



August 2024

Dear Health Occupations Teacher/HOSA Advisor:

Prevent Blindness NC is pleased to continue awarding special recognition to HOSA chapters who participate in the vision screening certification program. The first award, *Every Youth's Eyes Award (E.Y.E. award)*, is awarded to the chapter that screened the largest percentage of K-6 students in their school district. This chapter will receive a plaque and \$100. The second award is the *Healthy Eyes for Little People Award (H.E.L.P. award)*. This is given to the HOSA chapter that has the best overall participation in vision screening in their school district. This chapter will receive a plaque and an award of \$100.

Many HOSA chapters have a history of assisting the school nurses in vision screening in their school districts. This partnership offers the students an opportunity to receive skills training and become certified to screen school-age children and adults. HOSA students offer a real service to the school nurses by freeing them up to do the other things only the nurse can do. It also provides students with the opportunity to get immediate feedback on what it means to help others.

In order to be eligible for the PBNC/HOSA awards, the students must be certified by PBNC through our vision screening program. The certification training is a free 3-hour class taught at your location. Please discuss screening opportunities with your school nurse prior to scheduling a workshop. We limit training to classes able to participate in mass screening in local schools.

We look forward to working with you to serve the children of North Carolina. Please call us at 919-755-5044 or 1-800-543-7839 for more information.

Best regards,

Lynn Patterson  
Certification Program Coordinator



# Prevent Blindness

North Carolina

## 2024-25 HOSA AWARDS

### ELIGIBILITY AND JUDGING CRITERIA

#### 1. Eligibility

- A. HOSA chapter must have participated in at least one mass vision screening in an elementary school or middle school setting during competition year (7/1/24 – 2/28/25).
- B. HOSA chapter must have completed a PBNC vision screening certification class during the current school year.

#### 2. Judging

- A. The ***Every Youth's Eyes Award (E.Y.E.)*** will be given to the HOSA chapter screening the largest percentage of K-6 school students in their school district.
- B. The ***Healthy Eyes for Little People Award (H.E.L.P.)*** will be given to the HOSA chapter with the best overall participation based on the following point system.
  - a) 5 points for each mass vision screening in an elementary school.
  - b) 5 points if the participation of certified HOSA members is at least 70%.
  - c) 5 points for each screening event conducted in a special setting, such as a health fair or class project.
  - d) 5 points for every 100 elementary school students screened.
  - e) 5 points for screening over 25% of elementary school students in the school district.

#### Application Procedure:

Complete the award entry forms and return to Prevent Blindness by **February 28, 2024**. Winners will be announced at the annual HOSA conference in the spring.



**Prevent  
Blindness**  
North Carolina

**Prevent Blindness North Carolina Vision Screening Awards  
2024-25**

**ENTRY FORMS**

School Name: \_\_\_\_\_

School District: \_\_\_\_\_

County: \_\_\_\_\_ Advisor/Teacher \_\_\_\_\_

School Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Every Youth's Eyes Award (E.Y.E.)**

The E.Y.E. award is given to the chapter that has screened the largest percentage of K-6 students in their school district.

| <b>Date of Event</b> | <b># of Students Screened</b> |
|----------------------|-------------------------------|
|                      |                               |
|                      |                               |
|                      |                               |
|                      |                               |
|                      | <b>TOTAL SCREENED:</b>        |



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North Carolina

## Healthy Eyes for Little People Award (H.E.L.P.)

The H.E.L.P. Award is given to the chapter with the best overall participation based on a point system.

| Event Date | # of Students Screened | Grade(s) Screened | % of HOSA Students Participating | Event Description |
|------------|------------------------|-------------------|----------------------------------|-------------------|
|            |                        |                   |                                  |                   |
|            |                        |                   |                                  |                   |
|            |                        |                   |                                  |                   |
|            |                        |                   |                                  |                   |
|            |                        |                   |                                  |                   |
|            |                        |                   |                                  |                   |
|            |                        |                   |                                  |                   |
|            |                        |                   |                                  |                   |
|            | <b>Total:</b>          |                   |                                  |                   |

Return completed entry forms (and photos if possible; please include consent to use photos) to:  
Lynn Patterson at [lpatterson@pbnc.org](mailto:lpatterson@pbnc.org) by FEBRUARY 28, 2024.  
Entries received by fax or mail will not be considered. Thank you!



**Prevent  
Blindness**  
North Carolina

**PHOTO RELEASE**

I hereby authorize National Society to Prevent Blindness - North Carolina Affiliate, Inc dba Prevent Blindness North Carolina hereafter referred to as "Company," to publish photographs taken on or about \_\_\_\_\_ of myself and/or the minor child or children in the photo, and our names and likenesses, for use in the Company's print, online and video-based marketing materials, as well as other Company publications.

I hereby release and hold harmless Company from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children associated with the images specified above. Further, I attest that I am the instructor of the child or children listed below and that I have full authority to consent and authorize the Company to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Company, its contractors, its employees and any third parties involved in the creation or publication of Company publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children.

**Authorization:**

Printed Name: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_