

North Carolina HOSA  
Gold Star Chapter Recognition

**Purpose:** To recognize outstanding NC HOSA Chapters who encourage students' participation, follow the HOSA plan of work, and actively participate in HOSA activities to achieve their goals.

**Time Period:** Points for the Gold Star Chapter are tallied from one HOSA State Conference until the deadline for the next NC HOSA State Leadership Conference. Points are tallied from the categories and artifacts listed.

**Directions:** Circle the applicable score values. Provide artifacts with the Gold Star Chapter form as requested. Use the "Other" areas to document scholarship winners, Barbara James Service Award, etc.

**Responsibility:** The chapter president or designee is responsible for completing the point sheet and providing artifacts as needed.

**Recognition:** Outstanding Chapters who total the following point scale will be recognized at the Opening/Recognition Session at the NC HOSA State Leadership Conference.

**75+ (Gold Star)**

**50-74 (Certificate –Silver)**

**25-49 (Certificate – Bronze)**

**New Chapters:** All new chapters will be placed into another category and the top chapters from this category will be recognized at the Opening Session at NC HOSA State Leadership Conference.

**Service Projects:** Other Service Projects include any projects that provides a service to others.

**International Leadership Conference "Other":** This includes chapters that are recognized at the International Leadership Conference for International HOSA Week, scholarships awarded members, International Service Projects, etc.

**Artifacts:** Artifacts must be presented in an organized manner and clearly labeled. Organize artifacts using the section dividers provided in the order found on the check list. Points may be deducted if materials are not presented in an orderly manner. Examples of artifacts are in parentheses. Photographs without dates and explanation will not be accepted as evidence.

**Submission:** Submit in a HOSA approved binder. The Gold Star Chapter form and supporting artifacts must be mailed to:

**NC HOSA**

**PO Box 659**

**Sylva, NC 28779**

**Deadline:**  **(Received by)**

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**Gold Star Chapter Recognition Checklist**

**Chapter Name** \_\_\_\_\_ **Region** \_\_\_\_\_

Directions: Circle the applicable score values. Provide documentation with the Gold Star Chapter form as requested. All artifacts should be sent separate for each and not included with the Gold Star Chapter Application.

<b>State Leadership Conference</b>		15%	4
		20%+	5
Chapter Represented by Student(s) (Copy of Registration)	5	Alumni Gold Chapter (Copy of Certificate)	5
State Officer Candidate(s) (Copy of Application(s)-current SLC)	2	Professional Members (1 pt each, Max 5) (Copy of Registration)	_____
State Officer (Copy of Registration or Photo in Uniform – previous year)	5	<b>Chapter Jump Start</b>	
State Leadership Winners (Add only once) (Copy of Official Winners List Highlighted)	5	Regional Officer Candidate(s) (1 pt per Candidate 0-3) (Copy of Application(s))	_____
1 <sup>st</sup> place	5	Members Attended 1-3 (Copy of Registration)	1
2 <sup>nd</sup> Place	4	4-6	2
3 <sup>rd</sup> Place	3	7-9	3
Top Ten	2	10+	4
International Recognition Student(s) (1 pt per Recognized Student)	_____	<b>Region Leadership Conference</b>	
Other: (See Guidelines on Directions Page for Examples)	_____	Chapter Represented by Students (Copy of Registration)	5
_____	1	Region Leadership Winners (Add only once) (Copy of Official Winners List Highlighted)	_____
_____	1	1 <sup>st</sup> Place	4
<b>International Leadership Conference</b>		2 <sup>nd</sup> Place	3
Chapter Represented by Students (Copy of Registration)	5	3 <sup>rd</sup> Place	2
International Winners (Add only once) (Copy of Official Winners List Highlighted)	_____	Top Ten	1
1 <sup>st</sup>	5	<b>Other Considerations</b>	
2 <sup>nd</sup>	4	100% Affiliation (Copy of Certificate)	5
3 <sup>rd</sup>	3	HOSA 100 (Copy of Certificate)	5
Top 10	2	Chapter Flag (Photograph)	3
Barbara James Service Award (1 pt per Recognized Student)	_____	HOSA Week Activities (0-5) (1 pt per day of activities) (Photograph(s) with date and explanation)	_____
Other: _____	1	HOSA Public Awareness (Copy of Artifact)	3
_____	1	Local Plan of Work (Copy of Plan of Work)	5
<b>Local Chapter Membership</b>		Communication with Region President (Copy of Correspondence(s))	3
Membership (Copy of Membership Roster)	_____	<b>Service Projects</b> (Copy of Artifacts for each as applicable)	
5-25	1	International HOSA Service Project	10
26-50	2	NC HOSA Service Project	10
51-75	3	Blood Drive (5 pt each, Max 2)	_____
76-99	4	Stop the Bleed	5
100-149	5	CPR/First Aid/AED Training (Roster)	5
150+	6	Prevent Blindness NC	5
Membership Compared to Previous Year (Copy of Previous Year's Membership Roster)	_____	<b>Other Service Projects (5 pt each, Max 2 projects)</b>	
Stable (No Change)	1	_____	5
Increase 5%	2	_____	5
10%	3		
		<b>Total</b>	_____

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# **State Leadership Conference**

(Approved April 2019)

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# **International Leadership Conference**

(Approved April 2019)

# **Local Chapter Membership**

# **Chapter Jump Start**

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# **Regional Leadership Conference**

(Approved April 2019)

# Other Considerations



# Service Projects