KANSAS HOSA
2018-2019 State Officer Candidate Application Procedure

When a HOSA member declares interest in applying for candidacy for a position on the Executive Council (State Officer position), the following criteria must be met:

1. The officer candidate will commit to the full term of office, which will be until the following election, regardless of the actual school time remaining before graduation.

2. The officer candidate must write the qualifying examination administered and scored by his/her local advisor and receive a minimum score of 70%.

3. The officer candidate must supply proof of a minimum grade point average of 2.5 to his/her local advisor.

4. The officer candidate must read, carefully consider, and complete the following required forms:
   - State Officer Candidate Commitment/Permission
   - State Officer Candidate Questionnaire
   - State Officer Candidate Registration Form
   - Kansas HOSA Code of Conduct

Prior to the election, ALL candidates should have completed the Written Examination, as well as the State Officer Commitment/Permission form, and be members in good standing of Kansas HOSA. No student will be recognized as a candidate for state office without the approval of their local advisor or designee.
KANSAS HOSA 2018-2019
STATE OFFICER CANDIDATE COMMITMENT/PERMISSION FORM

SECTION A: Candidate Commitment

Instructions: Please read carefully, discuss with your family, and obtain support for your candidacy from the following: your advisor, your school or department administrator. By signing this document, you and the aforementioned others agree to the following:

1. I will attend the current year’s Fall Leadership Conference as a candidate for election and give an acceptance speech to the audience. The office I may be elected to will be decided by the advisory team, and I will accept their decision.

2. I will have completed and passed the Kansas HOSA State Officer Written Examination.

3. In addition to this form, I will complete and submit for following forms required of state officer candidates, including:
   - State Officer Candidate Registration
   - State Officer Candidate Questionnaire
   - State Officer Commitment/permission
   - Kansas HOSA Code of Conduct

4. I will be a state and national dues paid HOSA member.

5. I will have met the criteria outlined in the Kansas HOSA State Officer Candidate Application Procedure.

6. I will become thoroughly familiar with the duties and responsibilities of my elected office and fulfill all responsibilities for the entire year. (If selected for the office of secretary, the minutes of the meeting must be submitted within 2 weeks after each Executive Council meeting. This is a combined responsibility of both the officer and local advisor.)

7. My term of office begins on the day of election and continues until the next election, the following year.

8. I will serve with dignity, setting a professional example for all in Kansas HOSA, and will represent Kansas HOSA honorably. I will uphold the Kansas HOSA Code of Conduct at all times, and conduct myself in accordance with all applicable rules and regulations.

9. I will be committed to HOSA and promote HOSA’s goals and objectives in every way possible.

10. I will accept the role and responsibility as a member of the Kansas HOSA Executive Council.
11. The fulfillment of my responsibilities will require time, effort and personal sacrifice. I will work faithfully to assure the work of our state association is discharged in a timely manner.

12. I will attend all meetings, trainings, and conferences during the term of office and accept responsibilities as requested by the HOSA State Advisor including:

- All Executive Council meetings
- Fall Leadership Conference (October)
- State Officer Retreat and Officer Training (November, Kansas City)
- Citizenship Day (January, Topeka)
- Spring Leadership Conference (March, Pittsburg State Univ.)
- International Leadership Conference (recommended)

PLEASE NOTE: All newly elected state officers will be REQUIRED to attend officer training and the HOSA State Officer Retreat in Kansas City. Failure to do so may result in your dismissal from the State Officer team.

13. I will maintain a professional image and appearance in order to project a desirable image of HOSA.

14. I will wear official HOSA attire (see description on attached page) whenever representing Kansas HOSA in an official capacity.

15. I will represent my school, Advisor, program, state officer team, and State Advisor with the decorum required of such a position.

16. I will follow the Code of Conduct at all events. I will avoid places and actions that could raise questions regarding moral character or conduct.

17. Use of alcohol, tobacco or illegal substances at any HOSA sponsored event will result in permanent expulsion from the Executive Council.

18. I will be able to work as a team player, avoiding any display of superiority.

19. I will treat all members of the organization equally and without discrimination.

20. I will resign office immediately if time commitments and expectations are not met (includes attendance, professional image, official dress, responsibility and conduct). If I am unable or unwilling to fulfill the responsibilities of my office, the State Advisor will appoint an alternate to serve in my place.

Signature___________________________________ Date_________________

Parent Signature ____________________________  Date_________________
SECTION B: Chapter Advisor Commitment/Permission

1. I acknowledge that I have reviewed and discussed the foregoing State Officer Candidate responsibilities with my prospective officer candidate.

2. I further understand that as Chapter Advisor to a State Officer, I will need to assist the student with the responsibilities of the office to which he/she may be elected.

3. I therefore, accept the responsibility for assisting the above-named prospective State Officer Candidate, so that he/she will be able to perform the outlined responsibilities to the best of his/her ability.

Signature of Chapter Advisor ______________________________ Date ____________

*The official uniform policy for Kansas HOSA State Officers is:

1. **Blazers for members - Males and Females.** A tailored navy blazer with HOSA emblem affixed over the heart.

2. **Shirt/blouse for female members.** A white tailored blouse or a short-sleeve, white jewel neck shell are acceptable. This is interpreted to mean: an open or closed neck. T-shirts or jewel necklines with lace, ruffle or full-edged collars are not acceptable.

3. **Shirt for male members.** A white, closed-neck, man-tailored dress shirt suitable for use with a tie.

4. **Accent for female members.** The maroon HOSA scarf no longer is a required part of the official uniform for females. However, maroon accent is optional as a scarf or bow tie.

5. **Accent for male members.** A solid navy or maroon man-tailored long tie.

6. **The official HOSA member or advisor pin is centered on the left lapel of the jacket.**

7. **Matching navy slacks for males, and slacks or skirts for females.** (Jeans and denim skirts are not considered appropriate.)

8. **Footwear** appropriate to the overall appearance of the uniform in black, should be consistent among the particular group. For females, no open-toed shoes.
Kansas HOSA
2018-2019 State Officer Candidate Questionnaire

Instructions: **Complete** and **return** to Seth Nutt at 1501 South Joplin, 4th Floor Shirk Hall, Pittsburg, Kansas 66762 by February 3, 2018.

Some or all of this information may be reproduced and provided to voting delegates or used for publication. Answers should be thorough, but briefly stated in complete sentences. Application should not exceed 2 pages.

Candidates Name: 

School & Chapter: 

1. Why do you want to be a state officer?

2. Current grade in school:

3. What are your qualifications for a position on the Executive Council?

4. Are you a local chapter officer this year?  Yes [ ] No [ ] Office?

5. In what other school organizations are you presently active or were previously active?

6. What offices or leadership positions have you held in the above organizations? What awards or honors have you received as a result of participation in the named organizations?

7. In what community activities are you involved? How might this influence your candidacy or ability to carry out duties as a state officer?

8. What are your career goals?

9. List any other information you might wish to share.
10. Email communication is highly used with state officers. Are you able to check and respond to email in a timely manner? Yes ☐ No ☐

Kansas HOSA
2017-2018 State Officer Candidate Registration

Instructions: Type or Print and return to the Kansas HOSA State Office, Attn: Seth Nutt, 1501 South Joplin, 4th Floor Shirk Hall, Pittsburg, Kansas 66762.

Name: ____________________________________________

Chapter Advisor: __________________________________

School: ____________________________________________

School Telephone: __________________________________

Home Address: ______________________________________

Home Telephone: ____________________________________

Cellular Phone: ______________________________________

Email Address: ______________________________________

Office Preferred: (List three in order of preference) Officer Choices: President, Vice-President, Treasurer, Secretary, Parliamentarian, Reporter, Historian, Sentinel, Chaplain

1. ____________________________________________

2. ____________________________________________

3. ____________________________________________

I have written the Kansas HOSA State Officer qualifying examination with a resulting minimum score of 70% and my present grade average is 2.5 or above.

I hereby request consideration as a candidate for an office in the State HOSA Association. This office will be from March 2018 until March 2019.

Candidate Signature ___________________________ Date ___________________

Please note that depending on the number of applicants, you may be moved to your second or third preference through an application review process.
National HOSA and Kansas 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 being in your own room by the designated hour.)
6. If a student is responsible for stealing or vandalism, the student and his/her parents will be expected to pay any and all damages.
7. Members/participants attending the National 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. Smoking is not allowed.
9. Students 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 NLC Attire Policy at all business sessions, general sessions, competitive events and other Conference activities.

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.

REPRODUCTION OF PHOTOGRAPHS: As a delegate to the National Leadership Conference and Kansas HOSA conferences, 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 and Kansas HOSA.

I have read the Code of Conduct for HOSA conferences and agree to abide by these rules.

____________________________________________________________________________
Print Name of Parent/Guardian    Parent/Guardian Signature        Date

____________________________________________________________________________
Print Name of Student       Student Signature            Date
Medical Liability Release Form

DIRECTIONS: Due to legal restrictions, it is necessary that all delegates, parents/guardians, guests and HOSA Advisors complete this form to be eligible to attend the 2018-19 HOSA events. This form should be submitted to the State Advisor. In turn, the 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 Parent/Guardian
Name __________________________________________ Name __________________________________________
Home Address ____________________________________________________________________________
Parent/Guardian/Telephone: Home: ________________ Work: ____________________________________________________________________________
Student’s Physician: ____________________________ Phone: ___________________________
Physician’s Address: ____________________________________________________________________________
Alternate Contact: ____________________________________________________________________________
Telephone Number: Home: _____________________ Work: ___________________________

Local Advisor: ____________________________________________________________________________ School Name: ____________________________________________________________________________
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 disability: __________________________
 c. Concussion: _______________________ g. Diabetes: __________________________
 d. Heart/lung problems: __________________________ h. Other (Be specific): __________________________

If currently taking medication, please provide the following information:
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.
Medical Liability Release Form

PARENT/GUARDIAN: 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.

Parent/Guardian’s Signature: _________________________________ Date ________________
(Applicable for delegates under the age of 18 and must be signed by the parent or legal guardian.)

Delegate’s Signature: ______________________________________ Date ________________

Advisor’s Signature: _________________________________ Date ________________
Following a HOSA student member’s declaration of interest in being a candidate for state office the student shall write the official state examination and receive a qualifying score of at least 70% to be eligible for candidacy.

The examination is prepared by the state advisor and administered and scored by the local HOSA advisor.

The Study Guide should be made available to the student by the local HOSA advisor prior to the students writing the examination. Copies of the guide are available from the Kansas State HOSA Headquarters.

Copies of the Kansas State HOSA Officer Candidate Written Examination and the Key can be obtained from the Kansas State HOSA Headquarters upon request of a local advisor.

The local advisor administering the examination shall be charged to use their discretionary judgment in scoring the answers to the questions.
It is always advisable to enter into the process of writing an examination properly prepared. It is suggested that all candidates for an office in the HOSA Association study the following categories to insure success in writing the qualifying exam:

**HOSA Handbook-Section A**
- HOSA Motto
- HOSA Creed
- HOSA Uniform
- HOSA Emblem
- History of HOSA
- National HOSA geographic regions
- HOSA Headquarters

**HOSA Handbook-Section B**
- Competitive Events

**Kansas State HOSA Association-By-Laws**
- Membership categories in the state of Kansas
- Voting Delegates
- Transaction of business
- Election of State Officers

**Robert’s Rules of Order-Part I**
- Obtaining the floor at a business meeting
- Processing a motion
- Voting procedure for a motion

**Robert’s Rules of Order-Part II**
- Business Meeting Agenda