



future health professionals

**KY HOSA FUTURE HEALTH  
PROFESSIONALS EXECUTIVE  
COUNCIL  
APPLICATION**

for an

**ELECTED POSITION ON THE  
KY HOSA FUTURE HEALTH  
PROFESSIONALS EXECUTIVE  
COUNCIL**

**KY HOSA FUTURE HEALTH PROFESSIONALS  
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[www.kyhosa.org](http://www.kyhosa.org)

2022

# KY HOSA FUTURE HEALTH PROFESSIONALS COUNCIL APPLICATION

Please review and submit a completed application by March 1, 2022.

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 and local advisors, and all Council meetings are open to those who wish to attend as observers.

The appointed Council is elected by council member with chapters in good standings and partners (*one representative from each chartered association in good standing*) of KY HOSA FUTURE HEALTH PROFESSIONALS. Those interested in providing leadership for HOSA at the international level are encouraged to seek a position. 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 corporate 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.

**APPLICATION:** Return to HOSA Headquarters by March 1, 2022.  
E-Mail: [.robin.linton@education.ky.gov](mailto:robin.linton@education.ky.gov)

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

City State Zip

**Employer:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone:** Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**HOSA:**       Former HOSA Member       Former Officer

## HOSA Executive Council

	POSITION	TERM IN OFFICE	YEARS IN TERM
1	Sarah Marks, Past President	2021-2022	1 Year
2	Charles Mattingly, President	2021-2022	1 Year
3	Brenna Wethington, Vice President	2021-2022	1 Year
4	Mehek Gupta, Secretary	2021-2022	1 Year
5	Ana Muse, Treasurer	2021-2022	1 Year
6	Laura Wilson, Historian	2021-2022	1 Year
7	Alison Hinton, Parliamentarian	2021-2022	1 Year
8	Advisor to the Past President	2021-2022	1 Year
9	Bridget Shartzter Advisor to the President & Parliamentarian	2021-2022	1 Year
10	Jennifer Carter Advisor to the Vice President	2021-2022	1 Year
11	Tony Testerman Advisor to the Secretary	2021-2022	1 Year
13	Jennifer Wilson Advisor to the Treasurer & Historian	2021-2022	1 Year
Health Industry			
13	Dawne Divine	2021-2023	2 Years
Alumni			
14	Dustin Allen	2021-2023	2 Years
Executive Council			
15	Elizabeth Bullock KY HOSA FUTURE HEALTH PROFESSIONALS State Advisor		
16	Angie Harlan Professional Member	2021-2023	2 Years
17	Kim Williams KCTCS Liaison		
18	Angie Harlan Competitive Event Director		
19	Susan Readnower Secondary Council Representative	2021-2023	2 Years
20	Jennifer Shoemake Postsecondary/Collegiate Council Representative	2020-2022	2 Years

**Council Positions on previous page**

\*\* Those positions that will be available on the HOSA Council – their term ending after the election in March 2022.

**Positions Open for Election in 2022.** Check the Council Vacancy for which you are applying:

- HOSA Postsecondary Representative (2-year term)**  
*(An active postsecondary HOSA member)*

Please complete the following:

**I. STATEMENT OF QUALIFICATION**

A. Please describe current involvement in HOSA-Future Health Professionals:

\_\_\_\_\_

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 Future Health Professionals Council meetings/events. You need to let KY HOSA Future Health Professionals know 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 the organization? *(15 words or less)*

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D. Do you have anything you wish to share with the Nominating Committee?

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