

New York State HOSA State Officer Application

Principal and/or CTE Director Approval for NYS HOSA State Officer

Applicant: _____
Student's name

Please enter the name of the applicant and teacher to the document and sign at the bottom after reading this document. You can complete this form using the Google extension, DocHub. Email this form to: Chairman@newyorkhosa.org (Dr. Margaret Savitzky), using your work email. Thank you!

It is essential that you are aware of the importance of the New York State HOSA Advisor role in helping the student to accomplish their responsibilities as a New York State HOSA State Officer. An advisor/chaperone is required to accompany the student to all Executive Council functions and to provide transportation, guidance, supervision, and leadership throughout the year. The school district is responsible for travel expenses to and from meetings and conferences. Advisor overnight rooms and meal expenses are to be covered by the school district unless included (they are covered by conference fees). If the school district defaults on required support of HOSA State Officer from their district, interfering with fulfillment of the duties of their position, rendering the student, "unable to serve", the school is liable for expenses incurred by New York State HOSA for the state officer. This could include but is not limited to: the cost of the uniform, room fees, manuals, etc.

I certify that, in my opinion, the above designated student is qualified to hold a New York State HOSA office, and that _____ (*teacher's name*) in the role of the NYS HOSA Advisor to the school's HOSA chapter, will be permitted appropriate time to assist the candidate in carrying out the duties and responsibilities of this office.

Signed: _____ Date: _____
High School Principal

Signed: _____ Date: _____
CTE Director/Assistant Principal