



39th STATE LEADERSHIP CONFERENCE (SLC)

INFORMATION & FORMS PACKET for 2018

CONFERENCE DATES:

MARCH 7, 8, 9, 2018

LOCATION:

**LANCASTER HOST
RESORT & CONFERENCE CENTER**

Direct questions to:

Janet Nelson, PENN HOSA-Future Health Professionals State Advisor
717.273.8605 or janetnelsonhosa@gmail.com

39th PENN HOSA SLC INFORMATION & FORMS PACKET

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CHAPTER PHOTOS FOR PENN HOSA STATE LEADERSHIP CONFERENCE VIDEO

HOSA offers an innumerable number of photo opportunities as your chapter members perform community service projects, hold socials, perfect their career skills in the classroom, etc. Why not share these "Kodak moments" with other PENN HOSA members? Our PENN HOSA SLC 2018 provides just the opportunity for this!!

At SLC 2018 we want to highlight YOUR chapter activities via a video that will be produced by our PENN HOSA Vice President, Alexandria Carpenter from Lebanon County CTC-MA Stripes. In order for Alex to gather pictures for the video she needs your help.

We want to showcase **every PENN HOSA chapter** whether or not you are planning to attend SLC so here's how your chapter can assist us with this project:

1. Select a minimum of ten (10) and a maximum of twenty (20) photos of activities/events in which your chapter has participated.
 - a. You may choose to include a picture of your school.
 - b. Email the pictures at the completion of each activity or email several at a time; either way will allow Alex to work on the video as photos are received.
2. Include your school name and chapter name with each email.
 - a. Alex will include the school/chapter name at the beginning of your chapter photos.
3. **Email your photos to Alex @ alexandriacarpenterhosa@gmail.com by January 11, 2018.**
4. You may include a brief narrative but be informed that it will not be incorporated into the video.
5. Address any questions you have to janetnelsonhosa@gmail.com

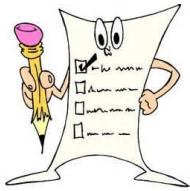
This would be a great assignment for your chapter Historian or your Public Relations committee members, if your chapter has this type of committee.

We know this will be a fantastic way to get our members more spirited at SLC as they cheer loudly for their chapter.

So get those cameras, iPhones and Tablets snapping and help us showcase YOUR chapter activities in pictures!

Thank you for your time and attention to this request. Together we will make SLC 2108 more memorable for everyone.

PENN HOSA STATE LEADERSHIP CONFERENCE



CHECKLIST FOR CONFERENCE FORMS

DIRECTIONS: This checklist is for **your use** as you prepare the forms for the PENN HOSA 39th State Leadership Conference

- Check off items as you assemble the forms for mailing.
- Make a copy of each paper prior to mailing.
- **Mail** all forms before **February 9, 2018 (forms must be received by this date).**
- **Mail** all forms to: PENN HOSA, Inc. Corporate Headquarters
293 Fonderwhite Road
Lebanon, PA 17042
- Chapter advisor will be notified if forms are incomplete and will then be responsible for sending all required forms/information by the requested deadline.

**DO NOT FAX OR SCAN
FORMS** unless directed by Janet

Unless stated differently, the following items are required for attendance at PENN HOSA SLC and **MUST** be included as part of the mailing and postmarked prior to the published deadline.

- Non-compliance with the above statement will result in non-participation at the SLC.




First six (6) forms (#1, #2, #3, #4, #5, #6):

- All student members **MUST** have forms #1- #4; stapled for each individual student member in the order listed below.
- All advisors/chaperones **MUST** have forms #1-#6; stapled for each individual.
- Form #6 is to be stapled to Advisor forms #1-#5.
- All fields on each form **MUST** be completed to be accepted for SLC Registration.
- **STAPLE a total of four (4) forms for students, five (5) forms for chaperones and six (6) forms for advisors** listed in the order below.
- **Alphabetize stapled forms for each attendee by last name per chapter.**
- **Send original forms to PENN HOSA, Inc. Corporate Headquarters** – PENN HOSA will send the **accurately completed original** forms to HOSA for any member attending the International Leadership Conference (ILC) in Dallas, Texas thus reducing the amount of paperwork required by the advisor.
- **Include a copy of the** School Registration Summary Report/Invoice (completed when on-line registration is done)

STAPLE IN THIS ORDER

1. _____ Medical Release Liability Form
2. _____ PENN HOSA Code of Conduct **Signed/Dated**
(**send only the signed copy**)
3. _____ Participation Form
4. _____ National HOSA Code of Conduct **Signed/Dated**
5. _____ Advisors'/Chaperone Code of Conduct & Ethics
6. _____ Assurance Form – stapled with Advisor's forms
7. _____ **STAPLED ABOVE FORMS ACCORDING TO DIRECTIONS**

**KEEP A COPY OF THESE 6 FORMS
WITH YOU AT ALL TIMES AT SLC**

8. ____ Conference Registration Fee - \$80.00 per person
 - a. ____ invoice from online registration printed for Business Office
 - b. ____ check for total amount owed for conference mailed to PENN HOSA, Inc. Corporate Headquarters by March 2, 2018
9. ____ Hotel Reservation Form (form & check sent directly to Lancaster Host Resort & Conference Center)
10. ____ Meal Function Registration Form (if applicable)
11. ____ Eligibility Form (required for competitor in Personal Care, Life Support Skills, Interviewing Skills or Speaking Skills; send one (1) original form for each competitor registered for one of these events) **2018** → Competitor must also upload Eligibility Form to STEM Premier; see guidelines for directions
 
12. ____ Competitive Events Special Considerations Form (if applicable)
13. ____ Additions and/or Deletions Process (if applicable)
14. ____ Orientation Proxy Form (if applicable)
15. ____ Chapter Safety Checklist – reviewed with everyone attending the conference
16. ____ Outstanding HOSA Advisor of the Year Application (secondary and post-secondary/ collegiate if applicable)
17. ____ Penn HOSA Foundation Donation (each chapter is encouraged to send a small donation to Helen Heidelbaugh; address included on form)
18. ____ PENN HOSA SLC Dress Code Policy (**copy given to each person attending SLC**)
19. ____ Healthcare Issues Exam Information
20. ____ National Anthem Singer Form (if applicable)
21. ____ Bingo Bash Form (Advisor will volunteer to help; basket theme chosen; basket made)
22. ____ Design a PENN HOSA State Garment T-shirt (bring 2 copies of design drawing to SLC)
23. ____ Chapter Flag (finished/needs to be finished)
24. ____ Event Assistant Information Sheet (**copy given to each registered event assistant, if applicable**)
25. ____ Delegates (required to have a minimum of one per chapter; may not be a competitor; **copy of each Delegate paper given to registered delegate(s)**)
26. ____ Documentation for ALL Recognition Events PRN (follow guidelines for proper documentation for submission)
 - a. ____ Barbara James Service Award (volunteerism) ** Advisor approval of hours
 - b. ____ HOSA Happenings (chapter newsletter)
 - c. ____ National Service Project – National Alliance on Mental Illness **Advisor approval of hours/\$\$
27. ____ School Registration Summary Report/Invoice (completed when on-line registration is done) **REMEMBER TO INCLUDE A COPY OF THIS WITH YOUR REGISTRATION FORMS**
28. ____ Copies made of all forms submitted with this mailing

SEE YOU AT OUR PENN HOSA 39TH STATE LEADERSHIP CONFERENCE





MEDICAL LIABILITY RELEASE FORM

HELPFUL HINTS ABOUT THE FORM

1. Best Practice: Filling in as many of the fields as possible (advisor/principal name; your signature; date; school; chapter name, etc.) before making copies for each registered attendee will save time since these fields will not have to be completed when the form is returned.
2. One Medical Liability Release form is required per conference attendee including all student members/guests/parents/**advisor**(s)/chaperone(s) choosing to remain at the conference site.
3. Only the form provided for the conference will be accepted; standard school forms are not acceptable.
4. Complete ALL fields on the form- blank areas mean the form is not complete, thus rendering it unacceptable for conference use.
 - a. Insurance information is critical in the event the attendee, student member/advisor/guest/family would require medical treatment while at the conference.
 - i. Use N/A if the person has no insurance coverage
 - ii. Following **MUST** be included:
 1. Name of insured (person's name on the card)
 2. Insurance company
 3. Group # **and/or** policy #
 - b. Medical conditions area **MUST**
 - i. List any conditions that could affect medical treatment if required.
 - ii. Include N/A if attendee has no medical conditions.
 - iii. **LEAVE NO BLANK AREAS!**
 - c. Permission granting or denying medical treatment **MUST** be checked
 - i. Parental permission for **all** secondary members is required
 - ii. Personal permission for all post-secondary/collegiate members, advisors, chaperones and guests/family choosing to remain at the conference site
 - d. All dates and signatures **MUST** be included
5. Remember to get required signatures and dates, including required parent/guardian signature for each secondary member.
6. Post-secondary/collegiate members do not require a parental signature.
7. Make a copy of the form before sending it to PENN HOSA.
8. Keep a copy of the form in your possession while at the conference.
9. Send **original form** by February 0, 2018 to PENN HOSA, Inc. Corporate Headquarters -Refer to directions on "Checklist for Conference Forms" for correct process.

Medical Liability Release Form

DIRECTIONS: Due to legal restrictions, it is necessary that **all delegates (student members)**, parents/guardians, guests, chaperones and **HOSA Advisors** complete this form to be eligible to attend the 2018 HOSA State/International Leadership Conferences. This form should be returned to the HOSA Local Chapter Advisor who will forward all **original** forms to the State Advisor. In turn, the HOSA State Advisor will make a copy for his/her files and mail the original forms to National HOSA.

PLEASE TYPE OR PRINT ALL INFORMATION

Delegate (student/advisor/guest) *Parent/Guardian*
Name _____ Name _____
Home Address _____
Parent/Guardian/Telephone: Home: _____ Work: _____
Delegate's Physician: _____ Phone: _____
Physician's Address: _____
Alternate Contact: _____
Telephone Number: Home: _____ Work: _____
Local Advisor: _____ School Name/Principal: _____
Student is covered by group or medical insurance: _____ Yes _____ No

If yes, complete the following information:

Name of insured: _____ Insurance Company: _____
Group #: _____ Policy #: _____
Please completely describe any medical condition which may recur or be a factor in medical treatment:
a. Allergies: _____ e. Physical Handicap: _____
b. Convulsions: _____ f. Medicine Reactions: _____
c. Blackouts: _____ g. Disease of any kind: _____
d. Heart/lung problems: _____ h. Other (Be specific): _____

If currently taking medication, please provide the following information:

Name of medication: _____ Prescribing Physician/Phone Number: _____
Name of medication: _____ Prescribing Physician/Phone Number: _____
Name of Medication: _____ Prescribing Physician/Phone Number: _____

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 during this trip. I hereby release the National HOSA Board of Directors, the National Staff, State and Local HOSA Associations, and any designated individual in charge of the HOSA group or specific activity from any legal or financial responsibility with respect to my personal or my student/child's participation in or contact with any known element associated with an activity including competitive events.

PARENT/GUARDIAN/ADVISOR/ADULT STUDENT MEMBER/GUEST: 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 persons listed above as soon as possible.
- ☐ I do not give permission for medical treatment until I have been contacted.

Delegate's Signature: _____ Date _____

(Refers to: Secondary member/PS/C student member/advisor/guest/chaperone/family member)

Parent/Guardian's Signature: _____ Date _____

(Applicable for ALL secondary members and MUST be signed & dated by the parent or legal guardian)

Advisor's Signature: _____ Date _____

School/Chapter Name: _____



CODE OF CONDUCT FORMS (3 total)

**One (1) PENN HOSA & One (1) National HOSA &
One (1) for Advisors/Chaperones Only**

HELPFUL HINTS FOR COMPLETING THE FORMS

1. Best Practice: PENN HOSA will reduce the amount of paper work required for attendance at the International Leadership Conference (ILC) by forwarding the HOSA Conduct Code form for all HOSA members choosing to attend ILC. Because of this we are requesting that our advisors have two (2) Code of Conduct Forms completed for each HOSA member, including advisors/chaperones, registered for SLC:
 - a. One (1) **PENN HOSA Code of Conduct form** (highlighted like this on the form)
 - b. One (1) **HOSA Conduct Code form** (highlighted like this on the form)
2. Registered guests/family member are required to complete only the **PENN HOSA Code of Conduct form**.
3. Advisors/chaperones are additionally required to complete an **Advisors'/Chaperones' Code of Conduct & Ethics form** (highlighted like this on the form) due to requirements of the insurance company that underwrites PENN HOSA-Future Health Professionals.
4. Best Practice: Filling in as many of the fields as possible (advisor/principal name/school name/your signature/date etc.) before making copies for each registered attendee will save time since these fields will not have to be completed when the form is returned to the advisor.
5. Complete ALL fields on the form; blank areas mean the form is not complete, thus rendering it unacceptable for conference use.
6. Remember to obtain required dates and signatures, including required parent signature for each secondary student.
7. Post-secondary/collegiate members do not require a parental signature.
8. Advisors sign the area that states "name of member".
9. Make a copy of each form before sending it to PENN HOSA.
10. Keep a copy of the forms in your possession while at the conference.
11. Send **original forms** by February 9, 2018 to PENN HOSA, Inc. Corporate Headquarters.
 - a. Refer to directions on "Checklist for Conference Forms" for correct process

PENN HOSA STATE LEADERSHIP CONFERENCE

PENN HOSA CODE OF CONDUCT FORM

Advisor: Print & give each member a personal, signed copy of the Code of Conduct as a reference

A good reputation enables you to take pride in your organization. HOSA members have an excellent reputation of standards to uphold. Your conduct at the State and International Leadership Conferences will hopefully enhance the reputation of health science education students, adults and chaperones.

GENERAL SESSION PROTOCOL: The general sessions should be enthusiastic but participants must not be rude or obnoxious to those in the audience or on stage. It is important to remain seated until the end of the session. Chapters that do not adhere to general session protocol will be asked to send an advisor/chaperone representative to a special meeting with the PENN HOSA Executive Director/State Advisor and/or other PENN HOSA representatives as appointed.

DUE TO INSURANCE REGULATIONS THERE WILL BE NO LEAVING THE CONFERENCE SITE FOR SHOPPING, TOURING OR ANY RECREATIONAL ACTIVITIES DURING CONFERENCE TIMES.

1. Your behavior at all times should be such that it reflects credit to you, your school/college, your state and HOSA.
2. Student conduct is the responsibility of local chapter advisors/chaperones. Students shall keep their advisor and/or chaperones informed of their activities and whereabouts at all times.
3. Enter into all HOSA activities with enthusiasm. Go home with pride because you have participated.
4. Be prompt and prepared for all activities.
5. Conference name badges shall be worn at all times.
6. **NO SMOKING! Keep in mind this is a smoke-free conference. This is a school function and is considered an extension of your classroom.** Show respect to roommates.
7. All conferees shall be on time for all meetings, orientation, competitive events and meal functions.
8. All conferees shall remain at the hotel site for the duration of the conference, unless permission by the parent/guardian/advisor/chaperone has been approved by the State Advisor for the student to leave.
9. Members are to abide by the PENN HOSA Official HOSA Uniform and Dress Code policy at all business sessions, general sessions, competitive events and other Conference activities (refer to this Policy included with the SLC forms). **Sweat suits, pajamas, and slippers will not be allowed at BREAKFAST or any other function during this conference. You will be asked to leave the function/meal, etc. if the dress code is not followed. Dress code includes proper attire in the hotel at all times. Walking about the hotel lobby or any other location in bathing suits and bare feet (except at the pool side) will not be tolerated by either the hotel or PENN HOSA staff.**
10. All outside telephone calls must be made from personal cell phones. Room phones are not to be used for any outside calls. **If you are using your cell phone or smart device, it may not be used or turned on during any function including all meal functions, conference sessions/activities, and competitive events.**
11. **There will be NO males permitted in rooms occupied by females and females are NOT permitted in rooms occupied by males unless advisor/chaperone is present in either situation.**
12. Chapter meetings are **NOT** to be conducted after curfew.
13. Alcoholic beverages and/or possession/consumption of controlled substances in any form are **PROHIBITED**. Members/participants attending the State Leadership Conference may not purchase, consume, or be under the influence of alcohol or drugs at any time. Violators will be subject to stringent disciplinary action.

14. No room charges are to be made by HOSA members or adults unless permission is granted by the State Advisor.
15. All conferees should, upon entering their rooms, keep door closed and locked at all times. All curtains/drapes shall be closed after dark.
16. There shall be no defacing of property. Any damage to property or furnishings in the hotel rooms or buildings will be at the expense of the individual room occupants or chapter as warranted to replace/repair.
17. If a HOSA member is responsible for stealing, the member and his/her parents/guardian will be expected to pay any and all damages.
18. Conferees should avoid congregating in stairwells and halls.
19. All student members must be in their assigned rooms and quiet at the designated curfew time indicated in the program. Keep in mind, there may be other guests registered in the hotel.
20. As a participant at the PENN HOSA State Leadership Conference, permission is granted to make photographs, videotapes, broadcasts, and/or sound recordings, separately or in combination, available for reproduction for educational and promotional purposes by PENN HOSA.

**THIS FORM SHALL BE SIGNED AND RETURNED BY EVERY PERSON REGISTERED
FOR THE CONFERENCE, INCLUDING HOSA STUDENT MEMBERS, ADVISORS,
CHAPERONES, FAMILY MEMBERS AND GUESTS.**

AN INDIVIDUAL OR AN ENTIRE SCHOOL DELEGATION MAY BE SENT HOME (at their expense) AND DISQUALIFIED FROM COMPETITIVE EVENTS & AWARDED OF ANY MEDALS FOR VIOLATION OF THE RULES AND REGULATIONS ACCORDING TO THE CODE OF CONDUCT. THIS DECISION WILL BE MADE AFTER CONSULTATION WITH THE PENN HOSA EXECUTIVE DIRECTOR/STATE ADVISOR AND/OR DESIGNEE. NOTIFICATION OF SUCH ACTION WILL BE SENT TO THE SCHOOL PRINCIPAL/DIRECTOR AND PARENT(S)/GUARDIAN AS APPLICABLE.

I have read the Code of Conduct pertaining to the PENN HOSA State Leadership Conference and agree to abide by these rules and regulations.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (Print) Name of Member	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (Sign) Member Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (Print) Name of Parent/Guardian (Applicable to secondary members only)	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (Sign) Parent/Guardian Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (Print) Name of Advisor	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (Sign) Advisor Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date

SCHOOL/Chapter Name: _____

Principal's Name: _____

School Telephone: () _____ FAX : () _____

HOSA Conduct Code

A good reputation enables members to take pride in their organization. HOSA members have an excellent reputation. Your conduct at any HOSA function should make a positive contribution to the reputation that has been established.

1. Your behavior at all times should be such that it reflects credit to you, your school/college, your state and HOSA.
2. Student conduct is the responsibility of the local chapter advisor. Students shall keep their advisors informed of their activities and whereabouts at all times. (HOSA Conference name badges shall be worn at all times at HOSA functions)
3. You are expected to attend all general sessions and other scheduled conference activities. Please be prompt and show respect to those in the audience and on stage.
4. Members are to report any accidents, injuries or illnesses to their local or state advisor immediately.
5. Members are expected to observe the designated curfew. (Curfew means that each person must be in own room by the designated hour.)
6. If a HOSA member is responsible for stealing or vandalism, the member and his/her parents will be expected to pay any and all damages.
7. Members/participants attending the International Conference may not purchase, consume or be under the influence of alcohol or drugs at any time. Violators will be subject to stringent disciplinary action.
8. The International HOSA Conference is a non-smoking conference.
9. HOSA members who disregard the rules will be subject to disciplinary action and will be sent home at their own expense. Parents will be notified.
10. Any long distance phone calls, charges to the room, etc. will be the responsibility of the individual student and/or parents.
11. Members are to abide by the ILC Attire Policy at all business sessions, general sessions, competitive events and other Conference activities.
12. As a delegate to the International Leadership Conference, permission is granted to make photographs, videotapes, broadcasts, and/or sound recordings, separately or in combination, available for reproduction for educational and promotional purposes by National HOSA.

GENERAL SESSION PROTOCOL: The general sessions should be enthusiastic but delegates must not be rude or obnoxious to those in the audience or on stage. It is important to remain seated until the end of the session. States that do not adhere to general session protocol will be asked to send a representative to a special meeting of the National Executive Council.

I understand and will adhere to HOSA's Dress Code Policy for all general sessions and for social activities found in the ILC Conference Guide and . I have read the Code of Conduct for HOSA conferences and agree to abide by these rules.

Print Name of Parent/Guardian (Applicable to secondary members)	Parent/Guardian Signature	Date
--	---------------------------	------

Print Name (Student/Advisor/Guest)	Signature (Student/Advisor/Guest)	Date
------------------------------------	-----------------------------------	------

School/Chapter: _____

State: _____

Advisors'/Chaperones' Code of Conduct & Ethics

The Advisors'/Chaperones' Code of Conduct & Ethics includes the standards expected of all advisors/chaperones attending PENN HOSA's State Leadership Conference and HOSA's International Leadership Conference.

HOSA-Future Health Professionals Advisors/Chaperones are expected to:

1. Project a positive and professional image of PENN HOSA-Future Health Professionals and HOSA-Future Health Professionals to all those with whom they interact.
2. Promote HOSA-Future Health Professionals as a positive student experience; therefore, will act as a positive role model for students in dress, voice, attitude, actions, and demeanor.
3. Be accountable to and for their students in all of the organizations related activities.
4. Understand and follow established processes within the organization that protect the rights of all members.
5. Perform all assigned duties in order to make the conference experience a more successful and memorable one for all attendees.
6. Practice professional ethics in order to preserve the integrity of the competitive events program.

HOSA-Future Health Professionals Advisors/Chaperones are proud of the standard of excellence they maintain for themselves and their students. Attendance at any HOSA-Future Health Professionals function implies acceptance and practice of these standards.

Plan of Action for failure to follow the Advisors'/Chaperones' Code of Conduct & Ethics:

1. Consultation with the PENN HOSA Executive Director/State Advisor and/or designee.
2. Consequences to be determined by the PENN HOSA, Inc. Board of Directors, up to notification sent to the appropriate administrators.

I have read the above Code of Conduct & Ethics for HOSA-Future Health Professionals Advisors and agree to accept and practice these standards.

Advisor Signature

Name of School/Chapter

Date

Chaperone Signature

Name of School/Chapter

Date



PARTICIPATION FORM

(Field Trip Permission Form)

HELPFUL HINTS ABOUT THE FORM

1. Best Practice: Filling in as many of the fields as possible (school name/address/phone number, etc.) before making copies for each student member will save time since these fields will not have to be completed when the form is returned.
2. One Participation Form is required per registered student member (secondary/postsecondary/collegiate).
3. Only the form provided for the conference will be accepted; standard school forms are not acceptable.
4. Complete ALL fields on the form- blank areas mean the form is not complete, thus rendering it unacceptable for conference use
 - a. Parent signature required ONLY for secondary member
 - b. Post-secondary/collegiate members do not need parent signature
 - c. Form MUST be dated at the appropriate areas
5. Make a copy of the form before sending it to PENN HOSA.
6. Keep a copy of the form in your possession while at the conference.
7. Send **original form** by February 9, 2018 to PENN HOSA, Inc. Corporate Headquarters.
 - a. Refer to directions on “Checklist for Conference Forms” for correct process

PENN HOSA STATE LEADERSHIP CONFERENCE

PARTICIPATION FORM

The Chapter Advisor/Chaperone MUST have a copy of this form in his/her possession while at the conference.

Participation and Travel Consent:

I hereby give my son/daughter _____

permission to travel to the PENN HOSA SLC at the Lancaster Host Resort & Conference

Center in Lancaster, PA on March 7-9, 2018 and to participate in
(City) (State) (Dates)

the activities of the PENN HOSA State Leadership Conference (SLC) which may include

transportation to an off-site area for some events. I approve that my son/daughter adhere to

school policy and travel arrangements made by _____
(Name of School)

(School Address and Telephone Number)

Print Parent/Guardian Name
(Applicable to secondary members only)

Signature of Parent/Guardian
(Applicable to secondary members only)

Date: _____

Statement of Participation:

I have received and read the printed guidelines for my competitive event (if student is competing). As a participant at the PENN HOSA SLC I understand my role and responsibilities while at the Conference and will abide by all expectations including personal conduct and dress code.

Student Member Signature: _____

Date: _____



ASSURANCE FORM

PA Act 126 of 2012 and Act 15 of 2015

HELPFUL HINTS ABOUT THE FORM

Due to requirements of the insurance company that underwrites PENN HOSA-Future Health Professionals we are now required to have written assurance from chapters attending SLC stating that individuals accompanying student members to the conference have the appropriate clearances according to Act 126 of 2012 and Act 15 of 2015. PA Act 15 defines the series of clearances required for anyone in Pennsylvania to work with children under the age of 18; and, PA Act 126 requires the same group to undergo training as a Mandated Reporter.

1. Every local chapter adult/chaperone/volunteer attending SLC MUST complete a Child Abuse Clearance and PA Criminal Background Check.
2. It is the responsibility of non-school chaperones and/or volunteers to complete the required clearances. Individuals should be mindful that it may take several weeks for clearances to be received so the process should be undertaken as soon as possible.
3. It is advisable that the local chapter advisor keeps copies of non-school chaperones/volunteer clearances for adults attending the conference in his/her personal file while at the conference.
4. If a chaperone is a school district employee, the signed assurance form confirms that the chaperone has recent clearances on file with the school district.
5. Working in collaboration with the school administration the PENN HOSA local chapter advisor will submit the signed PENN HOSA Assurance Form assuring that the adults attending the SLC from his/her school comply with PA Act 15 and PA Act 126.
6. Make a copy of the form before sending it to PENN HOSA.
7. Keep a copy of the form in your possession while at the conference.
8. Send **original form** by February 9, 2018 to PENN HOSA, Inc. Corporate Headquarters.
 - a. Refer to directions on "Checklist for Conference Forms" for correct process

Your time and consideration in making sure that this matter is attended to thoroughly are appreciated.



PA Act 15 of 2015 and PA Act 126 of 2012

Assurance Form

Date

Name of School/Organization

My signature assures that all adult representatives, attending the PENN HOSA State Leadership Conference, fully comply with the requirements of PA Act 15 of 2015 and PA Act 126 of 2012. These individuals are listed below.

Signature of Chief School Administrator, CTE Director or Principal

Representative List (Please print or type)



CONFERENCE REGISTRATION FORM

HELPFUL HINTS ABOUT THE FORM

1. Non-refundable, PENN HOSA, Inc. Board approved and supported, registration fee is \$80.00 per person.
2. Fee is applicable to all individuals registered for the conference, including commuters and chaperones/guests/family members.
3. No fee charged if **only** attending the Grand Awards Session on Day three (3) of the conference.
4. Registration fee is in addition to the hotel cost.
5. Make a copy of the form before sending it to PENN HOSA.
6. Form **MUST** be received by February 9, 2018
 - a. Faxed to 717.450.5658
 - b. Sent via USPS to: PENN HOSA, Inc. Corporate Headquarters
293 Fonderwhite Road
Lebanon, PA 17042
7. Total registration payment due no later than March 2, 2018.

JUSTIFICATION OF CONFERENCE REGISTRATION FEE

CONFERENCE REGISTRATION FEE PER PERSON

\$80.00 per person

FEE IS NON-REFUNDABLE

An **invoice** for the amount owed to PENN HOSA, Inc. will be generated when online registration is completed. Send a check for the total amount owed to PENN HOSA, Inc. Corporate Headquarters by the published deadline.

JUSTIFICATION of REGISTRATION FEE:

The following items/arrangements have to be placed and/or purchased in advance—keeping in mind the number of HOSA members/guests/staff/etc. registered to attend:

The registration fee includes: All General Sessions / Entertainment / Speakers / Educational Symposia/ / Media Productions / Rentals / Recognition Program Awards / Registration Information / Conference Program / Awards/ / Meeting Room Rental / Other General Conference Operating Expenses

Insurance
Security
Ribbons/Plaques/Medals
Name badges
Program Books
Room sets for competitors and all planned activities
Seating for all events
Hotel Service
Registration/clerical work
Competitive Event Accommodations
Judges'/Student members'/Advisors' gifts
Entertainment
Keynote speaker(s)

PENN HOSA STATE LEADERSHIP CONFERENCE

Conference Registration Form

☐ Initial Registration ☐ Faxed on _____ (date)
(Fax # 717.450.5658) ☐ Updated Information

Advisor _____ Phone # _____

School _____

Charter # _____ Chapter Name _____

E-mail _____

Note: Return the Registration Form and the full payment for each delegate to your State Advisor in

ONE CHECK made payable to: **PENN HOSA, Inc.**

MAIL to: PENN HOSA, Inc. Corporate Headquarters

293 Fonderwhite Road

Lebanon, PA 17042

**REGISTRATION FEE IS
NON-REFUNDABLE**

Total in Attendance

Student Members (SS, PS/C) # _____ X \$ 80.00 = \$ _____

Professional Members (Advisors/administrators/chaperones) # _____ X \$ 80.00 = \$ _____

Alumni Members # _____ X \$ 80.00 = \$ _____

Guests and Family Members # _____ X \$ 80.00 = \$ _____

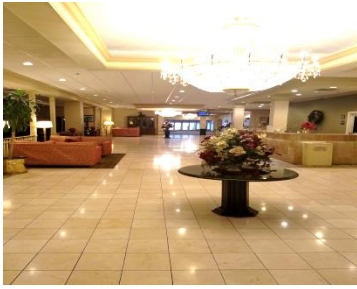
TOTAL NON-REFUNDABLE AMOUNT DUE \$ _____

If you have student members, alumni, guests or family members with special talents to help with competitors (2nd language, sign language, judging) please list them below:

Name	Talent	E-mail address
------	--------	----------------

Name	Talent	E-mail address
------	--------	----------------

Name	Talent	E-mail address
------	--------	----------------



HOTEL REGISTRATION & SPECIAL CONSIDERATION FORMS

HELPFUL HINTS ABOUT THE FORMS

All Conference attendees are to stay in PENN HOSA approved hotels

1. Make reservations as early as possible since the hotel fills quickly
 - a. Early submission of reservations does not guarantee you will be in the main hotel.
 - b. Requests may be made to have chapter rooms in close proximity of each other but the hotel cannot guarantee this will occur
 - c. Check-in time is 4:00 pm
 - i. Room availability will be posted if not ready at check-in
 - ii. Hotel Showroom will be available for use as a holding area where chapters may wait until rooms are available
 1. Use this opportunity to review the conference program book and orient the members to the times and locations of events
2. The overflow hotel(s) will be announced at a later date. The same conference rates will be applicable. **Assignment to this hotel may occur even if you meet the established deadline for the hotel reservation date since we have been filling the main hotel quickly.** Generally the overflow hotel requires a short walk to the Host; is located on the same side of the highway as the Host; and will have security guards in place. The hotel will notify the advisor if a chapter delegation is assigned to the overflow hotel.
3. Payment is made directly to the Lancaster Host Resort & Conference Center.
4. Complete a "Special Consideration Form" for: 1) any attendee with a disability who may need special accommodations while in the hotel or 2) any attendee with special dietary/meal requests/needs. If this is not completed you cannot expect the hotel and banquet staff to meet your needs! **Please send this form directly to the hotel; PENN HOSA does not make these requests on your behalf.**
5. Guests requiring transportation to and from the dining area in the Expo Center are to inquire at the Front Desk about complimentary shuttle accommodations.
6. Communicate directly with the hotel if cancellations occur. It is important to note the cancellation policy stated on the reservation form.
7. Make a copy of the form before mailing it to the hotel.
8. Fax or mail form **DIRECTLY** to the Lancaster Host Resort & Conference Center by February 9, 2018.

**PENN HOSA LEADERSHIP CONFERENCE
HOTEL RESERVATION FORM
March 7-9, 2018**

**SPECIAL AMERICAN PLAN - TWO NIGHT PACKAGE WITH FIVE MEALS
(TWO DINNERS, TWO BREAKFASTS, AND ONE LUNCH)**

**LANCASTER HOST RESORT AND CONFERENCE CENTER
2300 Lincoln Highway East Lancaster, Pennsylvania 17602
Telephone: (717) 299-5500 Fax Number: (717) 869-5511**

ROOM RATES FOR 2 NIGHTS: March 7 & 8, 2018 (CONFERENCE REGISTRATION FEE **NOT** INCLUDED)
\$279.00 per person, **quad occupancy** **\$309.00** per person, **double occupancy**
\$295.00 per person, **triple occupancy** **\$419.00** per person, **single occupancy**

Above rates include occupancy tax and gratuities. **THESE RATES DO NOT INCLUDE THE NON-REFUNDABLE CONFERENCE REGISTRATION FEE.**



EARLY ARRIVALS: March 6, 2018: A special rate of \$125.00 inclusive per night will be offered for individuals arriving before March 7, 2018. The package includes overnight accommodations, full breakfast buffet and all taxes and gratuities.

RESERVATIONS:

All reservations must be postmarked on or before **Friday, February 9, 2018**. Any lodging that is in an overflow hotel will be contacted prior to arrival.

Total hotel reservation fee is required with these forms. PLEASE MAKE CHECKS PAYABLE TO LANCASTER HOST RESORT AND CONFERENCE CENTER. No reservations will be accepted without names and full payment.



Check-in time is 4 P.M.

Check-out time is before 11 A.M.

Cancellation is 48 hours prior to arrival date. Any cancellations received within 48 hours will be charged for 1 night.

PLEASE TYPE THE FOLLOWING INFORMATION AND RETURN THIS FORM ALONG WITH THE HOSA ROOMING LIST AND TOTAL CONFERENCE FEE TO THE **LANCASTER HOST RESORT AND CONFERENCE CENTER**.

ADVISOR'S NAME _____

SCHOOL _____

SCHOOL ADDRESS _____

SCHOOL PHONE NO. _____ HOME PHONE NO. _____

**TOTAL PACKAGE PER PERSON FOR TWO NIGHTS
NUMBER AND TYPE(S) OF ROOMS NEEDED:**

	Number of Rooms	Cost Per Person	Total Number in Room(s)	
QUAD:	_____	\$279.00	X _____	= \$ _____
TRIPLE:	_____	\$295.00	X _____	= \$ _____
DOUBLE:	_____	\$309.00	X _____	= \$ _____
SINGLE:	_____	\$419.00	X _____	= \$ _____
TOTALS:	_____			\$ _____

**EARLY ARRIVALS: OVERNIGHT
ACCOMMODATIONS, BREAKFAST BUFFET AND
ALL TAXES AND GRATUITIES INCLUDED.**

	Cost per Room	# of Nights	
QUAD:	_____ \$125.00	X _____	= \$ _____
TRIPLE:	_____ \$125.00	X _____	= \$ _____
DOUBLE:	_____ \$125.00	X _____	= \$ _____
SINGLE:	_____ \$125.00	X _____	= \$ _____
TOTALS	_____		\$ _____

GRAND TOTAL: _____

PENN HOSA STATE LEADERSHIP CONFERENCE
HOTEL RESERVATION FORM AND ROOMING LIST

(Please use second sheet if necessary)

ADVISOR'S NAME _____ ADVISOR'S PHONE _____

SCHOOL _____ SCHOOL PHONE _____

SCHOOL ADDRESS _____

DATE OF ARRIVAL _____ TIME OF ARRIVAL _____

Arriving by: Bus _____ Car _____ Van _____

Please check at desk upon arrival for room availability

TOTAL NUMBER OF PEOPLE ATTENDING THE CONFERENCE: _____

PLEASE TYPE ALL INFORMATION: Please group students and adults according to the way they wish to be assigned rooms. If rooming with individuals from another school, please note the name of the school.

ROOM 1 _____
2 _____
3 _____
4 _____

ROOM 1 _____
2 _____
3 _____
4 _____

ROOM 1 _____
2 _____
3 _____
4 _____

ROOM 1 _____
2 _____
3 _____
4 _____

ROOM 1 _____
2 _____
3 _____
4 _____

ROOM 1 _____
2 _____
3 _____
4 _____

ROOM 1 _____
2 _____
3 _____
4 _____

ADVISORS:

ROOM 1 _____
2 _____
3 _____
4 _____

PENN HOSA STATE LEADERSHIP CONFERENCE

SPECIAL CONSIDERATION

SEND THIS FORM DIRECTLY TO THE HOTEL WITH YOUR HOTEL RESERVATION FORM

Please complete the following information relating to a person with a disability or dietary restrictions (advisor/student/chaperone/relative) who may need special consideration(s). Use a separate form for each person.

Name: _____
(Advisor/Student member/Chaperone/Relative)

School _____

Address _____

Advisor _____

List what assistance will be needed while a guest in our hotel: _____

Please indicate any special dietary requests.



COMMUTER INFORMATION

HELPFUL HINTS

1. A Hospitality Room has been reserved for commuters (paid conference attendees driving daily from school/home to the conference) and for conference attendees assigned to an approved overflow hotel.
2. All commuters pay the non-refundable registration fee.
3. Commuter registration fee does not include any meals.
 - a. Commuters may purchase meals in the hotel from the Chef's Cash Concession or by pre-ordering meal tickets via the Meal Function Reservation Form found with the SLC forms.
4. If non-conference registered chapter members/school administrators/relatives will be attending the Grand Awards Session only, inform the State Advisor of the number of attendees (names are not needed) so sufficient seating can be arranged. There is no charge for these individuals when only attending the Grand Awards Session.



MEAL FUNCTION REGISTRATION FORM

HELPFUL HINTS ABOUT THE FORM

1. Use this form when pre-ordering meals for anyone not registered for a two (2) night stay during the conference at the hotel.
2. Pre-ordered tickets will be given to the advisor/chaperone at the time of conference registration.
3. Payment must accompany the request.
4. All payments are non-refundable.
5. Make a copy of the form prior to mailing it by February 9, 2018 to PENN HOSA.
6. Return the Meal Function Registration Form and the full payment to the State Advisor in ONE CHECK
 - a. PAYABLE to: PENN HOSA, Inc.
 - b. MAIL to: PENN HOSA, Inc. Corporate Headquarters
293 Fonderwhite Road
Lebanon, PA 17042

MEAL FUNCTION RESERVATION FORM

DIRECTIONS AND INFORMATION:

1. Complete this form for any guests or commuters attending any meal function at the PENN HOSA SLC and **RETURN BY February 9, 2018.**
2. All meal functions are served buffet style.
3. Guests, alumni, administrators, board members, advisory members etc. are welcome for all events and meal functions:
 - a. Wednesday evening buffet is followed by the Opening Session
 - b. Thursday evening buffet is followed by a very special Recognition Session
 - i. New chapters receive charters
 - ii. Scholarship Application information
 - iii. Special honors/awards presented
 - c. Friday morning buffet is followed by our Grand Awards Session where medalists are announced
4. **ALL PAYMENTS ARE NONREFUNDABLE.**

ALL TAXES AND GRATUITIES INCLUDED IN THE FOLLOWING PRICES:

Wednesday, March 7, 2018 Dinner:	\$30.00
Thursday, March 8, 2018 Breakfast:	\$15.00
Thursday, March 8, 2018 Lunch:	\$20.00
Thursday, March 8, 2018 Dinner:	\$30.00
Friday, March 9, 2018 Breakfast:	\$15.00

No refunds will be given to those who may have to cancel. Justification: Hotel has been given the reservations and PENN HOSA will be charged. (If you are requesting an invoice, you will be charged on the invoice for each reservation whether canceled or not).

Charter Number & Chapter Name _____

Advisor Name _____

School & Address _____

School Telephone (_____) _____

Please make reservations for the following:

<u>NAME/TITLE</u>	<u>MEAL FUNCTION(S)/DAY & DATE & AMT. OWED</u>
_____	_____
_____	_____

****Attach an extra sheet for additional names

PLEASE INVOICE _____

CHECK ENCLOSED _____

ELIGIBILITY FORM INFORMATION



Interviewing Skills



Life Support Skills



Personal Care



Speaking Skills

HOSA strives to provide competitive event opportunities for all student members. The events are intended to provide situations that will be fair to all competitors. With the exception of four (4) events, all student members are eligible to compete in any event. Included with the list of events in which members may compete are four (4) specific events where eligibility requires that the competitor **MUST have an IEP**. Any affiliated HOSA member classified under the provision of the 2004 reauthorized Individuals with Disabilities Education Act (IDEA) will be eligible to compete in one (1) of these four (4) events but may compete in any other event. Knowing that the events prove to be quite challenging for all competitors, HOSA has written these four (4) specific events that are intended to help our competitors with IEPs be even more successful at the state and international conferences.

The four (4) events are:

*Personal Care

*Interviewing Skills

*Speaking Skills

*Life Support Skills

The event guidelines for each of these events can be found on the HOSA website @ www.hosa.org (Competition/ Guidelines). Included with the guidelines will be the Eligibility Form that **MUST** be completed with the proper signatures and **include only those adaptations as they apply to the event** in which the member will be competing.

DIRECTIONS:

1. Register the member online for the event.
2. Complete the Eligibility Form found in the event guidelines
 - a. Obtain the required signatures.
 - b. Include only those accommodations that are applicable to the event.
3. **Eligibility Form**
 - a. SLC
 - i. Competitor uploads completed form to STEM Premier by February 9, 2018; follow directions in guidelines
 - ii. Local chapter advisor sends the **original** form to: Janet E. Nelson, PENN HOSA Executive Director/State Advisor by February 9, 2018
 - iii. Copy of original form will be returned to local Advisor in his/her SLC registration packet
 - iv. The form which the advisor receives at SLC will be used by the competitor to upload to STEM Premier by May 15 if attending the ILC
 - b. ILC
 - i. If the competitor medals at SLC and then attends ILC, competitors are responsible for submitting the eligibility form given to the local advisor at SLC by uploading it to STEM Premier by May 15, 2018. Follow directions in guidelines.
4. Keep a copy of the form for your files.



NOTE: Pay close attention to when registering your members; **DO NOT GET THESE EVENTS CONFUSED WITH:** Nursing Assisting, CPR/First Aid, Job Seeking Skills, or Prepared Speaking. These events DO NOT require a student to have an IEP.



COMPETITIVE EVENTS SPECIAL CONSIDERATION FORM

HELPFUL HINTS ABOUT THE FORM

1. This form is to be used when a competitor, not in special needs events, may need some form of accommodation(s) during the time when he/she is actually competing.
2. Accommodations for competitors with special needs must be indicated on the Student Eligibility Form for competitors in Personal Care, Life Support Skills, Interviewing Skills or Speaking Skills.
3. This form differs from the competitive event Eligibility Form because 1) of the nature of the accommodation being requested and 2) only the advisor signature is required.
4. Possible accommodations requested could relate to but not be limited to a hearing impairment, a visual impairment, the use of crutches due to a recent surgery/injury, etc.
5. The requested accommodation might be to have the judge speak on the right side of the competitor due to a hearing impediment on the left side; to have a larger font size used for a job application due to a visual impairment; or to have a CPR mannequin placed on a table due to the fact that the competitor cannot kneel on the floor because of the use of crutches.
6. Under no circumstances will the event time frame be adjusted to meet the physical impairment or medical condition/situation.
7. PENN HOSA will do our best to make arrangements to meet the requested accommodation yet cannot guarantee that the accommodation will be met. The request will be discussed with the local advisor on an as needed, individual basis.

COMPETITIVE EVENTS SPECIAL CONSIDERATION FORM

HOSA members with disabilities will be reasonably accommodated in State competitive events.

DIRECTIONS:

1. Complete the following information relating to a competitor who may need special consideration(s) while competing as a result of a physical impairment or other medical condition/situation.
2. Use a separate form for each competitor.
3. Mail or Fax this form to the State Advisor by the published deadline.

COMPETITOR REQUIRING SPECIAL CONSIDERATION AS APPLICABLE:

Student: _____

Advisor: _____

School: _____

Address: _____

Charter Number & Chapter Name: _____

Competitive Event: _____

List what assistance will be needed during the competition:

Advisor Signature

Date



ADDITIONS AND/OR DELETIONS PROCESS

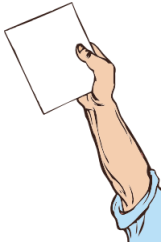
HELPFUL HINTS ABOUT THE PROCESS

After online registration closes on February 9, 2018 and if a situation arises where your chapter registration needs changed for any reason, the following process **MUST** be followed. All changes **MUST** be reported by February 16, 2018.

1. Contact the State Advisor via phone @ 717.273.8605 or email janetnelsonhosa@gmail.com
2. Information to report:
 - a. Charter # and chapter name
 - b. School name
 - c. Member name
 - d. Reason for request
 - e. Action being requested (delete from registration; change to another event or activity; substituting for a deleted competitor, etc.)
3. Be very clear and specific in your message so the correct action can be taken.
4. All changes **MUST** be received in PENN HOSA Corporate Headquarters by February 16, 2018.



5. Remember, the conference registration fee is non-refundable so register your members carefully. 😊



ORIENTATION PROXY FORM

PROX-Y [prok-see] *noun*

1. The agency, function, or power of a person authorized to act as the deputy or substitute for another
2. The person so authorized; substitute
3. A written authorization empowering another person to vote or act for the signer

HELPFUL HINTS ABOUT THE FORM

1. Keep in mind that not all forms will be applicable for use by every advisor; the proxy form is one example.
2. This one page form is used only if the competitor is unable to personally be present at the orientation for the event in which he/she is registered; event orientations are held on the first evening of the conference.
3. Valid reasons for non-attendance are listed on the form.
4. Documentation is REQUIRED for non-attendance.
5. The person serving as the proxy is responsible for relating information presented at the event orientation to the competitor.
6. Make a copy of the form before sending it to PENN HOSA.
7. Send form to PENN HOSA by February 9, 2018.
 - a. State Advisor will give form to a member of the Competitive Events Leadership Committee (CELC).
8. If in doubt about what is needed/requested on any form, carefully read the form and if you still have questions, contact your State Advisor.

PENN HOSA STATE LEADERSHIP CONFERENCE

ORIENTATION PROXY FORM

For COMPETITIVE EVENTS

DIRECTIONS:

1. This form is used for any individual event or team event when a competitor is personally unable to be present at the event orientation in which he/she is registered.
 - a. Event orientations are held on the first evening of the Conference
2. Form **MUST** be handed to the person in charge of the event orientation prior to the start of the orientation session.
3. It is the responsibility of the person representing the competitor at the orientation to inform the competitor of all information presented during the orientation.
4. Inquiries **will not be accepted** by the Competitive Events Leadership Committee for matters clarified during the orientation.

Registered Competitive Event: _____

Competitor registered for this event: _____

Person representing the registered competitor at the orientation session (fellow member, advisor, parent, other): _____

Title/Relationship to Competitor: _____

Reason for absence of competitor (attach appropriate documentation):

_____ Illness, verified by physician

_____ Employment commitment, verified by employer

_____ Essential family or personal commitment, verified by parent/guardian or other responsible family member

_____ Other (specify): _____

Competitor Signature & Cell #: _____

School _____

HOSA Chapter Advisor Signature: _____

School Administrator Signature: _____
(if applicable)

Physician Signature: _____
(if applicable)

Parent/Guardian: _____
(Applicable to secondary members only)



CHAPTER SAFETY CHECKLIST

HELPFUL HINTS ABOUT THE CHECKLIST

1. Print the PENN HOSA Chapter Safety Checklist found on the next two pages. You may want to give each person attending the conference a copy of the checklist.
2. If you have time to review this checklist with your attendees prior to arriving at the hotel this will afford you and your delegation more time to concentrate on the conference activities after your arrival at the hotel. Once your chapter registration packet is received at the conference registration table the time will go extremely fast since **we begin the conference activities promptly at 1:00 p.m.**
3. If you choose to review this information at the conference, you could do so after checking into your rooms and holding a chapter meeting. In the event that your rooms are not ready for check-in, you may take your entire delegation to the Showroom and then review the checklist.
4. This is the only time when the advisor/chaperone will receive this checklist. It will not be in the conference registration packets.
5. Plan on being proactive rather than reactive at our PENN HOSA SLC.



“Preparation through education is less costly than learning through tragedy”

~ Max Mayfield, Director of National Hurricane Center



PENN HOSA

CHAPTER SAFETY CHECKLIST

NOTE: This safety checklist applies to PENN HOSA State Leadership Conference (SLC)/International Leadership Conference (ILC). Keep in mind that these safety tips may seem like common sense to you yet for many students this is their first experience away from home and it is better to be proactive rather than reactive.

PENN HOSA chapter advisors are asked to review conference safety standards with their students and registered guests as soon as possible either before arriving at the hotel or after checking in for the PENN HOSA State Leadership Conference/HOSA International Leadership Conference. All PENN HOSA SLC/HOSA ILC attendees should know what actions to take to avoid danger, or in the unlikely event a crisis occurs.

DEFINITION OF TERMS:

- Delegate –at SLC this is the chapter representative; at ILC this is any person attending the conference
- Delegation –at SLC this is the chapter members/guests/family in attendance; at ILC this refers to members/guests/family from Pennsylvania attending the conference

GENERAL INFORMATION

- For safety and liability reasons, all PENN HOSA SLC/HOSA ILC attendees must stay in an approved conference hotel(s). PENN HOSA SLC exception: commuters.
- Chapter advisors shall have a copy of the Medical Liability Release Form for each person in their delegation. If the advisor does not have a copy, write down emergency contact information (parent/guardian) for each member/chaperone and the name and home phone number of the school administrator to be notified in case of an emergency.
- PENN HOSA SLC/HOSA ILC Program Book – review the conference program book/guide with your delegation. They should know where they should be at all times, and where their advisor shall be. If for any reason students need their advisor at any time of the day or night, they should know how to locate or contact their chapter advisor.
- Cell phones and smart devices –Advisors should carry a list of students' cell phone numbers or program them in their personal phone.

HOTEL

- Review the safety features in the room (sprinkler system, phone number for security, chain and door lock, etc.). Caution students not to hang anything on the water sprinkler. Encourage students to use all auxiliary locking devices on doors and windows.
- Find the nearest emergency exit. Instruct students to use the stairs in the event of an emergency. Discuss the procedure to be used if a fire alarm is sounded.
- Advisors, in the event there is an alert, crisis, or emergency of any kind at any time of the day or night, select a location to meet with your students and communicate this to your students.
- Use the door viewer to identify anyone requesting entry. Open the door only if occupants are certain the person has a legitimate reason to enter your room. If in doubt, call the front desk!
- All students report any lost or stolen items to the advisor, hotel management and to the police as needed.
- Never leave money, checks, credit cards, jewelry and other valuables, cell phones, smart devices, extra room keys or car keys in the room. Take valuables with you or place them in the hotel safety deposit box.

- Students must report to advisor and hotel management any suspicious activities in the corridors or rooms. Remember—the only way to stop crime is to get involved in crime prevention.

LEISURE TIME

- Instruct students to **ALWAYS wear their conference name badges in the hotel when participating in a PENN HOSA SLC/HOSA ILC. This includes when wearing leisure/casual attire in the hotel.**
- Always travel in groups – preferably three or more.
- Students are to notify the advisor of their whereabouts at all times. Keep cell phones/smart devices turned on during the day (except as prohibited during conference activities) and recharged at night.
- Carry only the cash needed in small denominations and never discuss plans or the amount of money you are carrying.
- Carry your purse or backpack/sport pack close to your body and your wallet or money clip in your front pocket.
- Be wary of strangers who seem overly eager to help you.
- Students should establish a “buddy” system with another delegate from the same chapter. Share schedules and check up on each other periodically.
- Jackets with pockets provide a convenient alternative for females to reduce the chance for lost or stolen handbags.
- Laptop computers and other electronic devices are attractive to and easy targets for thieves. Be certain your electronics are in a safe place.
- **At the HOSA ILC** instruct students that they are NOT to wear their conference name badges when leaving the hotel for non-conference activities.
- **At the HOSA ILC** ask for directions at the hotel desk to those attractions you want to visit. Looking lost may make you look like an easy target for crime. If you get lost, find an open business and ask for directions.
- **At the HOSA ILC** you are a visitor and many visitors are major targets for pickpockets in many cities throughout the world. Stay alert to what is going on around you.
- **At the HOSA ILC** every major city in the world has a homeless population. This social problem is common to urban areas. Most homeless people are harmless; however, some transients are chronic law violators who often infringe upon the rights of others. We suggest using a combination of caution and respect around homeless individuals and other strangers.
- **At the HOSA ILC** secure a current bus schedule. This information can usually be obtained from the hotel concierge or front desk. Know when the last scheduled pick-up at major attraction will occur.
- **At the HOSA ILC** always make certain the taxi driver starts the meter and never pay more than the meter amount. Don’t ride alone in a taxi. Gratuities are acceptable.
- **At the HOSA ILC** have exact fare (cash) for public transportation.

ADD YOUR OWN ADDITIONAL HELPFUL HINTS



OUTSTANDING HOSA ADVISOR OF THE YEAR APPLICATION

HELPFUL HINTS ABOUT THE APPLICATION

*We can agree that in many areas, each advisor is outstanding in the classroom and on the job thus making many advisors outstanding educators. PENN HOSA and HOSA strive to recognize the exceptional accomplishments of the **outstanding local HOSA chapter advisor** and his/her contributions to the organization HOSA-Future Health Professionals.*

1. All secondary, post-secondary, and collegiate HOSA advisors are eligible to apply.
2. An award could be presented in each of the divisions if the selection committee determines the applicant meets the criteria as listed on the application.
3. It is the purpose of this application to highlight the **outstanding HOSA contributions** that the local PENN HOSA chapter advisor has made specifically to our state HOSA organization and to HOSA in general. For this reason, this component on the application rating form is given very careful consideration.
4. Share the letter at the beginning of the application with your Administrator so he/she can write a letter of recommendation. Remember to include this letter!
5. Be specific in your contributions to HOSA. Remember....the honor recognizes the Outstanding HOSA Advisor and not the outstanding educator.
6. Announcement of the recipient(s) will be made at the Recognition Session on the second night of the conference.
7. Make a copy of the application before sending it by February 9, 2018 to PENN HOSA.
8. PENN HOSA extends "Best Wishes" to each applicant!

PENN HOSA 39TH STATE LEADERSHIP CONFERENCE

OUTSTANDING HOSA ADVISOR OF THE YEAR 2018

Dear Director/Principal:

Pennsylvania HOSA will honor the Outstanding HOSA Secondary and Postsecondary/Collegiate Advisor of the Year at our 39th Annual State Leadership Conference. The state winner in each category will also be recognized at the HOSA International Leadership Conference (ILC) held in June 2018 in Dallas, Texas. The recipient does not have to be in attendance at the ILC in order to receive recognition.

Your PENN HOSA Local Chapter Advisor requested that he/she be considered for this award providing you will confirm with a letter of support/reference letter and that he/she completes the attached application.

You may wish to ask your local advisor to list information such as curriculum development efforts, placement of HOSA students in jobs, involvement with occupational advisory committees, involvement with business and industry, honors and awards, memberships in professional organizations, participation in community organizations and activities with HOSA members, workshops, state conference participation (planning, facilitating, etc.), public relations, etc. to assist you in completing the letter of support/reference letter. His/her involvement with HOSA is a critical area when the committee reviews the applications.

The "Outstanding HOSA Advisor of the Year" Awards Committee appointed by the PENN HOSA Executive Director/State Advisor will select the Advisor of the Year. The announcement of a secondary and a postsecondary/collegiate winner will be announced at the State Leadership Conference at the Recognition Session, March 8, 2018.

We realize this will take some of your valuable time; however, we have so many great advisors in HOSA that go unrecognized. For this reason, we need your assistance.

You may address any questions you have by calling 717.273.8605 or via email at janetnelsonhosa@gmail.com. Thank you for your time and consideration given to this request.

Regards,

Janet E. Nelson

Janet E. Nelson
PENN HOSA Executive Director/State Advisor

OUTSTANDING HOSA ADVISOR OF THE YEAR APPLICATION

Name of Nominee

School Name & Address

.....

School Telephone Number

Program Title

HOSA Chapter Name

Number of years teaching

Number of years in HOSA

**1a. OUTSTANDING CONTRIBUTIONS AND ACHIEVEMENTS MADE TO
HOSA/HEALTH SCIENCE EDUCATION AND/OR CAREER AND TECHNICAL
EDUCATION AT THE FOLLOWING LEVEL:**

Local: _____

1b. OUTSTANDING CONTRIBUTIONS AND ACHIEVEMENTS MADE TO HOSA/HEALTH SCIENCE EDUCATION AND/OR CAREER AND TECHNICAL EDUCATION AT THE FOLLOWING LEVEL:

Regional: (ex: HOSA Leadership Workshops, Meetings, State Officer Training Workshops, etc.)_____

1c. OUTSTANDING CONTRIBUTIONS AND ACHIEVEMENTS MADE TO HOSA AND HEALTH SCIENCE EDUCATION AND/OR CAREER AND TECHNICAL EDUCATION AT THE FOLLOWING LEVEL:

State: (ex: State Conference Planning, Committee member, Facilitator at Conference, Board of Directors member, HOSA Conferences, etc.)_____

2. Professional memberships in organizations other than HOSA

[illegible][illegible]

**5. LIST STATE HOSA OFFICERS, IF APPLICABLE, FROM YOUR SCHOOL
(PAST OR PRESENT)**

Officer's Name/Office Held/Year

**6. LIST NATIONAL HOSA OFFICERS, IF APPLICABLE, FROM YOUR SCHOOL
(PAST OR PRESENT)**

Officer's Name/Office Held/Year

Signature of Nominee_____

Signature of Director/Principal_____

_____ Applicant for Secondary Nomination _____ Applicant for Postsecondary/Collegiate Nomination



About the Penn HOSA Foundation

Recognizing the need to offer financial support to students entering academic institutions in the pursuit of a career in the health field, the Penn HOSA Foundation was established in 1997. The twelve (12) Board members volunteer their time to raise funds for this cause. As a result of their efforts almost three-quarter million dollars in scholarship money has been awarded to PENN HOSA secondary and post- secondary members since the Foundation's inception.

The Foundation members seek financial support for the continuation of the scholarships from businesses, foundations, and individuals. Due to the generosity of past donors the Foundation awarded \$62,000.000 in scholarships in 2017. Scholarship amounts range from \$1,500.00 - \$4,000.00. The Penn HOSA Foundation also affiliates with the Foundation for Enhancing Communities. As a result of this, eligible recipients that are receiving state grants and going to in-state schools may have their financial support doubled through the PATH Program match administered by PHEAA.

Several of our local PENN HOSA chapters have made donations to this Foundation to demonstrate their belief in and support of the work being done by its members. PENN HOSA thanks every local chapter for their generosity!

The Foundation's goal is to have 100% of our local PENN HOSA chapters contribute to the Foundation. To this end, we are asking our chapters to please consider making a donation.

The process is very simple:

1. Discuss making a monetary donation at one of your chapter meetings.
2. Allow the members to decide on the amount...any monetary donation will be greatly accepted and appreciated!
3. Complete the donor gift form included following this message!
4. Mail the donation and form to Helen Heidelbaugh (address included on the donor gift form).

Many of our advisors/chapters have experienced the excitement of recipients from their chapters as they are informed of the scholarship they won. Let's make a concerted effort to help the Foundation continue to make this a reality for future members by making a donation at this time.

All chapter donations received by February 7, 2018 will have their name printed in the PENN HOSA SLC program book.

All chapter donations received by February 9, 2018 will receive chapter acknowledgement at our Recognition Session held the second night of the State Leadership Conference.

**Thank you for working with PENN HOSA-Future Health Professionals
and the Penn HOSA Foundation!**

Penn HOSA Foundation
P.O. Box 678
Harrisburg, PA 17108-0678

Message to HOSA Advisors:

- First thank you for the support that you continue to give the PENN HOSA Foundation. Your financial support is most appreciated. I am always proud to recognize your chapter on our poster at the conference, but remember that you **must** have it in by early February to make the program and the poster.
- I would also continue to encourage you to spread the word to your Advisory Board members who can identify people in the community that can give. There is a responsibility to support the work of this organization. A \$50.00 donation goes a long way. I cannot possibly cover this whole state and solicit people. Think of individuals that you have a relationship with. Friends give to friends and all of us **MUST** invest in future health care professionals. I will attach a gift form that gives ways to give for the Foundation. Please use this to solicit and you can color copy this as you need to. This is a collective effort! Let's make this the year of many **new** \$50.00 donations.
- We want to see more participation of applications across the state. These include the Philadelphia region, north central, and western regions. We would like representation from all counties. Each chapter should have at least **one** good candidate for a scholarship. It would be great to have some collegiate applicants too. I encourage you to find a volunteer in your community that can mentor a student to help each of your students who wish to apply. As you know, many students do not have parental help and you cannot do it all. There are volunteers and even some retired nurses. I am sure you know some. I have encouraged you for years to seek volunteer help.
- This Foundation is blessed to have the leadership and vision of Margaret Knaub who has put our state on the map. I am very proud to be a part of HOSA since 1985. Without your support and help, we will not have applicants or scholarship recipients. We continue to work to expand our funds so that scholarships are meaningful.
- Please feel free to contact me if you have any questions or if you need support in soliciting a donor. We **MUST** build our annual appeal and we only do that by getting new names. All healthcare professionals should be invested in this Foundation.

Many thanks for your incredible commitment to the students and your leadership of the chapters. I look forward to being with you at the conference to judge and be with you. It is always a pleasure to be there.

Helen Heidelbaugh
Executive Director (volunteer)
Penn HOSA Foundation
Phone 717-361-5323
hheidelbau@comcast.net

The Penn HOSA Foundation

Promoting Healthcare Careers ~ Investing in the Future

GIFT FORM

I wish to contribute a gift of \$_____ as follows:

Enclosed \$_____

Chapter Name _____

February 1, 2018 - Please note that the donation must be received by in order to be listed in the PENN HOSA Program Book.

February 9, 2018 - Donations must be received by to be recognized at SLC 2018.

Name _____

Address _____

City _____ State _____ Zip _____

Office Phone _____ Home Phone _____

Date _____

For recognition purposes, please list name *exactly* as you wish it to appear in the HOSA Program. (Please Print)

Gifts to the Penn HOSA Foundation are tax-deductible to the full extent allowed by law.

Please make checks payable to the:

Penn HOSA Foundation

200 North Third Street; 8th Floor: P.O. Box 678
Harrisburg, PA 17108-0678

E-mail: hheidelbau@comcast.net

Phone 717-361-5323

Thank You!

PENN HOSA SLC DRESS CODE POLICY



HELPFUL HINTS ABOUT THE SLC DRESS CODE

1. Advisors **MUST** print the dress code and give a copy to each conference attendee, including guests and family members.
2. Advisors are responsible to check attire for student member if he/she has any questions about what is acceptable attire to be worn during the conference.
 - a. Student member concept of what is appropriate attire may differ greatly from what is acceptable for the conference.
 - b. Have member bring outfit to class so it can be checked for appropriateness.
 - c. **Best Practice** - hold a **pre-SLC fashion show in class** to confirm acceptable versus unacceptable attire. It's fun and informative 😊
3. Advisor/chaperone is responsible at the conference to see that attendees are groomed properly for each activity/event. **NOTE: The emblem patch is not required for the navy blue or black suit.**
4. Remind all attendees that admittance to conference general sessions/meal functions/activities/business meetings/social time/free time requires adherence to this dress code.
5. Now is the time to start shopping for the navy blue or black suit. Encourage the student to visit a thrift shop in your area to purchase the required garments.
6. Address questions to the State Advisor prior to the conference so a more positive experience will occur on site.
7. **To summarize attire:**
 - All General Sessions/Delegate Sessions/**Non-skill** Competitive Events = HOSA uniform or navy blue suit or black suit
 - **Skill** Competitive Events = attire appropriate to occupational area during the skill events
 - Meal functions = HOSA uniform or navy blue suit or black suit or competitive event attire appropriate to occupational area during breakfast or lunch depending on appointment time of competitive event on Day 2 of the conference
 - Social functions = appropriate attire as stated in PENN HOSA SLC Dress Code



**PENN HOSA-Future Health Professionals
State Leadership Conference (SLC)
OFFICIAL DRESS CODE POLICY**

***IMPROPER ATTIRE RESULTS IN NON-PARTICIPATION AT SLC SESSIONS &
PLANNED ACTIVITIES***

If it's too low, too tight or too short, rethink your attire!

GENERAL SESSIONS, DELEGATE BUSINESS SESSIONS & COMPETITIVE EVENTS - REQUIRED OF ALL HOSA-FUTURE HEALTH PROFESSIONALS SECONDARY, POSTSECONDARY AND COLLEGIATE MEMBERS AT ALL GENERAL SESSIONS AND ALL DELEGATE BUSINESS SESSIONS AND ALL COMPETITIVE EVENTS

- Official HOSA uniform OR
- Black suit OR
- Navy blue suit
- Exception for skill event competitors – **On competitive event day, only during the performance of skill events**, competitors in skill events may wear attire appropriate to the occupational area

MEAL FUNCTIONS

- Official HOSA uniform OR
- Black suit OR
- Navy blue suit
- Exception for skill event competitors – **On competitive event day, only during breakfast and lunch**, competitors in skill events may wear event attire appropriate to the occupational area

SOCIAL FUNCTIONS

- Appropriate casual attire

ADVISORS and CHAPERONES

- All Advisors and chaperones are **required** to adhere to the dress code listed for general sessions. PENN HOSA-Future Health Professionals encourages advisors to “lead by example” at all activities.

EXPLANATION OF EACH DRESS CODE

Official HOSA Uniform purchased from Awards Unlimited [HOSA-Awards Unlimited](#)

- Tailored navy blazer with emblem affixed over the heart
- Matching navy slacks or navy knee-length skirt
- White, closed-neck, tailored dress shirt suitable for tie or scarf
- Accents: maroon HOSA scarf or maroon or navy long tie
- Closed-toe blue or black shoes (hose optional for women)
- Belt (blue or black)
- Head covers that are required for religious purposes or to honor cultural tradition are allowed

Proper Business Attire:

- Black or navy blue suit (**without** HOSA emblem)
- White, closed-neck, tailored dress shirt suitable for tie (maroon or navy long tie)
- White blouse (can be member's choice)
 - Accent: maroon HOSA scarf (optional)
- Knee-length skirt or slacks (same color as the jacket)
 - A small back, center slit in a knee-length skirt is appropriate
 - Slits facilitating a view of the legs are not appropriate
- Comfortable, closed-toe blue or black shoes (hose optional for women)
 - Black leather dress boots are acceptable when worn under slacks
- Belt (blue or black)
- Head covers that are required for religious purposes or to honor cultural tradition are allowed

Official Function Dress (Exhibitors and Symposia)

Official HOSA uniform **OR** proper business attire as listed in the PENN HOSA Dress Code

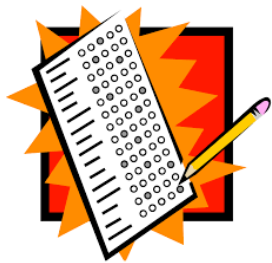
Casual Attire for Social Functions:

- Everything **EXCEPT** pajamas, tank tops, halter tops, cut-offs, swimwear, and extremely short skirts or shorts
- Shirt straps **MUST** be two (2) inches wide
- Length of skirts and shorts **MUST** be at minimum to the fingertip

A member of PENN HOSA-Future Health Professionals and HOSA-Future Health Professionals should dress appropriately, based on the official dress standards outlined for the gender to which he/she identifies.

HOSA members who experience uncertainty about acceptable conference attire should ask the local advisor.

Local advisors' questions should be directed to the State Advisor.



HEALTHCARE ISSUES EXAM INFORMATION (Recognition Event Only)

HELPFUL HINTS ABOUT THE EXAM

1. Any student member registered for the conference may take the exam.
2. Registration for the exam is completed when the member is registered online for the conference.
3. Unlike other events, there is no limit to the number of registered chapter student members that may take the exam.
 - a. Encourage each chapter member in attendance to take the exam to challenge his/her knowledge of current healthcare issues.



4. The **exam will be given online** prior to arrival at the conference. Information will be sent to all advisors prior to the testing dates.
5. Guidelines for this Recognition Event are located under Competitive Event Guidelines at www.hosa.org.
6. Top 3 winners will be announced in secondary (SS) and postsecondary/collegiate (PS/C) divisions at SLC 2018.



NOTE- since this is a Recognition Event placing in the Top 3 does not qualify the competitor to attend ILC 2018 as a competitive event winner; any student member qualifies to sit for the exam at ILC.

PENN HOSA STATE LEADERSHIP CONFERENCE

HEALTHCARE ISSUES

EXAM

The Health Care Issues Exam is a Recognition Event at the HOSA International Leadership Conference (ILC) in which any HOSA member in attendance may be a competitor. No competitor needs to “qualify” at his/her State Leadership Conference. **The rewards are GREAT!** At the ILC competitors from both secondary and postsecondary/collegiate divisions scoring in the top 10% will receive a certificate and a pin.

Guidelines for this event, including the references to study, are found on the HOSA website at www.hosa.org. (Competition → Guidelines → Recognition Events → Healthcare Issues Exam)

We are offering this exam at the PENN HOSA SLC, and **it will be considered an event where the competitor will receive recognition**. Our goal is to offer a test taking experience that will help prepare our PENNsylvanian HOSA members for the type of exam that will be given as a hard copy test at ILC. As with all other events, test scores will not be given to the local chapter advisor.

By offering the exam online prior to the SLC a student member who may have been involved in another activity like Project Display or if attending SLC as a Delegate/Alternate Delegate or Event Assistant, now has the opportunity to register for and take this exam. Each chapter may have multiple student members attending the PENN HOSA SLC registered to take the test.

Testing dates will be sent to each advisor.

All student members at the PENN HOSA SLC are strongly encouraged to participate and test their knowledge of health care issues facing us today.

**Please encourage your student members
to take this test**

**Remember to register all competitors for this event
when you complete your online
Conference Registration**




SESSION SINGER FORM

NATIONAL ANTHEM

HELPFUL HINTS ABOUT THE FORMS

PENN HOSA is looking for talented singers to participate in the 2018 State Leadership Conference. If you have interested student(s) please offer encouragement for participation in this special opportunity.

1. Our National Anthem will be sung at our Opening Session and Grand Awards Session. God Bless America will be sung at our Recognition Session.
2. Singer has the option of singing a cappella or may be accompanied by an "instrumental only" CD; no vocal accompaniments are permitted on the CD.
3. Male or female singer meeting the criteria listed on the form is eligible to apply.
-  4. A video audition on DVD or a YouTube link is to be sent to PENN HOSA by February 9, 2018.
5. Selected members will be notified via email when the performance will occur.
6. As with all performances, helpful reminders to practice, practice, and practice will help to assure a more successful evening "debut" for the singer.
7. Send the completed form by February 9, 2018 to PENN HOSA.

PENN HOSA STATE LEADERSHIP CONFERENCE

NATIONAL ANTHEM

SINGER FORM

*The National Anthem will be sung at the
Opening Session and
Grand Awards Session*

REQUIREMENTS:

- **MUST** be an affiliated member of HOSA-Future Health Professionals.
- **MUST** wear HOSA uniform or navy blue suit or black suit at the assigned session where she/he will be singing. If female chooses to wear a skirt it **MUST** be knee length!

We will have one individual singer perform the **National Anthem** at each of the following sessions:

- Opening Session on Wednesday evening, March 7, 2018
- Grand Awards Session on Friday morning, March 9, 2018

The singer needs to remember that he/she will be singing in front of several hundred people. To have him/her perform the best, remind him/her that practicing in front of an “unfamiliar group of individuals” at school will help simulate the feelings likely to be experienced singing in front of the SLC assembly.

If you feel that you have a member(s) from your chapter who qualify(ies) for participation as a singer of the National Anthem, please complete the form and submit it with all other SLC forms by the published deadline.

Additionally, the student must send a video audition on DVD or a YouTube link to PENN HOSA. February 9, 2018 is the entry deadline.

Student Name: _____
Student Email _____

I understand the role that I am to play as one of the singers of the **National Anthem** at the PENN HOSA SLC. A video audition on DVD or a YouTube link will be sent by Feb. 9, 2018 to PENN HOSA.

Student Signature: _____

As the local chapter advisor I support my HOSA member and agree that he/she is qualified to sing at the PENN HOSA SLC.

Advisor Signature: _____

School _____

Chapter Name (if applicable) _____



PENN HOSA DANCE

Dancing' to the 70's was such a HUGE hit at SLC 2017 that we decided to have a dance at SLC 2018

WHEN: Second evening of the conference, after the Recognition Session

WHERE: Ballroom

THEME: To be announced

DJ Harsh Agarwal, collegiate student member from Pitt HOSA, will again bring music that everyone will enjoy.

So make plans now to join us and experience PENN HOSA dance fever!

More details will be shared at a later time.



HELPFUL HINTS ABOUT THE FORM

1. In its 16th year, our Bingo Bash has become one of the most enjoyable and relaxing activities at SLC.
2. The activity is held on the first evening of the conference, following competitive event orientations and committee meetings.
3. Chapters are asked to donate a theme basket to use as bingo prizes; detailed instructions are found on the form.



4. Advisors serve as bingo helpers to distribute bingo cards to the **student players**. If Advisors do not assist in distribution of bingo cards and checking the winning cards, we will not be able to sponsor this event. So advisors...please serve in this capacity!
5. Dorothy Randler, a local chapter advisor from SUN Area Technical Institute, will serve as our bingo caller.
6. Several games are played on one (1) card so the more bingo baskets we have donated by the chapters, the more games we will play.
7. Advisors also have a chance to win a basket; look for "a ticket" in your registration packet you receive at the conference. Reminder..... **Advisors DO NOT PLAY BINGO**.
8. You won't want to miss the excitement when our student members call (AKA "scream") B-I-N-G-O and witness their joy when they receive a bingo basket.
9. Return the form by February 9, 2018 to PENN HOSA so you don't miss the opportunity to join us at our Bingo Bash.



Factoid.....Over 500 students played Bingo at SLC 2017

Let's see if we can top that number at SLC 2018

PENN HOSA STATE LEADERSHIP CONFERENCE

BINGO BASH

THEME BASKET FORM



SIXTEENTH ANNUAL PENN HOSA BINGO BASH

That's right.....this year marks the 16th year of our Bingo Bash at SLC! And what a great way to join as a State on Day 1 at the conference to have a relaxing and fun evening together!!!! Dorothy Randler will be our caller and she will keep the evening very engaging!

WHY PLAY BINGO: Because PENN HOSA SLC is not all about preparation, competition and meetings; it's also about having fun and getting to know other people at the Conference.

WHO PLAYS BINGO: Bingo Bash is held for the student members attending the conference. All advisors are encouraged to participate by distributing bingo cards and keeping a keen watchful eye on the cards for the students.

WHEN: Held on the first day of the Conference, after Competitive Event Orientations and Committee Meetings.

WANTED: Bingo baskets of any size or shape and suggesting a theme.

WHY: To use as prizes; we will play as many games as we have baskets to give away as prizes; sometimes we play a number of games on one card (boy does that get the crowd excited!!!).

FROM WHOM: Any local chapter that is willing to donate a basket.

EXAMPLES OF THEMES FOR BASKETS: Chocolate basket filled with, you guessed it, an assortment of chocolate items; movie night basket filled with popcorn, perhaps a DVD (G rating), candy, soda, etc.; spa basket with various items for pampering; etc. **ALLOW THE CHAPTER MEMBERS TO BE CREATIVE!!!!**

HOW TO ASSEMBLE BASKET: Cover or wrap each basket with clear see-through cellophane and tie at the top of the basket with a ribbon; attach a "tag" to the basket with your school/chapter name.

FOR THE ADVISORS: A chance to win several baskets chosen specifically for Advisors; look for a ticket in your registration packet when you receive it at SLC; you must be present to win!

HOW TO PARTICIPATE: Complete the form below and send with the other SLC forms by the published deadline.

Advisor: _____
School: _____
Chapter Name (if applicable): _____
Basket Theme: _____
____ Yes, our chapter will provide a theme basket for the Bingo Bash
____ Sorry, we are unable to help this time
<i>Whether or not your chapter is creating a basket, we need to have advisors distribute the bingo cards in order to play the games. No advisors to help = no bingo = very unhappy HOSA members. Are you as a local chapter advisor willing to assist by distributing bingo cards and "checking" the winning cards?</i>
____ YES ____ NO Advisor Signature: _____



DESIGN A PENN HOSA STATE GARMENT T-SHIRT

Advisors: Please post this for your members

WHAT: A design that can be used on the back of our 2019 PENN HOSA State garment t-shirts.

WHO: Any HOSA member who wants to enter a design drawing; **NOTE:** a member does not need to attend the SLC in order to submit a t-shirt design.

CRITERIA:

1. Draw the design on an 8 ½ "x 11" white sheet of paper.
2. Keep the design colors to a maximum of two (2); remember...the more colors required on the shirt, the greater the cost of the shirt. **NOTE:** to help keep cost down the vendor may elect to modify the number of colors used on the final shirt.
3. The artist may choose a health related theme on which to base his/her HOSA design.
4. Keep the design simple; it is easier for the graphic artist to work with a simple design versus a complex one
5. Submit one (1) original drawing and one (1) photocopy of the drawing.
6. On the back of the original and photocopy of the drawing the following **MUST** be included:
 - a. Artist's name
 - b. School
 - c. School address
 - d. Advisor's name
 - e. Chapter name
 - f. Advisor's phone number



HOW TO MAKE YOUR DESIGN: You now have two (2) options. 1) Our vendor has a new way to help you as you make your design. By going to their new website @ WWW.AEPRINTS.COM you can **CREATE your OWN ART online!!** or 2) simply make your design and print it. Either way, remember to **bring two (2) copies of the design to SLC.**

HOW TO SUBMIT THE DRAWING: Bring the artwork to SLC and turn in both drawings at the Registration Table on the day when your chapter advisor receives his/her registration packet.

SELECTION PROCESS: The chapter Voting Delegates will vote on the design and the design receiving the most votes will be used on the 2018-2019 t-shirt.

WINNING ARTIST: Will receive a complimentary short sleeve 2019 PENN HOSA t-shirt.

BEST WISHES!



CHAPTER FLAG & PARADE OF CHAPTERS INFORMATION

HELPFUL HINTS ABOUT THE ACTIVITY

1. The purpose of the Parade of Chapters is to spotlight each chapter represented at the conference.
2. The Parade occurs on days 1 and 2 of the conference, prior to the Opening Session and the Recognition Session.
3. Practice for the parade is held at a designated time each day.
 - a. Times and locations are listed in the conference program book.
 - b. Practice is mandatory in order to participate.
 - c. Any chapter representative not present at the practice will not be permitted to participate in the Parade of Chapters.
4. The advisor selects a chapter representative, often the chapter Voting Delegate or Alternate Delegate, to carry the flag during the parade.
 - a. Because there are two (2) parades the advisor may select a different chapter member to participate on each evening.
 - b. The flag bearer is to be dressed in HOSA Uniform or navy blue suit or black suit.
5. Only one (1) member per chapter is selected to carry the flag at any given parade.
6. As the PENN HOSA Secretary calls the roster of chapters, each representative proudly displays his/her chapter flag.
7. A chapter may choose to purchase a flag or construct one designed by the chapter members.
8. Detailed directions for the construction of the flag are provided.

DIRECTIONS FOR CONSTRUCTING A CHAPTER FLAG FOR THE PARADE OF CHAPTERS @ THE PENN HOSA STATE LEADERSHIP CONFERENCE

The Parade of Chapters is always an exciting time at SLC and helps to get the attendees involved through their cheers of support as their chapter name is announced.

SPECIAL NOTE:

- Some people refer to this as a chapter flag.
- In this information sheet it will be referred to as a flag.
- **When carried during the Parade of Chapters @ SLC, it MUST be carried like a flag.**
- If the chapter chooses to display it in the classroom after SLC, it would be hung like a banner; a chapter may also choose to store it for use at future conferences.
 - It is not necessary to make a new flag for each SLC.
 - The chapter has the option of making a new flag each year or re-using the same flag at the following SLC.

WHAT: Each chapter is requested to have a flag representing their local HOSA chapter.

WHY: The flag will be used for the "Parade of Chapters".

- This is similar to the "Parade of States" held at the HOSA International Leadership Conference (the exception @ ILC is that the State flag is provided for a state representative to carry).

WHEN: Parade of Chapters is held during our General Sessions on the first and second evenings of the Conference.

WHO: only one (1) member will be permitted to carry the flag;

- The Head Delegate from each chapter is often assigned to carry the flag.
- It is the decision of the local chapter advisor as to which member in attendance will carry the flag thus allowing the advisor the autonomy of having a different member carry the flag each night.

ATTIRE FOR MEMBER CARRYING THE FLAG: HOSA uniform or navy blue suit or black suit.

PRACTICE SESSIONS: Occur from 4:30 - 5:00 p.m. on the first and second day of SLC.

- All members participating **MUST** be in attendance for these practices in the Showroom.

FLAG DIMENSIONS: 30" x 48"

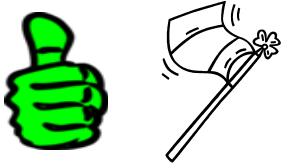


CARRIED ON A POLE: 4' in length

- A curtain rod works great.
- If you have a carpentry/woodworking shop/program in your school have them make a pole for you.

CARRYING POSITION: During the Parade the flag will be positioned as if the member were carrying a flag in a parade.

- Picture how the American flag is carried in a parade and you will have the correct positioning for the flag bearer.



Carried like a flag on a 4' pole

Not carried like a banner

SUGGESTIONS FOR FLAG CONSTRUCTION:

- If your chapter already has a banner which you purchased from a company, this is totally acceptable and may be used during the Parade of Chapters.
 - Just remember that when it is carried it **MUST** be carried like a flag.
 - Use a safety pin to attach several pieces of ribbon along the short side (30" side) of the flag in order to attach it to the 4' pole.
 - Place masking tape over the ties once they are in place to prevent them from sliding down the pole when held like a flag.
 - Now it is ready to be carried like a flag across the stage.
- If the chapter decides to make their own flag.....
 - Time during/after class will need to be factored in for the flag construction.
 - Encourage the members to use their creativity in the design of the flag.
 - Use felt or garden flag material (more silky than felt).
 - Follow the dimensions closely.
 - May incorporate this year's theme; refer to www.hosa.org (About → HOSA Brand) for the current theme.

- May include the chapter name, school, year, etc.
- Use any colors you choose- our HOSA colors are medical white, navy blue and maroon and look great on a flag but you are not limited to just these colors.
- Use tacky glue/liquid stitch to attach items to your flag (letters, pictures, etc.).
- If you allow for a "pocket" (like the type used when hanging a curtain) at the top of the flag (48" side) you will be able to slide the pole into it and hang it as a banner when you return to class.
- Use a safety pin to attach several pieces of ribbon along the short side (30"side) of the flag, in order to attach it to the 4' pole.
- Place masking tape over the ties once they are in place to prevent them from sliding down the pole when the flag is held like a flag.
- Now the flag is ready to be carried like a flag across the stage.
- If you know someone who could make the flag for the chapter, let them do it😊
 - This takes the pressure off you to "fit" this activity into your already busy schedule.
 - It takes less time away from your instruction time.
 - A grandmother/mother/seamstress can do an outstanding job with this!
 - Make sure to get an estimated cost so you are not taken by surprise when a bill is handed to you.



REMBERMBER....these are just suggestions!

- Contact another advisor who may be able to assist you with this aspect of SLC.
- Contact your State Advisor @ janetnelsonhosa@gmail.com who has done this project for many years with her chapters.

We look forward to seeing your chapter representative walking across the stage proudly waving the chapter's flag!



INFORMATION ABOUT EVENT ASSISTANTS

Advisors MUST print the EVENT ASSISTANT (EA) DUTIES/RESPONSIBILITIES for each registered EA so he/she knows what to expect at the conference

WHO: A HOSA member attending the SLC who has been preregistered to participate in this role at the conference.

WHAT: To assist the Event Manager (EM) or role play a patient/victim for a Skill Event.

WHEN: 1) All Event Assistants (EA) MUST attend the orientation on Day 1 of the Conference from 1:00 – 2:00 p.m. to receive an assignment.
2) Following the conclusion of the Opening Session on Day I the Event Assistant MUST attend the competitive event orientation for which he/she is assigned.
3) The Event Assistant MUST be present at the assigned Competitive Event on Day 2 and remain at the site until dismissed by the event personnel.

****Check SLC Program Book for time and location for each of the above activities.**

ADVISORS:

1. Consider registering a member who wants to attend SLC but does not want to be a competitor or serve as a Delegate.
2. An Event Assistant may not serve as a Voting Delegate or Alternate Delegate or a competitor.
3. The EA Coordinator may contact you for pre-assigning your registered EA to serve as a patient/victim/to assist an EM.
4. If at the time of registration at the conference site an advisor needs to “reassign” a registered student member for any reason, he/she will be assigned to serve in the capacity of an Event Assistant. He/she will not be permitted to serve as a Delegate or Alternate Delegate.



EVENT ASSISTANT (EA) DUTIES/RESPONSIBILITIES

As an Event Assistant (EA) at the PENN HOSA State Leadership Conference you are a vital individual to the success of each and every Competitive Event and activity to which you are assigned. PENN HOSA applauds your willingness to volunteer for these important duties. We ask that you complete your duties and responsibilities listed below in a serious and professional manner.

1. Attend the EA meeting at 1:00 PM Day 1:
 - a. Check the SLC Program Book for room location.
 - b. May attend meeting in “travel clothing”.
 - c. Take SLC program book and pen/pencil to meeting.
 - d. General instructions for each assignment will be given during this meeting.
 - e. Assignment cards to wear in name badge will be issued at this meeting.
2. Volunteer or be assigned to:
 - a. Serve as a victim/patient during one of the competitive events.
 - b. Assist an advisor known as an Event Manager (EM) during the competitive event.
3. Attend the specific competitive event orientation to which you have been assigned:
 - a. This occurs in the evening of Day 1 of the conference.
 - b. Check program book for location of orientation.
 - c. Your appointment card should be in your name badge holder.
 - d. Remember to introduce yourself to the Event Manager.
4. Follow all instructions given at all orientations.
5. Be present at each activity to which you have been assigned.
6. Report 15 minutes prior to your assignment.
7. Show your Advisor your assignment card.
8. Your Advisor is responsible to see that you follow your assignment.

**Thank you for volunteering to help
at the conference!**



THE DELEGATE(S) CHAPTER REPRESENTATIVE(S) AT THE SLC

BASIC INFORMATION



Advisors MUST print & give a copy of the Duties & Responsibilities of Voting Delegates to each registered Delegate/Alternate Delegate so he/she knows what to expect

1. Each chapter **MUST** send at least one (1) Voting Delegate to attend the Delegates' Orientation and House of Delegates' meeting at SLC.
2. Additionally, a chapter may send an Alternate Delegate(s); he/she may replace a Voting Delegate in case of an emergency.
3. The delegate may not be a competitor and may not serve as an Event Assistant due to the many sessions he/she must attend; attendance is taken at each session.
4. The Delegate ratio is one (1) Delegate per every ten (10) members per chapter with a maximum of five (5) Delegates.
 - a. If a chapter has twenty (20) members they may send two (2) Delegates and one (1) or two (2) Alternate Delegates.
 - b. If a chapter has twenty five (25) members, they may still only send two (2) delegates and one (1) or two (2) Alternate Delegates.
 - c. Contact your State Advisor with questions about the number of delegates your chapter may send.
5. Alternate delegates may be used in various capacities as assigned by the Category Chairs of Competitive Events.
6. The Delegate(s) **MUST** wear HOSA Uniform or navy blue suit or black suit to every meeting and every General Session at the conference.
7. The Voting Delegate is assigned to bring two (2) copies of a one (1) page report of their chapter happenings; directions follow.
8. Duties and responsibilities of the Voting Delegate(s) and/or Alternate Delegate(s) can be found on the following pages. Each voting delegate MUST receive a copy.



DUTIES AND RESPONSIBILITIES OF VOTING DELEGATES

➡ ***Advisor: Each Delegate/Alternate Delegate is to have a printed copy of all “Delegate” papers to bring to the conference.***

The Voting Delegates and Alternate Delegates will have a special orientation on **the FIRST DAY of the PENN HOSA State Leadership Conference**. Please check SLC program book for time and location. All delegates and alternate delegates are to be present.



The House of Delegates' Business Session will take place on the **SECOND DAY** of the PENN HOSA State Leadership Conference in the morning. Please check SLC program book for time and location. All Voting Delegates and Alternate Delegates are to be present. This session is open to all conference attendees.

Our Keynote Speaker will do a leadership presentation applicable to all student members during the latter part of the Business Session. For this reason we encourage all members to attend the Business Session.

DUTIES AND RESPONSIBILITIES OF PENN HOSA DELEGATES TO THE STATE LEADERSHIP CONFERENCE

Delegates are chosen to represent their local chapters at the State Leadership Conference. At our SLC each chapter **MUST** send at least one Voting Delegate and may send Alternate Delegates as previously outlined. At the HOSA International Leadership Conference our PENN HOSA Executive Council members serve as our State Delegates.

The delegates are an elite group who participate by the following responsibilities:

- a. Electing state officers for the following year.
- b. Serving on committees.
- c. Voting on issues that may come before the assembly.

As a delegate to the PENN HOSA State Leadership Conference, you represent your local HOSA chapter. As a delegate to the International Leadership Conference, you represent the State of Pennsylvania.

The term “House of Delegates” is applied particularly in the association to distinguish the voting body of the delegates from the large number of other members who attend the conference to compete in the leadership and skill events.

Duties of Delegates

1. At the PENN HOSA State Leadership Conference the Voting Delegate from each local chapter **MUST** prepare a one page written report of the chapters’ HOSA happenings for the current year of membership.

- The report shall be typed and include the name of the chapter and school.
- The Delegate has the liberty to decide the format and other material included in the report.
- **Two copies of the report are to be brought to the State Leadership Conference.**



- **One copy will be collected** at the Delegates’ meeting on the second day of the conference
- **Delegate will take one copy to the conference Headquarters** the day he/she arrives at the State Leadership Conference

2. When a HOSA member has accepted the position as a Voting Delegate, he/she is obligated to attend all meetings. This responsibility should not be left to an Alternate Delegate to serve in his/her place except in an emergency.

3. A Delegate has the duty to be present at all business meetings and to be prepared upon returning from the conference to present to his/her local chapter an informative report of what transpired.

4. A Voting Delegate is free to vote as he/she sees fit on questions at the conference except as his/her local chapter may have instructed the Voting Delegate how to vote on a particular matter that is to come before the assembly.

5. Prior to/or during the meeting, the Delegates may wish to discuss the “items” to be voted on with other chapter members. If discussion is requested, a caucus may be requested. A caucus is an informal discussion on a particular issue.

6. In order to be an effective Delegate, she/he should become familiar with parliamentary procedures such as:

- a. Making a motion.
- b. Amending a pending motion.
- c. Amending an amendment of a pending motion.
- d. Debating a motion.
- e. Appealing the decision of the chair.
- f. Limiting the time or number of speakers on a debate.
- g. Calling for a division of the assembly.
- h. Rising to a point of information.
- i. Calling for parliamentary inquiry.
- j. Rising to a point of order.
- k. Rising to a question of privilege.
- l. Referring motion to a committee.

7. Delegates have an important responsibility in voting for the state officers. The Delegate will have the opportunity to interview all of the candidates. Collaboration with the chapter members will guide the Voting Delegate when casting a vote for the candidate.

8. Delegates may also request the officer candidates to meet with the local chapter members at the chapter meeting. If this procedure is followed, the local chapter members present at the state conference will have a voice in the decision of the delegate's vote.

**PENN HOSA
VOTING DELEGATE GUIDELINES
DURING THE HOUSE OF DELEGATES' SESSION**

1. All officer candidates must be present at the State Leadership Conference and MUST score a minimum of 70% on the Candidate Qualifying rubric before their name can be placed on the ballot.
2. All officer candidates will be interviewed by the Nominating Committee composed of the Voting Delegate(s) from each local chapter.
3. A slate of officer candidates will be prepared by the Nominating Committee following the completion of the officer candidate test and interview.
4. The slate of officer candidates will be presented during the House of Delegates' session.
5. Each Voting Delegate will receive a ballot and cast a vote for one (1) candidate in each office.
6. Improperly marked ballots will be considered invalid.
7. Ballots will be collected by tellers appointed by the PENN HOSA State President.
8. Ballots will be counted and tallied by the tellers in the presence of an adult advisor.
9. At the appropriate time, the chairperson of the tellers will report to the House of Delegates as follows:
 - Number of ballots cast.
 - Number of invalid ballots.
 - Number of valid ballots.
 - Number of votes for each candidate.
10. The chairperson of the tellers will hand the report to the President who determines if one (1) candidate for each office has received 51% of valid ballots. If such is the case, the President declares the persons duly elected and reads the names of those receiving the majority votes. If not, a new ballot must be cast for the offices in which 51% has not been attained. The process is continued until each office has a candidate with a majority vote.
11. In any office where only one (1) candidate was nominated, the Secretary will be asked to cast the vote for the delegation.

AGENDA FOR THE HOUSE OF DELEGATES

I. CALL TO ORDER

“THE _____ ANNUAL STATE LEADERSHIP CONFERENCE OF PENN HOSA IS CALLED TO ORDER.”

II. ROLL CALL OF DELEGATES

III. REPORT OF THE CREDENTIAL COMMITTEE

IV. REPORT OF THE STANDING RULES

V. REPORT OF THE PROGRAM COMMITTEE

VI. REPORTS OF OFFICERS:

HISTORIAN
SECRETARY
CENTRAL REGION VICE PRESIDENT
WESTERN REGION VICE PRESIDENT
EASTERN REGION VICE PRESIDENT
VICE PRESIDENT
PRESIDENT

VII. REPORTS OF SPECIAL COMMITTEES:

NOMINATING
CEREMONIAL
BYLAWS
LEADERSHIP
PUBLIC RELATION

VIII. SPECIAL ORDERS:

ELECTION OF STATE OFFICERS
INSTRUCTIONS
APPOINTMENT OF TELLERS

IX. NEW BUSINESS

X. GOOD OF THE ORDER

XI. REPORTS OF LOCAL CHAPTERS