

NOMINATION FORM FOR NORTH CAROLINA HOSA STATE OFFICER APPLICANT

Serving as a North Carolina HOSA State Officer demands a 12-month commitment to the organization, with an exception of the position of President-Elect, which demands a 24-month commitment. Therefore, it is vital that all members who aspire to become a North Carolina HOSA 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. After discussing the responsibilities of a North Carolina HOSA State Officer with their parents/guardians, Local Chapter Advisor, and school administrators, the Candidate should submit this form, along with the other materials, as part of their State Officer Application. **The term length would run May 1st, 2025 - April 30th, 2026.**

Candidate Statement

If elected as a North Carolina HOSA 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 North Carolina 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, Washington Leadership Academy, Region Events, State Officer Retreat and State Leadership Conference. I will also fulfill 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 State Officer position. If elected, I agree that he/she will be able to spend the time and have the resources and 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 HOSA State Officer, which may include time away from school.

Principal Printed Name

Principal Signature

Date