

***You and your students are invited to join us for the***

***New York State HOSA Future health professionals & HWNY***

***2017 Spring Leadership Conference***

**Holiday Inn Syracuse/Liverpool**

**To:** Chapter Advisors, Principals, Assistant Principals, State Executive Council, HWNY Partners, NYS Education Department Officials, Sponsors and Board of Trustees

**From:** New York State HOSA, HWNY Partners, Board of Trustees

**Date:**  January 2017

**Subject:** Fortieth Annual New York State HOSA Spring Conference theme:

**HOSA: Leadership, Service, Engagement**

***The HOSA-HWNY Spring Conference will be held:***

# March 21- 23, 2017

**Holiday Inn Syracuse/Liverpool**

**441 Electronics Parkway**

**Liverpool, NY 13088**

**Phone: 315-399-5907**

**Fax: 315-451-0675**

Plan now to bring your students to this exciting leadership event!

**Important Dates to Remember:**

* **February 26th** **– ALL Conference Registrations Due**
* **February 27th – March 3rd**  **- Online Testing Window**
* **March 6th – Online Testing Competitive Results Posted**
* **March 21st – 23rd - New York SLC**

 **(All advisors must adhere to the deadlines)**

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*Non-members without chapter affiliation registration form*

**What is HOSA?**

HOSA is a International student organization endorsed by the U.S. Department of Education and the Health Science Technology Education Division of ACTE (Association for Career and Technical Education). HOSA has served future health professionals since 1976, it was created with the idea of providing students opportunities to develop as a leader and a future employee. HOSA creates driven, determined student leaders that are excited about healthcare and all that HOSA has to offer. Above all, HOSA is a tool-a tool vital to the success of students, teachers, and health professionals. HOSA is 100% healthcare and connects all hubs of the healthcare field.

HOSA provides a unique program of leadership development, motivation and recognition exclusively for secondary, postsecondary, adult and collegiate students interested in the pursuit of health care.

# http://hosa.org/sites/default/files/styles/large/public/hosa_2012_0536.jpgMission

# The mission of HOSA is to enhance the delivery of compassionate, quality health care by providing opportunities for knowledge, skill and leadership development of all health science education students, therefore, helping the student meet the needs of the health care community.

**Goals**

The goals that HOSA believes are vital to each member are:

* To promote physical, mental and social well-being.
* To develop effective leadership qualities and skills.
* To develop the ability to communicate more effectively with people.
* To develop character.
* To develop responsible citizenship traits.
* To understand the importance of pleasing oneself as well as being of service to others.
* To build self-confidence and pride in one's work.
* To make realistic career choices and seek successful employment in the health care field.
* To develop an understanding of the importance in interacting and cooperating with other students and organizations.
* To encourage individual and group achievement.
* To develop an understanding of current health care issues, environmental concerns, and survival needs of the community, the nation and the world.
* To encourage involvement in local, state and International health care and education projects.
* To support Health Science Education instructional objectives.
* To promote career opportunities in health care.

**What is HWNY?**

### HWNY, Health WorkForce New York, Inc. is a non-profit 501c3 organization based in central New York and is dedicated to health workforce development. HWNY consists of three managing partners: Upstate Medical University, Central New York Area Health Education Center, and Northern Area Health Education Center.  The HWNY Board of Directors is comprised of key leaders in healthcare, education and economic development from around central and northern New York.

### HWNY focuses on the development of strategic partnerships to deliver a broad range of health workforce initiatives and services specific to pipeline programming, clinical training support and continuing education. For over a decade we have been helping communities develop a strong healthcare workforce

# Mission

HWNY’s mission is to promote healthy people and healthy communities through development and support of the healthcare workforce. HWNY was conceived through partnership between the Central New York Area Health Education Center (CNYAHEC), the Northern Area Health Education Center (NAHEC), and Upstate Medical University (Upstate), each of which recognized the desperate need for a comprehensive solution to address the worsening healthcare workforce shortage crisis.

HWNY adheres closely to the Area Health Education Center System (AHEC) mission and practice of services.

# Outcomes

## The outcomes expected from HWNY and the integrated digital platform are broad in range and are essential to the health of our people and the well-being of our communities.

* Development of an organization and infrastructure to provide an array of comprehensive healthcare workforce services in partnership with any organization or agency
* Development of a powerful, effective, self-sustaining healthcare workforce development tool that can be replicated to other regions of the state and country
* Collection and access to large amounts of precise and vital healthcare workforce data and information, useful for educators, employers, community development agencies, and economic developers
* An easily accessible and highly functional vehicle for all individuals seeking education, meaningful employment, and support in their efforts to further their careers and the conditions of their lives
* Increases in local healthcare providers which builds service capacity, particularly in the areas of most need where FQHCs serve, resulting in the better health of individuals and communities
* A safety net for those individuals, particularly vulnerable populations such as the impoverished, infants and the elderly, who require quality specialized healthcare services
* A forum for meaningfully connecting persons and organizations interested or involved in healthcare, education and community/economic development
* A platform for distributing essential educational material and information across aggregate or specified populations and groups, such as under-represented healthcare workers with respect to race, ethnicity, and age



**2017 HOSA/HWNY Spring Leadership Conference**

# March 21- 23, 2017

**Holiday Inn Syracuse/Liverpool**

**441 Electronics Parkway, Liverpool, NY 13088**

**Phone: (315) 399-5907 Fax: (315) 451-0675**

**∞ Read All Materials Carefully ∞**

Complete all forms and send them to the specified address by the deadline dates. It is imperative that all deadlines be met so that your students will not be disappointed.

❑ March 3, 2017 Hotel Reservation with credit card information and tax-

 exempt must be faxed or mailed (No phone reservations)

 (315) 451-0675 FAX or mail to: Holiday Inn Syracuse/Liverpool, 441 Electronics Parkway, Liverpool, NY 13088

**\*All Advisors and competitors are required to stay at the Holiday Inn Syracuse/Liverpool**

❑ February 26, 2017 Competitive Events Registration – all registration must be

 done online (Open until end of business) [www.hosa.org](http://www.hosa.org)

**Courtney Burris, Competitive Events Coordinator**

**E-mail:** cburris@schools.nyc.gov

❑ February 27 – March 3, 2017 Online Testing must be completed

Conference Registration-Nonmembers without Chapter Affiliation (Use Attachment B)

**Mail $40.00 Registration fee per person and a copy of** Attachment A **to**: Ms. Joanne O’Brien, Career & Technical Team, NYSED, Room 315 EB, 89 Washington Ave, Albany, NY 12234. . Check must be made payable to:

**NYS HOSA (Due by March 10th, 2017.)**

Conference Registration (Online)

**Mail $40.00 Registration fee per person**

 **and a copy of the Invoice/Receipt to:**

 Ms. Joanne O’Brien, Career & Technical Team, NYSED, Room 315 EB, 89 Washington Ave, Albany, NY 12234.

Check must be made payable to:

**NYS HOSA (Due by March 10th, 2017)**

❑ February 27, 2017 State Officer Nominations to: Sandra Keller, Chairperson, HOSA Board of Trustees: 114 Stuart Avenue, Newark, NY 14513

❑ March 10, 2017 **All conference payments due to Joanne O’Brien.**

❑ March 21, 2017 **Medical Form/Photo Release Form/ Code of Conduct Form** for each student completed, signed and in the possession of the Local Chapter Advisor and Hand-in all forms (copies) at registration desk.



***Eligibility for HOSA/HWNY Conference Attendance***

Students, Alumni, Advisors are eligible to attend the Annual New York State Spring Leadership Conference, participate in competitions, symposiums, general sessions and business meetings.

Parents, non-member adults who serve as chaperones for or as guests of a local HOSA/HWNY chapter and all non-members who are **not affiliated** with a local chapter are welcome to attend the Annual New York State Spring Leadership Conference. The online registration and registration fee of $40.00 per person must be submitted with information requested (see attachment B for non-members without affiliation to a local chapter **located on website**).

**\*ALL ATTENDEES NOT OFFICIALLY REGISTERED WITH INTERNATIONAL HOSA,**

**ARE NOT ALLOWED TO REGISTER FOR CONFERENCE.**

All Attendees MUST bring a copy of their online International Registration Invoice/Receipt or Attachment B (non-members without chapter affiliation form) to conference.

#### **Conference Registration Procedures upon Arrival**

1. A member of the NYS HOSA Officers will greet each Chapter group upon arrival and assist them as necessary.
2. **\*CHAPTER ADVISORS will register at the HOSA/HWNY CONFERENCE REGISTRATION DESK to receive their Conference Registration Packets for the Chapter. ADVISORS MUST HAND IN ALL MEDICAL RELEASE FORMS, CODE OF CONDUCT FORMS, PHOTO RELEASE FORMS FOR ALL ATTENDEES (students, chaperones/guests/family members and advisors) *AN ENTIRE SCHOOL DELEGATION WILL BE SENT HOME (at their expense) FOR FAILURE TO INCLUDE THESE IMPORTANT FORMS.***
3. The ADVISOR will then register at the HOTEL REGISTRATION DESK and receive room assignments and keys for each member of the group.
4. All Attendees will proceed to hotel rooms and appropriate conference sessions. Baggage unloading will be the responsibility of each participant.
5. ADVISOR – be sure that all students receive their Programs, are aware of the activities from Tuesday afternoon to Thursday afternoon, and know how to reach you at the hotel

**Hotel Registration Procedures**

All conference participants (HOSA/HWNY Student Members, State Officers, Advisors, Chaperones, Guests and any other persons attending the conference) must be pre-registered. Chapters must pre-register with both the State Organization and with the hotel.

Hotel Reservation and Costs:

 Hotel reservation forms are online **(Attachment A)**. Please complete for all your participants.

* + - 1. Advisors must make and be responsible for hotel reservations for your group by March 3, 2017.
			2. Advisors are responsible to report any cancellations directly to the hotel no later than March 6, 2017. After this date the chapter is responsible for all fees for the reservations made.
			3. Advisors wishing to room students with students from other schools will make these arrangements independently. NY HOSA/HWNY or the hotel staff will not do it.
			4. Advisors must request that their room be near their students’ rooms.
			5. To avoid paying tax, Advisors must bring or submit tax-exempt numbers/certificates from their school with corresponding school check. **Purchase orders from schools will be accepted if they are submitted to the hotel by March 3,** with **the registration form**. Personal credit cards, personal checks, money orders and cash will be taxed.
			6. Monday evening room only - $107.00 per room **(state officers, advisors and HOSA/HWNY members)**
			7. The hotel package includes: lodging for 2 nights’ room and 5 meals, beginning with dinner on the afternoon of arrival.

Single Occupancy *approximately* $394.00 per room (w/tax exempt form)/$434.00 with taxes

 Double Occupancy *approximately* $596.00 per room (w/tax exempt form)/$650.00 with taxes

 Triple Occupancy *approximately* $798.00 per room (w/tax exempt form)/$867.00 with taxes

 Quad Occupancy *approximately* $1000.00 per room (w/tax exempt form)/$1084.00 with taxes

* Telephones and pay TV boxes will be turned off so that no incidental charges may be incurred. Room service orders will not be available to HOSA/HWNY students and should not be requested



|  |  |
| --- | --- |
| Please read all registration information very carefullyto avoid difficulty in registering for the conference. Registration information can be found online at [www.hosa.org](http://www.hosa.org). or see (Attachment B on website) for Nonmembers without Chapter Affiliation, for technical support, please contact Terry Mitchell, tmitchell@ocmboces.org or Sandra Keller, sandra.keller@ymail.com.Registration Fee for the NYS Fall Leadership Conference: * Student Members $40
* Professional Members /Advisors $40
* Nonmembers (Guests & Family) $40

The NYS HOSA/HWNY Board of Trustees voted that the registration fee for parents, spouses, their children, or anyone attending the NYS Conference will be $40. | All registered attendees MUST stay in an approved conference hotel. All registered attendees who are NOT staying in an approved conference hotel will be disqualified from all HOSA activities and events.Anyone who stays in a hotel room in the HOSA room must be a registered NYS HOSA/HWNY conference attendee.The registration fee includes: All General Sessions•Entertainment• Speakers• Educational Symposiums•Recognition Program Awards• Registration Information• Conference Program• Awards• Meeting Room Rentals• Conference T-shirt • Other General Conference Operating Expenses•  |

[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]

**Online Conference**

**Registration Information**

**No refunds will be paid**. Substitutions are

allowed for team events (if you have changes). Please Contact

Terry Mitchell, tmitchell@ocmboces.org

**Online Conference Registration**

1. Go to the International HOSA website at [www.hosa.org](http://www.hosa.org).
2. Select Login in the top right corner of the HOSA home page.
3. Select the link that says access local chapter advisor.
4. Enter your charter Number and Password and login.
5. If doing any of the online testing, select Identifying Proctors for Online testing. –This cannot be the adviser and the person is only there to ensure that the computers function and handle issues that might arise, they do not need to know anything on the topic – it is better if they do not.
6. Select Conference Registration from the menu.
7. You will be prompted to enter your charter Number and Password again.
8. The screen will have a set of instructions for you to read. On the upper right-hand corner, there is a drop down box where you can select the conference “NYS HOSA/HWNY Spring Leadership Conference 2017” and then click “Begin Registration”.
9. A complete list of your students will appear. Beside each student’s name, there is a link to register that student for the conference. Click register for the person/student you want to enter and a screen with all the options will come up.
10. You will need to do the following for each person:
* Specify Male or Female
* Select Classification (i.e. Secondary, Postsecondary/Collegiate, Professional, Alumni, Guest/Family)
1. If you need to register a guest, family member or chaperone that is not a member, there is a box to click to

 add that information to your main registration page where all the names can be viewed.

1. Once you have made all your selections, you will click submit at the bottom of the page.
2. REGISTER CAREFULLY: State advisor or her designee will verify registration periodically. Once

 the registration attendees are verified, chapters will be charged for their registered attendees.

**Reminder:**

**Conference Payment Deadline:** Wednesday, March 10, 2017. Cancellations after March 10, 2017 will not be refunded. Refunds apply only to participants who have completed no part of a competition.

**NYS HOSA/HWNY/International HOSA Student Conduct Code**

A good reputation enables members to take pride in their organization. NYHOSA-HWNY members have an excellent reputation. Your conduct at any HOSA function should make a positive contribution to the reputation that has been established. *This form should be submitted by the Chapter Advisor during the conference registration process and please make a copy for your records. Form good for the 2016-2017 school year.* ***This form is due upon arrival. FAILURE TO HAND THIS FORM IN DURING THE REGISTRATION PROCESS WILL RESULT IN YOUR ENTIRE SCHOOL DELEGATION BEING SENT HOME (at the school’s expense).***

1. Your behavior always should be such that it reflects credit to you, your school/college, your chapter, 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 always. (HOSA Conference name badges shall be worn always 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 student is responsible for stealing or vandalism, the student, their chapter and his/her parents will be expected to pay all damages.

7. Members/participants attending the New York State/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 NYS HOSA/HWNY/International HOSA Conferences are non-smoking conferences.

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, chapter 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.

12. As a delegate to the New York State / 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 New York State/International 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. Chapters that do not adhere to general session protocol will be asked to send a representative to a special meeting of the Executive Board.

**I understand and will adhere to NYS HOSA/HWNY’s Dress Code Policy for all general sessions and for social activities of the NYSLC/NLC Conference Packet/Guide. I have read the Code of Conduct for HOSA conferences and agree to abide by these rules.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Parent/Guardian Parent/Guardian’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Student Student’s Signature Date

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



 **NYS HOSA/HWNY**

**Advisor’s, Chaperone’s and Guest’s CODE OF ETHICS**

***This form is due upon arrival***

**HOSA ADVISOR, CHAPERONE, and/or GUEST YOU ARE EXPECTED TO:**

1. Project a positive and professional image of NYS HOSA/HWNY to all those with whom you interact.
2. Promote NYS HOSA/HWNY as a positive student experience; therefore,

will act as a positive role model for students in dress, voice, attitude, actions, and demeanor.

1. Remain accountable to and for their students in all NYS HOSA/HWNY

Related activities.

1. Understand and follow established processes within the

NYS HOSA/HWNY organization that protect the rights of all members.

1. PERFORM all assigned duties. Failure of an advisor to perform their duties may result in their chapter being disqualified from conference activities by the Board of Directors.

NYS HOSA/HWNY advisor, chaperone and/or guest is proud of the standard of excellence he/she maintains for themselves and their students. Attendance at any NYS HOSA/HWNY function implies acceptance and practice of these standards.

I have read the above Code of Ethics for NYS HOSA/HWNY Advisors/Chaperones/Guest and agree to accept and practice these standards.

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

**Please check one:**

Advisor: \_\_\_\_\_\_ Chaperone: \_\_\_\_\_\_ Guest: \_\_\_\_\_\_

**NOTE:**

**Due to legal restrictions, it is necessary that all members, parents/guardians, guests, chaperones and HOSA Advisors complete this form** to be eligible to attend the HOSA/HWNY New York State / International Leadership Conference. *This form should be submitted by the Chapter Advisor during the conference registration process and please make a copy for your records. Form good for the 2016-2017 school year.* ***This form is due upon arrival***

* ***FAILURE TO HAND THIS FORM IN DURING THE REGISTRATION PROCESS WILL RESULT IN YOUR ENTIRE SCHOOL DELEGATION BEING SENT HOME (at the school’s expense).***

**Medical Liability Release Form**

**DIRECTIONS:** Due to legal restrictions, it is necessary that all members, parents/guardians, guests and **NYS HOSA/HWNY** Advisors complete this form to be eligible to attend the **NYS HOSA/HWNY** /International Leadership Conference. *This form should be submitted by the Chapter Advisor during the conference registration process and please make a copy for your records. Form good for the 2016-2017 school year.* ***This form is due upon arrival. FAILURE TO HAND THIS FORM IN DURING THE REGISTRATION PROCESS WILL RESULT IN YOUR ENTIRE SCHOOL DELEGATION BEING SENT HOME (at the school’s expense).***

**PLEASE TYPE OR PRINT ALL INFORMATION**

*Member Information*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 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: \_\_\_\_\_\_\_\_\_\_\_

**LIABILITY RELEASE.** I certify that the information described above is accurate and complete to the best of my knowledge. I understand that everyone is responsible for his/her own insurance coverage during this trip. I hereby release the International HOSA Board of Directors, the International 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:** 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 participants under the age of 18 and must be signed by the parent or legal guardian.)

Delegate’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Photo/Videotape/Broadcasts/Sound Record Liability Release Form**

**NY HOSA/HWNY SPRING LEADERSHIP CONFERENCE**

**2016-2017 School Year**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby grant NYS HOSA/HWNY permission to make photographs/videotapes/broadcasts and/or sound recorded during the New York State Leadership Conferences for educational and promotional purposes on any delivery system including the NYS HOSA/HWNY Websites.**

**Please visit our website at** [**www.newyorkhosa.org**](http://www.newyorkhosa.org)

**Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_**

**\*Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_**

**Advisor’s Signature:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:** **\_\_\_\_\_**

**NOTE:**

* **Due to legal restrictions, it is necessary that all members, parents/guardians, guests, chaperones and HOSA Advisors complete this form** to be eligible to attend the HOSA New York State / International Leadership Conference. *This form should be submitted by the Chapter Advisor during the conference registration process and please make a copy for your records. Form good for the 2016-2017 school year.* ***This form is due upon arrival. FAILURE TO HAND THIS FORM IN DURING THE REGISTRATION PROCESS WILL RESULT IN YOUR ENTIRE SCHOOL DELEGATION BEING SENT HOME (at the school’s expense).***

**\*Student’s parent/guardian must sign for student**

 **Official NYSHOSA Uniform and Dress Code**

**for General Sessions**

|  |  |
| --- | --- |
| The following official dress code for the student members/delegates for **ALL general sessions** at the NYSLC/ILC will be strictly enforced:**NYSHOSA Uniform:**• Tailored navy blazer with emblem affixed over the heart• Shirt/blouse for females (white tailored or short-sleeve white jewel neck shell• Shirt for males—white closed-neck, man-tailored dress shirt, suitable for use with a tie• Accent for female members - maroon HOSA scarf or tie is optional but not required• Accent for male officers - navy or maroon long tie• Matching navy slacks for males and matching navy slacks or skirts for females• **Closed-toe** blue or black shoes (hose for women; men must wear socks)**OR****Black or navy blue suit**• **With a white shirt** (the white shirt can be the member’s choice)• **Closed-toe** blue or black shoes • Male members **MUST** wear a tie and socks• Female members may choose to wear **knee-length** skirt or slacks. | **Student members/delegates not adhering to the dress policy for all general sessions at the NYSLC/NLC will not be admitted.**C:\Users\Sheila\Pictures\hosa pic\546968_305166899587824_1928060765_n[1].jpg**Official** NYSHOSA/HWNY **Casual Dress Code**Appropriate dress for official social functions in conjunction with the NYSC/ILC will include everything EXCEPT tank tops, halter tops, extremely short shorts or skirts and cut-offs.  (Shirt straps must be two inches wide and the length of shorts and skirts must be at minimum to the fingertip.) |

**HOSA is looking for talented singers to participate in the Spring Leadership Conferences. If you are interested, please email Terry Mitchell: tmitchell@ocmboces.org.**

**The deadline is March 3, 2017.**

**If selected, he/she will sing at the opening general session at the Spring Leadership**

 **Conference.**



**NYS HOSA/HWNY**

CHAPTER POSTER CONTEST

January 2017

Dear HOSA Members:

The Executive Council is requesting that each chapter make a personalized HOSA poster.

The poster must be 28" by 22" (or standard poster board). We request that you put your chapter’s name, your region, and the HOSA logo on the back of the poster. The poster should reflect the conference theme of:

**HOSA: Leadership, Service, Engagement**

You may use anything you wish to make the poster personalized and to represent your chapter.

Try to put some effort into the poster and make them as nice as possible. They will be displayed around the hotel to represent you and your chapter. Posters will be judged and one 1st place award will be presented at the award ceremony. Judging will be based on originality, interpretation of the theme, and art work including color.

Good luck and have fun designing your poster. Please bring the finished product to the conference and turn it in upon registration. (see rubric below)

Thank you for your time and effort.

Sincerely,

Executive Committee

The Executive Committee

Chapter Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chapter Poster Rubric**

|  |  |  |
| --- | --- | --- |
| Characteristics | Points | Score |
| Standard Poster Board Size | Mandatory - check if done |  |
| Chapter Name on Back | Mandatory – check if done |  |
| HOSA Logo on Back | Mandatory – check if done |  |
| Artistic Qualities | 1 --10 |  |
| Incorporate the theme into the poster and the design complements the theme | 1 -- 10 |  |
| Originality of ideas to represent the theme | 1 -- 10 |  |
| Total Score |  |  |

If any of the mandatory characteristics or details are missing the poster is automatically disqualified.

 

**New York State HOSA**

**National Service Project**

This year International HOSA and New York State HOSA are supporting the

*“*National Alliance on Mental Illness*”* as our service project.

All chapters are encouraged to support this important cause by having a fundraiser.

Your contribution will help the 1 in 5 people living with mental illness, NAMI means more than hope. NAMI provides real-time education, support, advocate at the International level, and raise awareness to ensure better lives for all. Your donation will help NAMI change the way the world views mental health.



All chapters or nonmembers donating the proceeds from a fundraiser or other contributions will be recognized during the awards ceremony at the Spring Conference.

(Verification from International HOSA is required for acknowledgement [obtain a receipt])

Please send donations to your local NAMI: <https://www.nami.org/>

Register your donation on the HOSA International website: [www.hosa.org](http://www.hosa.org)



HOSA ACHIEVEMENT AWARD FACT SHEET

(pgs. 17-21)

The HOSA Achievement Award is a New York State Award designed to provide HOSA members the opportunity to earn an achievement pin in recognition of their knowledge of the HOSA organization.

State Officers will be available throughout the HOSA Conference to assist individuals in earning this award. We strongly urge all conference participants, both students and advisors, to come prepared so that 100% of the participants can attain the Achievement Award.

# Qualifications

 Candidate must be an active HOSA member and participant in the HOSA conference.

# Procedures

1. Online achievement exam / Make-up exam at conference
2. Participate in all scheduled conference sessions.
3. Earn a score of 85 or higher on a written test of HOSA knowledge.
4. Recite the HOSA Creed to a State Officer.
5. Fulfill all requirements by 10:00 PM Thursday night.

#####

##### **The written test will include the following:**

 --- The three goals of HOSA

 --- The meaning of the motto (opening ceremony) [pgs. 20-21]

 --- The duties of the following officers: (HOSA Chapter Handbook)

 - President - Vice President - Parliamentarian

 - Treasurer - Secretary - Reporter

--- Local, Regional and State officers (Others choose one part), know your

 part of the Opening Ceremony

--- The organizational relationship of the local chapter, state association, and

 International organization.

--- The names of your State HOSA Advisor, Conference Coordinator(s),

 Board of Trustees Chairperson, Competitive Events Coordinator

--- Description of the official emblem and the meaning

(opening ceremony) [pgs. 20-21]



**HEALTH OCCUPATIONS STUDENTS OF AMERICA**

**NEW YORK STATE ASSOCIATION**

**ACHIEVEMENT AWARD STUDY NOTES**

**Q *What is the State Motto?***

 A: The hands of HOSA mold the health of tomorrow.

**Q *What is an explanation of the motto?***

 A: The HOSA members are the future of the health care field.

###### ***Q What are three goals of HOSA?***

 A: Learn, Grow, Become

###### ***Q What are the three levels of HOSA?***

 A: Local, State, International

###### ***Q How are they connected?***

 A: Local reports to State and State reports to International HOSA

###### ***Q What is the approved HOSA uniform?***

 A: Male: Navy blue blazer

 Navy blue dress pants

 Dress shoes

 White dress shirt

 Female: Navy blue skirt or dress pant

 Navy blue blazer

 White dress shirt

 Navy blue closed toed dress shoes

**Q *What is the HOSA code of Conduct?***

 A: No smoking in HOSA uniform

 No alcoholic beverages

 No persons of the opposite sex in your room

 Must be in uniform for all business meetings and dinners

**Q *Explain the meaning of the colors and the emblem?***

 A: Circle Continuity of health care

 Triangle The three aspects of a person’s well-being social, mental,

 physical

 Hands The caring of each HOSA member

 Person All mankind

 Maroon The gift of life in our hearts to be shared with others

 White Purity and beauty

 Navy Blue The understanding of a person’s health care needs

**Q** ***What are the state officers’ roles in the opening ceremony? (pgs.20-21)***

 A: President – Runs the meeting

 Senior Vice President – Says what the hands represents on the emblem

 Treasurer – Says what the circle represents on the emblem

 Secretary – Says what the triangle represents on the emblem

 Parliamentarian – Says what the colors represents on the emblem

 Regional Vice Present – Stands and says the creed

 Historian – Stands and says the HOSA motto

**Q *What does each of the local officers do in a meeting?***

 A President – Runs the meeting

Vice President – Has to be ready to take over the meeting and assume the

 position of the President

Secretary – Takes the minutes of the meeting

Treasurer – Handles all money matters

Parliamentarian – Makes sure the meeting is run with the correct procedure

Historian – Keeps the scrapbook and publishes the articles for the newspaper

**Q *Who are the state leaders?***

 A Board Chairperson: Sandy Keller

 State Advisor: Joanne O’Brien

 State Officer Coordinator: Sasha O’Connor

 President Rebecca Reamer

 Senior Vice President Kaitlin Laird

 Treasurer Fariah Safa

 Secretary Kaylee McIntyre

 Parliamentarian Dahlia Venny

 Historian David Hernandez

 Region E Vice President Victoria Welka

**Q *What is the Creed? (NEW)***

 I believe in the Health Care Profession.

 I believe in the opportunities, which my training offers.

 I believe in education.

 I believe that by using my skills, knowledge, and experience, I can contribute to my

 community.

 I believe in myself.

 I believe that I will become more aware of myself and become a more responsible

 citizen.

 I believe that each person is important and therefore I will treat each person with

 respect and love.

To this end, I dedicate my training, my skills, and myself

to serve others through

HOSA: Future Health Professionals

Health Occupations Students of America

New York State Association

OPENING CEREMONY

President:

*(Stands)* This meeting of the New York State Association of Health Occupations Students of America will come to order. Our Association was formed to assist students enrolled in Health Occupations Education programs to develop leadership abilities, encourage personal growth, and further our training in a health care field. Before us is our HOSA ceremonial emblem. *(Motion toward ceremonial emblem).* M/M Senior Vice President, what do the hands present?

Senior Vice President:

*(Stands, moves to Emblem, points to hands)* The protective hands represent caring and active HOSA students. *(Return to place).*

President:

M/M Secretary, what does the Triangle represent?

Secretary:

*(Stands, moves to Emblem, moves hand along three lines of triangle as responding).* The triangle represents the three aspects of a person’s well-being; social health, physical health, and mental health. *(Return to place).*

President:

M/M Treasurer, what does the circle represent?

Treasurer:

*(Stands, moves to Emblem, moves hand around circle).* The circle represents the continuity of health care.

President:

M/M Parliamentarian, what do the colors white, blue and red symbolize?

Parliamentarian:

*(Stands, moves to Emblem, motions to three colors as responding).* White symbolizes purity and beauty reaching from within to help others. Blue symbolizes the understanding of a person’s health care needs. Red symbolizes the gift of life without our hearts to be shared with others.

President:

M/M Historian, what is the HOSA motto?

Historian:

*(Stands in place).* The HOSA Motto *is:* THE HANDS OF HOSA MOLD THE HEALTH OF TOMORROW.

President:

Will all HOSA Officers and Members please stand. *(Raps gavel twice; All Officers and Members Stand)*

President:

Will the Regional Vice President and Adult/Postsecondary members-at-large please lead us in reciting the HOSA Creed.

Regional Vice Presidents:

 I believe in the Health Care Profession.

 I believe in the opportunities, which my training offers.

 I believe in education.

 I believe that by using my skills, knowledge, and experience, I can contribute to my community.

 I believe in myself.

 I believe that I will become more aware of myself and become a more responsible

 citizen.

 I believe that each person is important and therefore I will treat each person with

 respect and love.

To this end, I dedicate my training, my skills, and myself

to serve others through

HOSA: Future Health Professionals

President:

 Will the Senior Vice President please lead us in the pledge to the Flag.

Senior Vice President:

 *(Turns to the flag :)* I pledge…… *(All officers join in).*

President:

 I now declare this meeting in session to consider all business that may properly come before it. *(Raps gavel once.)*



***New York State***

**HOSA EXECUTIVE COUNCIL**

**2016/2017**

**President -** *Rebecca Reamer*

**Senior Vice President -** *Kaitlin Laird*

 **Treasurer -** *Fariah Safa*

**Secretary -** *Kaylee McIntyre*

 **Parliamentarian -** *Dahlia Venny*

 **Historian** **-**  *David Hernandez*

 **Region E Vice President -** *Victoria Welka*

*HOSA Board of Trustees Chairperson*

***Sandy Keller***

🙞

*New York State HOSA Advisor*

***Joanne O’Brien***

🙞

*Vice Chairperson*

***Vacancy***

🙞

*Competitive Events Coordinators*

***Courtney Burris / Vacancy / Dara-Ayo Burris***

🙞

*HOSA State Officer Coordinators*

***Sasha O’Connor / Margaret Savitzky***

🙞

*HOSA Conference Coordinators*

***Terry Mitchell / Sheila Cummings***



***New York State***

**HOSA BOARD OF TRUSTEES**

**2016/2017**

*HOSA Board of Trustees Chairperson*

***Sandy Keller***

🙞

*New York State HOSA Advisor*

***Joanne O’Brien***

🙞

*HOSA Board of Trustees Vice Chairperson*

***Vacancy***

🙞

*Treasurers Secretary*

***Susan Dennie / Vacancy Sue Mills***

🙞

*Competitive Events Coordinators HOSA State Officer Coordinators*

 ***Courtney Burris / Vacancy / Dara-Ayo Burris Sasha O’Connor / Margaret Savitzky***

🙞

*Post-Secondary Advisor HOSA Resources*

***Chris Angus Bonita Shelby***

🙞

*Web Master Alumni Liaisons*

 ***Tom Binswanger Rebecca Knoblauch / Samantha Bickford***

🙞

 *Region NYC Advisors Region A Advisor*

***Gloria Huddle / Vacancy Vacancy***

🙞

 *Region B Advisor Region C Advisor*

***Ray Sulla Nancy Lutz***

 🙞

*Region D Advisor Region E Advisor*

***Leanne Saxby***  ***Bonita Shelby***

🙞

*HOSA Conference Coordinators*

***Terry Mitchell / Sheila Cummings***