



SLC Checklist

Registration is not complete without registering online (including family/guests wishing to attend any of the Awards Sessions) and receipt of **all** forms: **SLC Checklist, Registration Summary (*not invoice*), Code of Conduct, Medical Liability Release, and Abuse Prevention Statement Agreement, and Volunteer Screening Certification Form** – in addition to **full payment**. **All registration material for a chapter must be sent together in a complete and accurate manner. If you have any questions about properly submitting your school's registration, contact Mandy Memolo at mmemolo@flhosa.org.** Please use this checklist to assist with completing your school's registration accurately and mail to the State Office (address below) so that it is POSTMARKED by **February 24th** or before.

Advisor Name _____ Advisor Cell Phone Number _____

Advisor E-mail Address _____

Lead Chaperone Name (if advisor is not attending) _____

Lead Chaperone Cell Phone Number (if advisor is not attending) _____

School _____ School Phone Number _____

- This completed SLC Checklist
- The Chapter Advisor has reviewed the SLC Registration Summary individually with **all** registered members to verify proper entry in event and that **team members in an event all have the same team number before the online registration deadline of February 21st, 2025**; and all errors/omissions have been corrected prior to the deadline closing
- Online registration completed before deadline of **February 21st, 2025, including all parents/guests wishing to attend any of the Awards Sessions (no on-site registrations)**
- Copy of the **Registration Summary (not invoice)** – download from the Conference Registration Page on the Global/National HOSA system after you register; please see *SLC Online Registration Info* document
- Signed HOSA Code of Conduct for each member **AND** Code of Ethics for Advisors/Chaperones and Family/Guests (if applicable)
- Signed HOSA Medical Liability Release Form for each registrant (members, Advisors/Chaperones, and Family/Guests, if applicable)
- Completed Student Accommodation Request Form for competitors in the events of Personal Care, Life Support Skills, Interviewing Skills, and Speaking Skills
- 1) Signed Abuse Prevention Handbook Statement of Acknowledgement and Agreement (last page only) for each Advisor/Chaperone;
2) Completed Screening and Training Certification Form listing each Advisor/Chaperone from a school (these are per General Liability Insurance Company – forms posted to SLC Page of Florida HOSA website)
- Payment (**check one**)
 - School Check
 - Money Order
 - Purchase Order/Check Request (# _____)
(if submitting a purchase order/check request, payment must still be postmarked by February 24th to the Florida HOSA State Office.)
- By signing here _____ you, the local Chapter Advisor, certify that you have collected fully completed and signed conference participation forms (Code of Conduct and Medical Liability Release Form) from all students, chaperones (if applicable), and guests (if applicable) that are attending this conference. You also certify that you have submitted a copy of these forms to the Florida HOSA State Office as part of your school's registration packet. You also understand that you are responsible and required to bring all original forms with you to the conference in case of an emergency or event that would require their use, or, if you are not attending, you certify that you have given the forms to your designated Lead Chaperone(s) or Point of Contact(s) to bring to the conference.

Mail Fully Completed SLC Paperwork to:

**Florida HOSA State Office
13570 NW 101st Drive, Suite 200
Alachua, FL 32615**

For Office Use Only

1 _____	2 _____	3 _____	4 _____	5 _____
6 _____	7 _____	8 _____	9 _____	P _____