**2019-2020**

**North Carolina HOSA**

**Executive Council Candidate Packet**

**Candidate Information Sheet**

**Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Grade Level: Freshman Sophomore Junior Senior**

**Expected Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Career Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Phone (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Email (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Alternate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions**

Candidates are to fill out the application and upload to STEM Premier. Mail all originals to NC HOSA.

1. Secondary and Postsecondary Associations in good standing are permitted to submit an unlimited number of qualified candidates. Candidates must have at least sophomore classification in high school and a minimum of a 3.0 GPA/B average on a 4-point scale. Candidates must also be active members of HOSA (Article IV, Section 3, HOSA Bylaws).
2. The HOSA Nominating Committee will review all candidate applications prior to the State Officer Screening.
3. The North Carolina HOSA Nominating Committee shall administer the state officer candidate written examination during the State Officer Screening.
4. The North Carolina HOSA Nominating Committee will interview all officer candidates before the final slate is determined.
5. All forms must be signed and uploaded to STEM Premier. **[This includes the purchase of an official HOSA uniform, if elected.]**
6. Required items for eligibility – must be received by North Carolina HOSA through STEM Premier no later than January 22, 2019.
	1. Candidate Information Sheet
	2. Signed Nomination Form
	3. Signed Medical Liability Form with copy of insurance card (front and back)
	4. Travel Form with applicable check boxes completed
	5. Signed Liability Release
	6. Black and white resume (one-page, front side only)
	7. Color Photo (Size, Professional attire)
	8. Essay
	9. Unofficial Transcript
	10. Two recommendation letters
7. The installation of the newly-elected North Carolina HOSA Executive Council will be conducted during the Recognition Session of the State Leadership Conference.

**STEM Premier Instructions**

The North Carolina Executive Council Application is being submitted through STEM Premier.

1. Join STEM Premier
	* Go to stempremier.com/hosa.
	* Click the **Start Your Free Profile** button and create your account.
	* Follow the instructions and input the required information. The required includes: first/last name, email address, password, and grade level. You do not have to complete a 100% profile to be able to fill out the Executive Council application.
2. Search for North Carolina HOSA Executive Council Application
	* Click **Opportunities** at the top of the page when you are logged in.
	* Type **North Carolina HOSA Executive Council** in the keyword search bar.
3. Complete the Application
	* Make sure you include all of the required information on your profile.
	* Upload additional documents that are required.

**State Officer Election Process**

1. HOSA members running for a state office will serve concurrently as the president of their district and as the state officer determined through the selection process.
2. Each region is encouraged to submit qualified candidates for election as a state officer by the published state conference deadline. Candidates may be sophomores, juniors or seniors who are currently a HOSA member in good standing (paid affiliation with local, state, and national HOSA). There is no limit to the number of candidates that may be submitted from any one chapter.
3. Postsecondary/Collegiate chapters may submit qualified candidates for the position of Postsecondary/Collegiate President.
4. A selection committee appointed by the NC HOSA Executive Director will judge applications and transcripts. After screening, selected applicants from each region will be invited to participate in state officer screening.
5. The on-site screening process will include a written test on HOSA knowledge and parliamentary procedure, a 2-minute prepared oral presentation with the topic to be selected by NC HOSA, and an interview by a committee appointed by the NC HOSA Executive Director.
6. After the oral presentation, interview, and test, the two applicants from each region with the highest total scores will be announced as candidates. Efforts are made to prevent unopposed candidates.
7. During the NC HOSA State Conference, the two candidates from each region with the highest scores will run against each other for a state office. Candidate speeches will be given during the NC HOSA Annual Business Session and candidates will be voted on by the Voting Delegates.
8. State Officers will be announced and installed during the Recognition Session and will serve as a state officer and a region representative.
9. Runner-ups will serve as Region Vice Presidents. In the event a state officer cannot fulfill his/her duties, the Region Vice President may be asked to assume those duties.
10. The Postsecondary/Collegiate President serves on the Executive Council. These candidates:
	1. Will follow a similar election process.
	2. May come from any school in the state.
	3. A candidate should be a current Post secondary/Collegiate member or may be a graduating senior who plans to join the Postsecondary/Collegiate Division.
	4. Will serve as president of the Postsecondary/ Collegiate division.
11. After each state officer is elected by popular vote, offices of President and Vice President will be assigned based on the greatest total points earned during the application/election process.
12. Points will be awarded as follows:
	1. Application/Resume 21 points
	2. Transcript 9 points
	3. Essay 15 points
	4. Written Test 25 points
	5. Oral Presentation 15 points
	6. Interview 15 points
13. The term of office for NC HOSA Officers runs from May 1 through April 30.
14. State officers who go to school out of state will be required to fulfill the duties of their office regardless of distance.
15. State officers who fail to attend required meetings or fail to adhere to HOSA policy regarding behavior and conference rules will be subject to removal from office (See HOSA Code of Conduct).

# State Officer Election Process

Read the following carefully. If you have any questions, please call the NC HOSA Executive Director.

1. Complete the officer application and print/make a copy for your records. Upload required forms

during the online application process by the published State Conference deadline. Mail all original documents to the following address:

 NC HOSA

 PO BOX 659

 Sylva, NC 28779

1. All NC HOSA officer candidates and elected state officers must be an active member of their local HOSA chapter, must be interested in healthcare, and must maintain a “B” cumulative average, or 3.0 GPA. Failure of elected officers to meet grade requirements will result in probation and evaluation by the NC HOSA Board of Directors.
2. Applicants who pass the screening process will give a 2-minute speech during the Annual Business Session to the voting delegates. Verbal campaigning is allowed – but NO campaign materials are allowed.

**Nomination Form for North Carolina Executive Council Applicant**

Serving as a North Carolina HOSA Executive Council member demands a 12-month commitment to the organization. Therefore, it is vital that all members who aspire to become a North Carolina State Officer are highly qualified, able, and willing to assume the responsibilities required of all State Officers

Read carefully and study the statements below before submitting this form to the Executive Director. After discussing the responsibilities of a North Carolina State Officer with their parents/guardians, local chapter advisor, and school administrators, the candidate should submit this form, along with the other materials, to the NC HOSA Executive Director.

**Candidate Statement**

If elected as a North Carolina State Officer, I will dedicate my year to serving the organization, I will serve my entire term of office, I will promote the goals and objectives of HOSA; I will project a desirable image of HOSA at all times; I will abide by the Code of Conduct, Policies and Procedures , and Bylaws of North Carolina HOSA; and will accept financial responsibility for my HOSA uniform; I will attend the International Leadership Conference, Officer Training Sessions, CTE Summer Conference, Region Events, and State Leadership Conference. I will also fulfil and complete all obligations and assignments that I receive as a North Carolina HOSA State Officer

Candidate Printed Name Candidate Signature Date

**Parent/Guardian Statement of Support** (for applicants under the age of 18)

I approve of my son/daughter applying for a North Carolina HOSA office. If elected, I agree that he/she will be able to spend the time and have the transportation necessary to carry out the duties of office.

Parent/Guardian Printed Name Parent/Guardian Signature Date

**Local Advisor Statement**

It is my belief that this candidate will fulfill the responsibilities of a North Carolina HOSA State Officer, represent North Carolina HOSA properly, and I highly recommend this student. I also promise to support this student during their term of office

Local Advisor Printed Name Local Advisor Signature Date

**Principal Statement of Support**

This school will support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the successful fulfillment of the duties of a North Carolina State Officer, which may include time away from school.

Principal Printed Name Principal Signature Date

**Medical Liability Release**

This form is considered incomplete without a handwritten signature in either blue or black ink.

**HOSA Activity:** \_\_\_North Carolina HOSA Events **Location:** Varies **Dates:** May1, 2018 – April 30, 2019

**Participant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Birthdate**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State**:** \_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Guardian Phone #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Parent Guardian Work #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternate Emergency Contact Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician Practice Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you covered by group or medical insurance?** **Yes**\_\_\_\_\_\_\_ **No**\_\_\_\_\_\_\_\_ **(If yes, attach copy of card)**

**If Yes, name of insured**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Insured’s Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Company**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Group #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Policy #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical Handicaps:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Convulsions/Seizures:** Yes / No **Blackouts/Fainting:** Yes / No **Heart or Lung Problems:** Yes / No

**If yes, describe:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diseases/Illness:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Medications (add additional sheet if needed):**

 **Name/Dosage:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name/Dosage:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prescribing Physician/Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 listed persons listed above as soon as possible.
* I do not give permission for medical treatment until I have been contacted.

Parent/Guardian Printed Name Parent/Guardian Signature Date

**Expectations of State Officer**

1. Be committed to HOSA and promote the goals of HOSA and objectives in every way possible.
2. Be a paid state and national HOSA member.
3. Attend the current year’s State Leadership Conference (SLC) as a candidate for election, prepare a speech for the Voting Delegates audience, and participate in the business session. You will also be helping introduce speakers for symposia if slated to run for office.
4. Complete the term of office. Accepting this honor as a responsibility to the local program and to North Carolina HOSA.
5. Know the duties and functions of an officer and fulfill all responsibilities May 1,2019-April 30, 2020.
6. Accept the role and responsibility as a member of the North Carolina HOSA Executive Council as written in the North Carolina HOSA Bylaws.
7. Project a positive and professional image of HOSA at all times.
8. Represent the local school, advisor, program, state officer team, and state advisor, North Carolina HOSA and the North Carolina Department of Public Instruction Career and Technical Education with the decorum required of such a position.
9. North Carolina HOSA State Officers will refrain from using their name or position on any Internet sites (Facebook, Twitter, Instagram, etc.). North Carolina HOSA does not support or condone the use of its name or logo on any internet sites not sanctioned by the North Carolina Department of Public Instruction Career and Technical Education and the North Carolina Executive Director/State Officer Advisor. Social Media accounts will be monitored throughout the term to ensure professional image is maintained. You will be asked to invite the State Officer Advisor and/or Executive Director as a friend on all social media sites.
10. Maintain a professional image and good grooming in order to project a desirable image of the organization.
11. Attend all meetings, trainings, and conferences during the term of office and accept responsibilities as requested by the North Carolina HOSA Executive Director/State Officer Advisor.
12. Avoid places and actions that could raise questions regarding moral character or conduct.
13. Use of alcohol, tobacco, or illegal substances at any school, HOSA, or North Carolina Department of Public Instruction Career and Technical Education sponsored event will result in permanent expulsion from the Executive Council.
14. Be able to work as a team player, avoiding any display of superiority.
15. Treat all members of the organization equally and without discrimination.
16. Be willing to spend the necessary time and travel during your term of office.
17. Refrain from dating a fellow candidate or state officer. This is not allowed. If you are dating someone and also applying, please discuss this with your advisor and Executive Director.
18. Resign office immediately if at any time commitments and expectations are not met (includes attendance, professional image, official dress, responsibility, and conduct).
19. Follow the Code of Conduct at all events.

**Expectations of Local HOSA Advisor**

1. See to it that the state officer follows his/her expectations listed above.
2. The state officers are supported by North Carolina HOSA.
3. The state officers are under the direction of the North Carolina HOSA Executive Director/State Officer Advisor. They will travel with NC HOSA. If time allows, they may be permitted to enjoy time with their local chapter, but please do not expect them to be with the local chapter during events.
4. Accept responsibilities for their State Officer as requested by the NC HOSA Executive Director/State Officer Advisor.
5. Assist the State Officer at school, workshops, and conferences if requested.
6. Assist the Executive Director/State Officer Advisor 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, event travel may need to be adjusted to meet arrival/departure requirements of the state officer.

**Code of Conduct**

Due to legal restrictions, it is necessary that all students complete this form to be eligible to attend any North Carolina HOSA event. The original form should be maintained by the local advisor and travel with the advisor to all conferences. Please attach a copy of this form to be kept by North Carolina HOSA. Please Type or Print all information. This form is considered incomplete without a handwritten signature in either blue or black ink.

A good reputation enables you to take pride in your organization. HOSA members have an excellent reputation of standards to uphold. Your conduct at any HOSA function should enhance the reputation that is being established.

1. State Officer conduct is the responsibility of the officer and monitored by the local chapter advisor, the Executive Director/State Advisor, and the State Officer Advisor.
2. State Officers must keep their advisors informed of their activities and whereabouts at all times.
3. State Officer name badges and proper attire must be worn at all times.
4. State officers are expected to attend all workshop sessions, be on time, and show respect to all presenters.
5. State officers are to report any accidents, injuries, or illnesses to their local advisors and state officer advisor immediately.
6. If a State Officer is responsible for stealing, vandalism, or improper behavior, the student and his/her parent/guardian will be expected to pay any damages. Violators will be removed from the conference at their parents/guardian’s expense and be removed from office.
7. State Officers may NOT use or have in their possession any drugs, alcohol, tobacco, or electronic cigarettes at any time. Violators will be removed from the conference at their parent’s/guardian’s expense and be removed from office.
8. Students are expected to follow the policies of their school and local Board of Education at all times.
9. Students who violate the Code of Conduct at any Regional, State or International HOSA function will forfeit any rewards/recognition earned at the function where the violation occurred and could be sent home at their parent’s/guardian’s expense.
10. No students/guests of the opposite sex are allowed in hotel room together without chaperone approval and if chaperone approval, the door must be open at all times.
11. State Officers should have a cell phone during term of office.
12. State Officers should have access to a computer and internet during term of office.
13. State Officers will have a professional email account. They are expected to check twice daily.
14. State Officers will respond to all emails, texts, and voicemails from the Executive Director and State Officer Advisor.
15. All communication on social media should be positive and appropriate.
16. State Officers will be in official HOSA uniform or the official informal uniform whenever representing HOSA.

**Photo/Video/Audio Release**

By attending HOSA events, the student consents to North Carolina HOSA taking photos/video/audio of the student during the events. North Carolina HOSA is authorized to use and publish these photographs/videos/audio recording in print and/or electronically and may use these photos/videos/audio recordings for any lawful purpose, including for example: publicity, illustration, advertising, and website content.

**Dance Dress and Conduct**

Attending the HOSA dance is a privilege. At the discretion of the HOSA advisors, chaperones, and/or security, any student failing to abide by the dance guidelines or showing disrespect will be asked to leave the dance. Any advisor can ask the student to leave. Advisors MUST have a chaperone present if any of their students are at the dance.

Students must be in HOSA Dance attire, as outlined in the North Carolina HOSA Dance Code. No inappropriate or provocative dancing will be tolerated. Students are not allowed to sit on another student’s shoulders or body surf.

**State Officer Travel Policies and Permission Form**

Please read the following carefully and check items you give permission. You are responsible for all maintaining insurance throughout the year. Should any information change, please update the appropriate forms and resubmit them to NC HOSA.

1. NC HOSA officers must dress in official uniform when representing NC HOSA.
2. The NC HOSA Executive Director must approve all state officer travel and other expenditures pertaining to NC HOSA prior to their occurrence. Expenditures will be based on the NC HOSA budget for the year.
3. Any local chapter requesting a State Officer to visit their school for any reason will need prior approval from the Executive Director and/or State Officer Advisor and will assume responsibility and expenses for the officer’s travel, expenditures, etc.
4. After election, the state officers’ leadership training, Executive Council meetings, and Conference expenses (meals, lodging, and travel) will be partially or completely assumed by NC HOSA as specified in the NC HOSA budget. The state officer will be notified in advance of these amounts.
5. Officers must submit receipts and a completed reimbursement form within 2 weeks of the occurrence in order to receive reimbursement. Meals and lodging will not be reimbursed without a receipt.
6. NC HOSA, National HOSA, and employees thereof, cannot be held responsible for injuries to an officer when traveling on HOSA business.
7. It is the state officer’s responsibility to secure his/her transportation to and from required meetings. Officers are reimbursed for mileage at the state rate per mile for one round trip per required meeting. Officers may choose alternate forms of transportation with prior approval by the NC HOSA Executive Director and/or State Officer Advisor, provided the cost does not exceed 10% above the anticipated mileage cost.
8. NC HOSA officers are expected to participate in all state officer activities as outlined by the NC HOSA Executive Director. Failure to attend a required meeting/function could result in probation or removal from office. It is the officer’s responsibility to obtain the appropriate permission from parents, local HOSA advisor, and principal to attend state officer meetings/functions.

**Check all that apply**

* If elected, my child may allow fellow officers to ride in his/her vehicle.
* If elected, my child has a car and has permission to drive themselves to and from events including travel to restaurants/event sites while at the meeting location.
* If elected, my child may ride in another fellow officers’ vehicle.
* If elected, my child may ride in the vehicle of the NC HOSA Executive Director/State Officer Advisor.
* If elected, my child may ride in the vehicle with any appointed NC HOSA staff member or advisor chaperoning the event.
* If elected, my child may be chaperoned by representatives of NC HOSA.
* If elected, my child may ride in the vehicle of another fellow officer’s parents/guardians.

**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 and medical expenses during any HOSA related trip.

I understand the permission form is effective May 1, 2019 through April 30, 2020.

I hereby release the National HOSA Board of Directors, the State and National HOSA Staff, NC HOSA Board of Directors, North Carolina Department of Public Instruction, State and Local HOSA Associations, and any individual/chaperone in charge of the HOSA group or specific activity from any legal or financial responsibility with respect to my personal or my student’s/child’s participation in or contact with any known element associated with an activity/event.

By signing this form, you are verifying that you have read and understand the **Expectations, Code of Conduct, Dance Dress, and Conduct, Medical Liability Release, Photo/Video/Audio Release, and Travel Policies and Permission sections** – one signature applies to all sections of the form.

**Parent/Guardian, Local Advisor, and Candidate**, please initial each category below stating that you have read and understand each of the following.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Code of Conduct

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Dance/Dress and Conduct

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Medical Liability

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Photo/Video/Audio Release

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Travel Policies

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ State Officer Expectations

Candidates Printed Name Candidates Signature Date

Parent/Guardian Printed Name Parent/Guardian Signature Date

Local Advisor Printed Name Local Advisor Signature Date

**Required Essay Topic and Format**

**Topic:** What can you contribute to NC HOSA and what does becoming a North Carolina HOSA State Officer mean to you?

**Formatting:** The body of the essay should be a maximum of one page (300-500words). The entire paper should be in Arial 12-point font and double spaced on 8.5 x 11 inch with 1-inch margins. This document will be uploaded to your Stem Premier application.

**Required Resume Format**

What **MUST** be included on your resume [any order]

* Your full name, school, state, and current grade level [do not use home address or phone number].
* HOSA Achievements: i.e. Offices held, Awards, Involvement.
* Number of Years you have been in HOSA.
* Other Achievements: I.e. Honors, Awards, Offices/Leadership in other Organizations.
* Summary Statement explaining “Why you want to be a HOSA Officer”.

Your **one-page** resume must include the above information but is not limited to only those topics. **It is acceptable but not required to use a photo, but the photo also must be black and white.**

The resume will be uploaded to your STEM Premier application.

The resume must be in a professional business format (not a campaign flyer format). All resumes must be in compliance with the above guidelines to be considered as an applicant for candidacy.

**Suggested Study References for Written Examination**

Know the following:

1. HOSA Core Values
2. HOSA Creed
3. International Conference Theme
4. Executive Council Titles
5. North Carolina Executive Committee/Board

Review the Following:

1. History and Background of the Organization, HOSA Handbook, Section A, Latest Edition
2. HOSA Bylaws (membership information, organizational structure, voting procedures)
3. Polies and Procedures Manual
4. Parliamentary Procedure – Roberts Rules of Order – Newly Revised