



# Interviewing Skills, Speaking Skills, Life Support Skills, & Personal Care STUDENT ELIGIBILITY FORM

**Completed by Competitor, School Official, & Advisor**

This form **MUST** be completed to provide student eligibility and accommodations for competition. **If the student competitor listed on this form does not get the form completed by the deadline, then the student competitor will be allowed to compete but will receive 35 penalty points. Points will be deducted in Tabulations. For more information related to accommodations please refer to Appendix H in the competition section of HOSA.org.**

Please read this document in its entirety for instructions!

The purpose of this form is as follows:

- 1) to confirm a student's eligibility for this event
- 2) to allow the student to request accommodation in this event
- 3) For ILC this information will need to be resubmitted using International HOSA's electronic form found in the event guidelines. If a student advances to the ILC, the accommodation provided at the state/chartered association level is what will be provided at ILC, within reason.
- 4) It is recommended that the school official and chapter advisor review the event guidelines prior to submitting this request.

Student Name: \_\_\_\_\_

Chapter Name: \_\_\_\_\_ Chartered Association: **North Carolina**

Event Name: \_\_\_\_\_

**Competitor's Responsibility:** The competitor is responsible for uploading the completed form to the HOSA system following the upload instructions **by the published deadline of February 22, 2024** for SLC.

## SECTION 1: Student Eligibility

- A School Official and Chapter Advisor **MUST** sign below to verify the named student on this form is classified under the provision of the 2004 reauthorized Individuals with Disabilities Education Act (IDEA). (Students classified under Section 504 are **NOT** eligible to compete in this event.)
- **DO NOT** send the actual IEP or other documentation. For purposes of this competition, only this completed form is needed as verification of eligibility for this event.

School Official\* Signature: \_\_\_\_\_  
\*Exceptional children (special education) teacher, guidance counselor, or principal (circle one)

School Official email and phone number \_\_\_\_\_

Chapter Advisor Signature: \_\_\_\_\_

Chapter Advisor email and phone number: \_\_\_\_\_

**If the competitor needs accommodations, please submit the accommodation request form found on the SLC page of [nchosa.org](http://nchosa.org).**

## SUBMISSION PROCESS for State Level:

Once the form is completed, the Competitor must submit this form via the HOSA system following the upload instructions prior to the NC HOSA published deadline of February 22, 2024.