT

It is my belief that this candidate will fulfill the responsibilities of a KY HOSA Officer.

Chapter HOSA Advisor _____ Date _____

****ENCLOSE A PASSPORT SIZE
BLACK AND WHITE OR COLOR GLOSSY PHOTO WITH THIS NOMINATION FORM**

**** The statement of Academic Performance during the previous year is attached.**

STATE OFFICER CANDIDATES

In order for a student to become an eligible candidate for state office, he/she must have held office in a local chapter.

The candidate shall submit a completed nomination form to the state advisor by **THE PUBLISHED DATE for SLC material. (Feb. 1)** Include a signed conduct code form.

- No local chapter shall submit more than two candidates for state office, each of which must be in a separate office category.
- Officer candidates shall not serve as voting delegates.
- The KY HOSA State Advisor or designee shall administer the officer candidate written examination to each candidate. **Each candidate must pass the written examination with a 70% in order to be interviewed.**
- The Nominating Committee will review all qualified candidate applications.
- **The Nominating Committee will interview all officer candidates (who have completed the written examination with a 70% or above) and their advisors before the final slate is determined.**
- Please read the Kentucky HOSA Bylaws which refer to officer duties and nominating committee responsibilities, Article V.
- The newly elected officers and their local advisor will meet briefly following the general session on **Friday** with the Kentucky HOSA Executive Council please refer to the published agenda.
- KY HOSA officer candidates cannot hold another state level career and technical student organization position concurrently.
- KY HOSA will reimburse for approved in state travel, as outlined in our policies. The state advisor will make student reservations. If the officer or advisor do not notify KY HOSA of cancellations 48 hours prior to the meeting the officer's chapter will have to pay for the students share of the room. Officers have a budget for meals during official HOSA duties. They have to submit for reimbursement within **4** weeks of the date of the meeting for meals and miscellaneous.
- Out of state travel is not reimbursed by KY HOSA, however some funds will be paid by KY HOSA as approved in the KY HOSA budget.

NOMINATION FORMS AND TEST INFORMATION FOR STATE OFFICER CANDIDATES

Each nomination form must be completed and submitted to:

Elizabeth Bullock
300 Sower BLVD, 5th Floor SW 2
Frankfort, KY 40601

The forms are due in the office by **February 5, 2021**. Refer to Kentucky HOSA Bylaws, Article V, to determine criteria for nominations. Nominations may be submitted for President, Vice President, Secretary, Treasurer, Historian, and Parliamentarian.

TENTATIVE

The officer candidate test (HOSA Officer Candidate Exam) will begin at 1:30 p.m. on **Thursday**, in the Whitley Room. The interviews will follow the testing at 3:00 p.m. in the KNOX room. **The candidate's local advisor will be present for the interview. All state officer candidates must score 70% on the exam in order to be considered for office.** Campaign rules Are located on the next page and will be followed.

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

**KENTUCKY HOSA
STATE OFFICER CANDIDATE CAMPAIGN RULES**

1. Campaigning will begin only after a slate of qualified candidates is announced/posted.
2. Each officer candidate shall present his/her campaign speech during the first delegate session. The campaign speeches shall not exceed three minutes.
3. Each candidate must bring proof of campaign expenses to the conference (cash receipts or letters of donation). Campaign costs should 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.

**CANDIDATE INFORMATION RESUME
KENTUCKY HOSA**

Name _____ Current Grade Level _____

Home Address _____

School/College Name _____

1) HOSA Office Held: _____ Year _____
(Candidate must have held an office in the local chapter)

a) _____

b) _____

c) _____

2) Honor/Awards Received: (HOSA and others)

a) _____

b) _____

c) _____

d) _____

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

4) Office held in other organizations

a) _____

b) _____

c) _____

d) _____

CODE OF CONDUCT

A good reputation enables members to take pride in their organization. HOSA members have 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. (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.
4. 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 is described as being in your own assigned 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 the Spring Leadership Conference 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. HOSA is a smoke-free conference and smoking is not allowed at any official function. Delegates must adhere to all hotel policies regarding smoking as well.
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 room, etc., will be the responsibility of the individual student and/or parents.
11. Members are to abide by the NLC Attire Policy at all business sessions, general sessions, competitive events, and other conference activities.
12. As a participant to all KY HOSA Conferences/meeting, 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.
13. No illegal drugs or narcotics can be purchased, sold or used during any HOSA activity.
14. All cell phones must be turned off during all competitive events and during business session including the banquet.

Session Protocol: The general sessions should be enthusiastic but delegates must not be rude or obnoxious to those in the audience or on stage. It is important to remain seated until the end of the session. Chapters that do not adhere to general session protocol will be asked to send a representative to a special meeting of the Executive Council.

Signature of Student _____ Date: _____

Signature of Parent/Guardian _____ Date: _____
(if minor)

Signature of Advisor _____ Date: _____

Medical Liability Release Form

DIRECTIONS: Due to legal restrictions, it is necessary that **all** delegates, parents/guardians, guests and HOSA Advisors complete this form to be eligible to attend **any** 2021-2022 HOSA Meetings / Conferences. This form should be submitted to the State Advisor. In turn, the Chapter/State Advisor will make a copy for his/her files and fax or mail the original forms to National / State HOSA office.

PLEASE TYPE OR PRINT ALL INFORMATION

Delegate Name _____ *Parent/Guardian Name*
Name _____ Name _____

Home Address _____

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

Student's Physician: _____ Phone: _____

Physician's Address: _____

Alternate Contact: _____

Telephone Number: Home: _____ Work: _____

Local Advisor: _____ School Name: _____

Local Advisor Cell Phone # _____

Student 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. Allergies: _____ e. Physical Handicap: _____

b. Convulsions _____ f. Medicine Reactions: _____

c. Blackouts: _____ g. Disease of any kind: _____

d. Heart/lung problems: _____ h. Other (Be specific): _____

If currently taking medication, please provide the following information:

Name of medication: _____

Prescribing Physician/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 during this trip. I hereby release the National/State HOSA Board of Directors, the National/State Staff, State and Local HOSA Associations, and any designated individual 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.)

Delegate's Signature: _____ Date _____

Advisor's Signature: _____ Date _____

HOSA STATE OFFICER STUDY GUIDE FOR THE WRITTEN EXAMINATION

KNOW THE FOLLOWING:

2020-2021 National Theme

Define:

Mission, Purpose, Goals, Creed, Core Values

State Advisor and Co Advisor

Elizabeth Bullock, State Advisor and Kim Nealis-Williams, Co-Advisor

KY HOSA CE (Competitive Event) Program Students may compete in only one of the first five categories of events, but may compete in any or all of the recognition events.

Advisors and students:

KY HOSA has issued a list of competitive events and the number of competitors each chapter may register for each competitive event. Please refer to the current national guidelines for rules and current information. You can get on line @ www.hosa.org.

Go to the KY HOSA Web site (<https://kyhosa.org>) for information about the following:

Executive Council members, Bylaws & Policies, Kentucky's competitive event program

REVIEW THE FOLLOWING:

History and background of the State and National Organization, HOSA Handbook, Section A, Latest Edition

National HOSA Director...
National HOSA Headquarters...
National HOSA website...

Parliamentary Procedure – “Robert’s Rules of Order, Newly Revised” CLASSES OF MOTIONS

Parliamentary Procedure

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

Parliamentary procedure is a set of rules for conduct at meetings. It is based on democratic philosophy. It allows for free and open discussion of ideas.

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	Ends the meeting.
AMEND	To change a motion. May change by 1) Adding to.2) Taking from 3) Taking from, and adding to Example: “I move to amend the motion by adding that we...”
BYLAWS	Rules of the organization. They define the primary characteristics of the organization, and describes how it functions.
CHAIR	Presiding officer-President
COMMITTEE	A group that is to do a certain task
DEBATE	Any form of discussion on the merits of a motion
DELEGATES	Representatives of .a larger group of people, chosen to act in the name of entire group.
FLOOR	Permission to speak
GERMANE	Closely related to, used in relation to amendments MEMBER Person having the right to full participation in the proceedings of an assembly.
MINUTES	Notes of the meeting, written by the secretary
MAJORITY	More than half. The most.
MINORITY	The least, less than half.
MOTION	Formal proposal by a member, in a meeting, that the assembly take certain action.
PENDING	A question is said to be pending from the time it is stated by the chair until it is disposed of.
PLURALITY VOTE	The largest number of votes to be given any candidate when there are three or more choices.
PROGRAM OF WORK	List of activities to be done during the year
PRO TEM	For the time being, temporary. Example: Secretary, Pro Tern.
POSTPONE	To put off, delay
QUORUM	Number of members needed to legally conduct business, usually a majority, unless bylaws state otherwise.

RATIFY	To make valid unofficial action already taken that cannot become legally valid until approved by the Assembly.
RECESS	A break
REPEAL	To withdraw, cancel, annul officially, rescind.
SECOND	Shows that more than one member is interested in discussing the motion. If there is no second the motion dies.
YIELDS	A question gives way to a motion of higher rank, or a member resumes his seat.

State Candidate Checklist

All items must be submitted

- Statement of Support for KY HOSA officer candidate
- State Officer Candidate Statement Form
- Candidate Information Resume KY HOSA
- Official Transcript
- Passport size Black and White or Color Photo
- Advisor's Contract support contract
- Medical Release Form
- HOSA Conduct Code