

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

*New York State Health Occupations Students of America &*

*Health WorkForce New York, Inc.*

*2017 Fall Leadership Conference*

*Hilton Garden Inn Troy*

**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:**  November 9-10, 2017

**Subject:** *New York State Health Occupations Students of America & Health WorkForce New York, Inc.*

*2017 Fall Leadership Conference*

*November 9th and 10th , 2017*

*Hilton Garden Inn Troy*

*235 Hoosick Street, Troy, NY 12180*

The Student Executive Council, the Board of Trustees of the New York State Association of HOSA and Health WorkForce New York, Inc.would like to invite teachers and their students, school administrators, NYS education department officials and sponsors to attend the 2017 HOSA/HWNY Fall Leadership Conference. This year the conference will be held at the Hilton Garden Inn Troy Hotel in Troy, New York from **November 9th and 10th , 2017**.

**Plan now** to bring your students to this very **worthwhile leadership event**.

This year’s fall theme: “**The Care For All Starts Within You.**” was submitted and voted on by the House of Delegates.

Registration will take place from 12 noon until 1:30 p.m. on Thursday, November 9th, in the hotel lobby. Please do not plan on arriving prior to noon. Lunch will be held from 12:00 p.m. – 1:30 p.m. Opening session is immediately after lunch at 1:30 p.m. At 2:15 p.m. on Thursday, students will tour areas of interest in Albany. \*On Friday Box Lunch will be given at 1:15p.m.

**All conference participants, chaperones, and advisors must attend a tour**.

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**What is HOSA?**

HOSA is a national 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 national 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 Fall Leadership Conference**

# November 9th - 10th, 2017

**Hilton Garden Inn Troy**

**235 Hoosick Street**

**Troy, New York 12180**

**Phone: (518) 272-1700**

**Fax: (518) 272-1701**

**⮚ Read All Materials Carefully ⮘**

All Attendees must 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.

❑ October 11, 2017 Purchase orders from schools will be accepted if they are submitted to the hotel by October 11, 2017 with the registration form. Contact hotel for details (518) 272-1700

❑ October 26, 2017 Hotel Reservation with credit card information and

tax- exempt must be faxed or mailed (No phone reservations) (518) 272-1701 FAX or mail to: Hilton Garden Inn Troy, 235 Hoosick Street, Troy, New York 12180

❑ November 3, 2017 Conference Registration (Online)

 **Mail** $40.00 Registration fee per person and a copy of the Invoice/Receipt from Nationals to: Mrs. Sara Kutter, 8250 State Street Road, Batavia, NY 14020: **New York State HOSA**

Conference Registration-Nonmembers without Chapter Affiliation (Attachment B, located on NY HOSA website)

 **Mail** $40.00 Registration fee per person and a copy of the (Attachment B) to: Mrs. Sara Kutter, 8250 State Street Rd., Batavia, NY 14020. Check must be made payable to: **New York State HOSA**

❑ November 9, 2017 **Medical Form/Photo Release Form/Code of Conduct Form** for each student completed, signed and in the possession of the Local Chapter Advisors/Nonmembers.

 ***Hand-in all forms at registration desk.(see pg.6 [b])***



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

Students, Alumni, Advisors are eligible to attend the Annual New York State Fall Leadership Conference, participate in workshops, tours, 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 Fall 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 NATIONAL HOSA,**

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

All Attendees MUST bring a copy of their online National registration Invoice/Receipt or Attachment B(non-members without chapter affliation 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/familymembers 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. All Attendees will proceed to Lunch.
6. ADVISOR – be sure that all students have received their Registration Packets, are aware of the Thursday afternoon and evening programs, and know how to reach you at the hotel

**Hotel Registration Procedures**

All conference participants (HOSA/HWNY Student Members, State Officers, Advisors, Chaperones, 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 enclosed **(see Attachment A)**. Please complete for all of your participants.

1. Advisors must make and be responsible for hotel reservations for your group by October 26, 2017.
2. Advisors are responsible to report any cancellations directly to the hotel no later than 3 days prior to arrival. Failure to cancel in a timely manner will result in chapter being responsible for hotel costs.
3. Advisors wishing to room students with students from other schools will make these arrangements. NY HOSA/HWNY or the hotel staff will not do it.
4. Advisors are required to have their room be near their students’ rooms.
5. To avoid paying tax, Advisors must bring 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 October 11, 2017 with the registration form**. Personal credit cards, personal checks, money orders and cash will be taxed.
6. The hotel package includes: lodging for 1 night room and 4 meals, beginning with lunch on the afternoon of arrival through box lunch on day of departure.

 Wednesday evening room only - $110.00 per room**(state officers, advisors and HOSA/HWNY members)**

Single Occupancy *approximately* $212.00 per room (w/tax exempt form)/$235.32 with taxes

 Double Occupancy *approximately* $314.00 per room (w/tax exempt form)/$348.54 with taxes

 Triple Occupancy *approximately* $416.00 per room (w/tax exempt form)/$461.76 with taxes

 Quad Occupancy *approximately* $518.00 per room (w/tax exempt form)/$574.98 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

**Online Conference**

[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.]

**Registration Information**

|  |  |
| --- | --- |
| 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 Ray Sulla rsulla@swboces.org Registration Fee for the NYS Fall Leadership Conference: * Student Members $40
* Professional Members (Advisors) $40
* Nonmembers (Guests & Family) $40

The NYS HOSA 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 block must be a registered NYS conference attendee.The registration fee includes: All General Sessions•Entertainment• Speakers• Educational Symposiums•Tours• Recognition Program Awards• Transportation to and from tour sites• Registration Information• Conference Program• Awards• Meeting Room Rentals• Other General Conference Operating Expenses•  |

**No refunds will be paid**. Substitutions are allowed (if you have changes). Please Contact: Terry Mitchell, tmitchell@ocmboces.org

**Online Conference Registration Procedures**

1. Go to the National 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. Select Conference Registration from the menu.
6. You will be prompted to enter your charter Number and Password again.
7. 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 Fall Leadership Conference 2017” and then click “Begin Registration”.
8. 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 of the options will come up.
9. 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)
* Select the tour
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 of the names can be viewed.

1. Once you have made all of 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:**

Payment Deadline: Friday, November 3, 2017. Purchase Orders need to be received by October 26, 2017

 Cancellations after October 31, 2017 will not be refunded.

**New York State/National HOSA/HWNY Conduct Code**

A good reputation enables members to take pride in their organization. HOSA/HWNY members have an excellent reputation. Your conduct at any HOSA/HWNY 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 2017-2018 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 at all times should be such that it reflects credit to you, your school/college, your chapter, State and HOSA/HWNY.

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/HWNY Conference name badges shall be worn at all times at HOSA/HWNY 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 required 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 any and all damages.

7. Members/participants attending the New York State/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. The New York State/National 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 / National 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/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. 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 HOSA’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/HWNY 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**New York State/National HOSA/HWNY**

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

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

**HOSA/HWNY ADVISORS AND CHAPERONES ARE EXPECTED TO:**

1. Project a positive and professional image of NYS HOSA/HWNY to all those with whom

you interact.

1. Promote 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 your students in all HOSA/HWNY-related activities.
2. Understand and follow established processes within the HOSA/HWNY organization that

protect the rights of all members.

1. PERFORM all assigned duties and assist wherever possible. Failure of an advisor to perform their

required duties and assist wherever possible may result in their chapter being disqualified from

conference activities by the Board of Directors.

HOSA/HWNY advisors chaperones, guests are proud of the standard of excellence they maintain for themselves, and their students. Attendance at any HOSA/HWNY function implies acceptance and practice of these standards.

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

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

Please check one:

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

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

**NOTE:**

Due to legal restrictions, it is necessary that all members, parents/guardians, guests and HOSA Advisors complete this form to be eligible to attend the HOSA New York State / National 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 2017-2087 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 HOSA/HWNY Advisors complete this form to be eligible to attend the HOSA/HWNY New York State/National 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 2017-2018 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/Guest 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: \_\_\_\_\_\_\_\_\_\_\_

Attach a list of medications if necessary

**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/HWNY Associations, and any designated individual in charge of the HOSA/HWNY 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(Student) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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



**Photo Liability Release Form**

**NEW YORK STATE HOSA/HWNY LEADERSHIP CONFERENCES**

**2017-2018 School Year**

**I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be photographed during the New York State Leadership Conferences. These photos may be used on but not limited to the New York HOSA Website.**

**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:** \_\_\_\_\_\_\_\_\_

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

**NOTE:**

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* ***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).***

**Official HOSA Uniform and Dress Code**

**for General Sessions**

|  |  |
| --- | --- |
| The following official dress code for the student members/delegates for **ALL general sessions** at the NYSLC/NLC will be strictly enforced:**HOSA 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 optional 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 (hose optional)• 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.**Picture**Official HOSA** **Casual Dress Code**Appropriate dress for official social functions in conjunction with the NYSC/NLC 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 contact: Ray Sulla email: rsulla@swboces.org

The deadline for entries is 5:00pm Friday, January 26, 2018.

If selected, he/she will sing at the general session at the Spring Leadership Conference.





**Attachment A**

**Health Occupation Students of America (HOSA)**

**Arrival: Thursday, November 9, 2017 ~ Departure: Friday, November 10, 2017**

**Reservation Cut-Off Date ~ Wednesday, October 26, 2017**

Thank you for requesting reservations at the Hilton Garden Inn Troy. Our entire staff would like to extend a warm welcome to you during your upcoming conference.

Your reservations will be confirmed upon receipt of a credit card guarantee or purchase order for your reservation. Your deposit must be received within 15 days from the date your reservation is made. Credit card guarantee must be made at the time of booking. Advance deposits are refundable if you cancel at least three business days before your scheduled arrival date. You may send a check for your deposit or provide us with a completed purchase order or voucher along with a credit card to guarantee the reservation. Please complete the credit card information on this form to authorize using your credit card as a guarantee if not enclosing payment. **A Purchase Order must include name of guests, arrival & departure date, list of authorized charges, billing address, phone number, point of contact and signature of authorization. The original purchase order must be received 15 days prior to the guest’s arrival. Wednesday evening room only -- $110.00 per room (state officers, advisors and HOSA/HWNY members)**

If more than one person will share the room, please include the names of the additional occupants. Check out time is 12 noon and rooms may not be available for check in until 3:00pm.

**2017 HOSA/HWNY Conference Package Room Rates**

If this stay is tax exempt, a completed and signed NYS Tax Exemption certificate (ST-119) must accompany the reservation, or be presented 15 days prior to check-in.

In order to have Tax Exempt Status you must present a school check, school credit card or a completed purchase order or voucher.

**Single Occupancy** **Double Occupancy**

$212.00 Based on Tax Exempt Status $235.32 with Taxes $314.00 Based on Tax Exempt Status $348.54 with Taxes

 ($157.00 per person) ($174.27 per person)

**Triple Occupancy** **Quad Occupancy**

$416.00 Based on Tax Exempt Status $461.76 with Taxes $518.00 Based on Tax Exempt Status $574.98 with Taxes

($138.67 per person) ($153.92 per person) ($129.50 per person) ($143.75 per person)

*Package Includes accommodations on Thursday evening and Friday; lunch and dinner on Thursday; breakfast and box lunch on Friday, all administrative charges. Taxes will be added unless New York State Tax Exempt Certificate is submitted.*

##  Credit Card Information

I hereby authorize the Hilton Garden Inn Troy to guarantee my reservation to the following credit card:

 **Credit Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code \_\_\_\_\_\_\_\_\_\_**

 **Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Make Check or Money Order Payable To:***

Hilton Garden Inn Troy

235 Hoosick Street

Troy, New York, 12180

**Do Not Send Currency**

**Hilton Garden Inn Troy • 235 Hoosick Street • Troy, N.Y. 12180 • (518)** 272-1700 **• FAX (518) 272-1701**

**Visit Our Web Site At:** [www.troy.hgi.com](http://www.troy.hgi.com)



**Health Occupation Students of America (HOSA)**

**Attachment A**

**Arrival: Thursday, November 9, 2017 ~ Departure: Friday, November 10, 2017**

**Reservation Cut-off Date ~ Wednesday, October 26, 2017**

**Please Fax Both Forms to (518) 272-1701**

**PLEASE TYPE OR PRINT ON RESERVATION FORM ~ Please Make A Copy of This Form if Additional Rooms Are Needed**

**All Reservations will be made for Non-Smoking Rooms.**

**Please Make A Notation if You Are Arriving on Wednesday, November 8, 2017.**

**SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADVISOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHOOL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHOOL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Advisors / Chaperones / Bus Drivers ~ Maximum of Four (4) People to a Room**

Rm #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Requests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Students ~ Maximum of Four (4) People to a Room**

Rm #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rm #3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rm #4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rm #5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Requests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dietary Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A Purchase Order must include name of guests, arrival & departure date, list of authorized charges, billing address, phone number, point of contact and signature of authorization. The original purchase order must be received 15 days prior to the guest’s arrival. If stay is tax exempt, a completed & signed NYS Tax Exemption certificate must accompany the reservation, or be presented at check in**. **In order to have Tax Exempt Status you must present a school check, school credit card or a completed purchase order or voucher.**



HOSA ACHIEVEMENT AWARD FACT SHEET

(pgs. 16-21)

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. 18-19]

 --- 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

 national 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. 19-20]



**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, National

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

 A: Local reports to State and State reports to National 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.18-19)***

 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: Therersa Mitchell

 State Advisor: Bonita Shelby

 New York State Education Liasion Joanne O’Brien

 State Officer Coordinator: Sasha O’Connor and Margaret Savitzky

 President Savreen Kaur Rangi

 Senior Vice President Sukhpreet Kaur

 Treasurer Sukhpreet Kaur

 Secretary Mauria Singh

 Parliamentarian Nicole Welka

 Historian Mauria Singh

 Region E Vice President Nicole 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.)*

 Health Occupations Students of America

New York State Association

CLOSING CEREMONY

President:

M/M Secretary, have you a record of any further business to come before the meeting at this time?

Secretary:

I have none, M/M President.

President:

Since there is no business to set upon at this time, we shall conclude this meeting. The Officers and Members now will recite the HOSA Creed. Will all HOSA Officers and Members please stand. *(Rap gavel twice; All Officers and Members stand).*

President:

Will the Regional Vice Presidents 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:

 I now declare this meeting of the New York State Association of Health Occupations Students of America (recessed) (adjourned) to \_\_\_\_\_\_\_\_\_\_\_\_ *(Raps gavel once.)*

 

**New York State HOSA**

**National Service Project**

This year National 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 national 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 National 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 National website: [www.hosa.org](http://www.hosa.org)



***New York State***

**HOSA EXECUTIVE COUNCIL**

**2017/2018**

**President -** *Savreen Kaur Rangi*

**Senior Vice President -** *Sukhpreet Kaur*

 **Treasurer -** *Sukhpreet Kaur*

**Secretary -** *Mauria Singh*

 **Parliamentarian -** *Nicole Welka*

 **Historian** **-**  *Mauria Singh*

 **Region E Vice President -** *Nicole Welka*

*HOSA Board of Trustees Chairperson*

***Theresa Mitchell***

🙞

*New York State HOSA Advisor*

***Bonita Shelby***

🙞

*New York State Education Department Liasion*

***Joanne O’Brien***

🙞

*Vice Chairperson*

***Julia Patros***

🙞

*Competitive Events Coordinators*

***Rebecca Knoblauch / Nancy Lutz***

🙞

*HOSA State Officer Coordinators*

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

🙞

*HOSA Conference Coordinators*

***Ray Sulla / Terry Mitchell***



***New York State***

**HOSA BOARD OF TRUSTEES**

**2017/2018**

*HOSA Board of Trustees Chairperson*

***Theresa Mitchell***

🙞

*New York State HOSA Advisor*

***Bonita Shelby***

🙞

*New York State Education Department Liasion*

***Joanne O’Brien***

🙞

*HOSA Board of Trustees Vice Chairperson*

***Julie Patros***

🙞

*Treasurer Secretary*

***Sara Kutter Sue Mills***

🙞

*Competitive Events Coordinators HOSA State Officer Coordinators*

 ***Rebeccah Knoblauch / Nancy Lutz 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*

***Margaret Savitzky Vacancy***

🙞

 *Region B Advisor Region C Advisor*

***Ray Sulla Nancy Lutz***

 🙞

*Region D Advisor Region E Advisor*

***Leanne Saxby***  ***Sue Mills***

🙞

*HOSA Conference Coordinators Advisory Board Chairperson*

***Ray Sulla / Terry Mitchell Cinda Dodge***

🙞

*New York State Achievement Coordinator*

***Ray Sulla***