

New York State HOSA State Officer Application

Health Science Instructor or HOSA Advisor Approval for NYS HOSA State

Officer Applicant: _____

Student's name

Please enter the name of the applicant and the name of the profession the student wishes to pursue and sign at the bottom after reading this document. You can complete this form using the Google extension, DocHub.

Return this completed document by email (use your work email)

I certify that, in my opinion, the above designated student is qualified to hold a New York State HOSA state office, and that she/he/they is a paid member of my HOSA chapter and that the high school/post-secondary student is interested in the health profession entitled:

The applicant maintains a 70 average or higher, and she/he is an active member of the local HOSA chapter.

I have read and understand the material in "So You Want To Be A State HOSA Officer" document (*located on newyorkhosa.org website.*) The student's chapter endorses his/her candidacy, and I accept the responsibilities as advisor to a State Officer, which includes accompanying the student to all Executive Council functions (in person or during virtual meetings) and providing guidance and leadership throughout the year.

Signature: _____ Date: _____

HOSA Advisor