



Candidate name: \_\_\_\_\_

## State Officer Application – SLC 2025

Read the following pages of information very carefully. If you have any questions, please email the Florida HOSA State Advisor ([jmoreau@flhosa.org](mailto:jmoreau@flhosa.org)) or call the Florida HOSA State Office at (386) 462-4672.

Fill out the attached application by either typing or using a blue/black ink pen, and make a copy for your records. **Mail the full, completed application (with this cover page) by certified mail to the Florida HOSA State Office (address below) postmarked by February 1, 2025, making sure to save your postage receipt. Applications will not be accepted before January 1<sup>st</sup>.**

Florida HOSA State Office  
13570 NW 101st Dr., Suite 200  
Alachua, FL 32615

All HOSA State Officer candidates and elected State Officers:

- Must be an active member of their local HOSA chapter in good standing, with no HOSA Code of Conduct infractions.
- Must be endorsed by the chapter advisor, school principal (Dean for PS/C), and parent/guardian.
- Must have and maintain a **District and State** Grade Point Average (GPA) of 3.0 or higher.

Per the Florida HOSA Bylaws, each school may endorse no more than three (3) active HOSA members as State Officer candidates. The positions for which a candidate may be slated are: President-Elect, Parliamentarian, or Vice-President (Northern/Southern, Secondary/Postsecondary)

Advisor signature: \_\_\_\_\_

All State Officer candidates must register for, and attend, the State Leadership Conference (SLC), as well as be in attendance during the **Recognition Session** at the SLC when the newly elected State Officers are announced to take their Oath of Office. Failure to be present at the Recognition Session if announced as a new State Officer may result in being removed from office. Candidates that move on to being slated for one of the officer positions after interviews have been completed must be present at the State Officer Candidate Meet & Greet. Candidates will be allowed to give a three (3) minute speech during the Business Session at the State Leadership Conference – no props, pictures, or other visuals will be allowed during the candidate’s speech. Verbal campaigning is allowed; NO campaign materials are allowed.

**The following items MUST be included – in the below order – as part of the candidate’s application and postmarked by the published deadline:**

- |   |  |
|---|--|
| 1. This cover page  | 9. State Officer Applicant Statement of Acceptance of Responsibilities |
| 2. State Officer Information Sheet                            | 10. State Officer Nomination Form                                      |
| 3. State Officer Candidate Summary                            | 11. State Officer Permission Form                                      |
| 4. State Officer Personal Profile                             | 12. State Officer Applicant Questionnaire                              |
| 5. State Officer Code of Conduct                              | 13. State Advisor and Parent/Guardian Webinar Completion               |
| 6. State Officer Medical Liability Form                       | 14. One-page essay (typed) on “What I Can Contribute to HOSA”          |
| 7. Florida HOSA, Inc. Travel Expenses Reimbursement Policy    | 15. Official Transcript of Grades                                      |
| 8. 2025-2026 Term Mandatory Conferences and Planning Meetings |  |

# State Officer Information Sheet

Preferred Office: \_\_\_\_\_

Year in School:  Fr.  So.  Jr.  Sr.  
(Please check one.)

*I understand that I may be slated for an office position other than the preferred office I have listed above.*

Yes  No

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Name to be Called: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street/Box No.) (City, State) (Zip)

E-mail Address: \_\_\_\_\_

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

Chapter Advisor: \_\_\_\_\_ Principal: \_\_\_\_\_

Parent(s)/Guardian(s) Names: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Are you permitted to attend out-of-town meetings?  Yes  No

Do you have a Driver's License?  Yes  No

If yes, would you be permitted to drive to meetings?  Yes  No

Enrollment in a Health Science Course to Date:

- Previously enrolled
- Enrolled this year
- Will be enrolled next year

# State Officer Candidate Summary

This page only ("State Officer Candidate Summary") will be scanned and posted to the Florida HOSA website ([www.flhosa.org](http://www.flhosa.org)) to introduce you, and for your information to be disseminated to our members, advisors, and Voting Delegates. Please keep your responses appropriate; the Florida HOSA State Office reserves the right to omit responses deemed improper.

Name: \_\_\_\_\_

Year: \_\_\_\_\_ HOSA Offices Held: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Year: \_\_\_\_\_ Honors/Awards Received:  
(Health Science/HOSA and others)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Year: \_\_\_\_\_ Participation in Other Activities:  
(in School and/or the Community)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Year: \_\_\_\_\_ Offices Held in Other Organizations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Why I Would Like to be a Florida HOSA State Officer:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chapter Advisor's Signature

\_\_\_\_\_  
Date

## **State Officer Personal Profile**

*If you are elected, this information will be posted to the Florida HOSA website so our members can get to know you better. There are no right or wrong answers, but please keep responses appropriate; the Florida HOSA State Office reserves the right to omit responses deemed improper.  
(\*will not be posted to the Florida HOSA website)*

<b>Name:</b>	<b>Age*:</b>	<b>Birthday:</b>	<b>Polo shirt size*:</b> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL
<b>Hometown:</b>	<b>Favorite food:</b>		
<b>Nicknames:</b>	<b>Favorite subject in school:</b>		
<b>Favorite sports team:</b>	<b>For 24 hours, I would love to trade places with:</b>		
<b>Career goals:</b>			
<b>Hobbies:</b>	<b>Biggest pet peeve:</b>		
<b>Greatest personal accomplishment:</b>			
<b>Future medical discovery anticipated most (i.e. – the cure for cancer or AIDS):</b>			
<b>If I had a million dollars, I would:</b>			
<b>My most embarrassing moment:</b>			
<b>I love HOSA because (keep it short):</b>			
<b>Favorite quote and by whom:</b>			

# **Florida HOSA State Officer Code of Conduct**

*HOSA values leadership. As State Officers, you will serve as role models in your academic program, profession, and community. You will be ethical, accountable and trustworthy, and will use your influence to empower others to strive for excellence.*

1. Your behavior at all times should be such that it reflects credit to you, your school/college, your state, and HOSA.
2. State Officer conduct is the responsibility of the State Office. State Officers shall keep their State Advisor and/or State Office Staff informed of their activities and whereabouts at all times.
3. State Officers will attend all assigned HOSA meetings, conferences, and functions. You will be prompt and show respect to all advisors, members, State Office Staff, and fellow State Officers.
4. State Officers are expected to observe the designated curfew set forth by the State Office during all HOSA functions. Curfew is described as being in your own assigned room by the designated hour. The State Office reserves the right to conduct room checks at any point.
5. Florida HOSA members are prohibited from being in a State Officer's room at any time.
6. Female State Officers are not permitted to be in male State Officer rooms, and male State Officers are not permitted to be in female State Officer rooms, at any time, unless permission has been given by the State Office. If permission is granted by the State Office, the State Advisor and/or State Office Staff MUST be present in the room at all times.
7. Romantic relationships between State Officers are not permitted.
8. State Officers are to abide by the conference attire policy established by both Global/National HOSA and Florida HOSA at all conferences and meetings. State Officer name badges shall be worn at all times during these functions.
9. State Officers attending any HOSA function may not purchase, consume, or be under the influence of alcohol or drugs at any time, and smoking is not permitted.
10. The use of profane, slanderous, or abusive language is prohibited.
11. State Officers are to report any accidents, injuries or illnesses to the State Advisor immediately.
12. If a State Officer is responsible for stealing or vandalism, the State Officer and his/her parents will be expected to pay any and all damages.
13. Any long-distance phone calls, charges or damages to the rooms, etc., will be the responsibility of the State Officer and/or his/her parents.
14. As a State Officer, permission is granted to make photographs, videos, broadcasts, and/or sound recordings, separately or in combination, available for reproduction for educational and promotional purposes by Florida HOSA.

***I have read the above State Officer Code of Conduct and agree to abide by these rules. I understand that if I disregard these rules, I will be subject to potential removal from office, disciplinary action, and school administration/parent notification.***

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Print Name of State Officer

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Signature of State Officer

---

Date

# Florida HOSA State Officer Medical Liability Release Form

Due to legal restrictions, it is necessary that all Florida HOSA State Officers complete this form as a prerequisite to attend any Florida HOSA state event.

**PLEASE TYPE OR PRINT ALL INFORMATION. If the State Officer is an adult or adult postsecondary student (18 and over), disregard the request for parent/guardian signature.**

State Officer's Name \_\_\_\_\_ Gender:  M  F  
State Officer's Address \_\_\_\_\_  
State Officer's Cell Phone \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Cell Phone \_\_\_\_\_  
State Officer's Name of Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_  
Emergency Contact Person \_\_\_\_\_ Contact Phone \_\_\_\_\_  
Local Chapter Advisor \_\_\_\_\_  
School \_\_\_\_\_ School Phone \_\_\_\_\_

State Officer is covered by group or individual medical insurance:  Yes  No

If yes, complete the following information.

Name of Insured: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please describe **any** medical condition which may recur or be a factor in medical treatment:

Disease of any kind \_\_\_\_\_ Convulsions \_\_\_\_\_

Physical handicap \_\_\_\_\_ Blackouts \_\_\_\_\_

Medicine reactions \_\_\_\_\_ Allergies \_\_\_\_\_

Heart or lung problems \_\_\_\_\_ Other (please be specific) \_\_\_\_\_

If currently taking medication, please provide the following information:

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Prescribing Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

**PARENT/GUARDIAN OR POSTSECONDARY STATE OFFICER OVER 18: Please check one of the following boxes and sign your name.**

- I give my permission for immediate medical treatment of the named State Officer 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 of the named State Officer until I, or any persons listed above, have been contacted.

***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 Global/National and Florida HOSA Board of Directors, the Global/National and State 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's/child's participation in or contact with any known element associated with any activity including competitive events.***

\_\_\_\_\_  
State Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# **Florida HOSA, Inc. Travel Expenses Reimbursement Policy**

Florida HOSA State Officers must abide by the following travel policies and will be compensated according to the below guidelines and rates:

- When you travel on behalf of HOSA, you are representing all members globally and nationally, as well as our State Association. Dress in official HOSA uniform and conduct yourself accordingly during all travel.
- All State Officers shall complete a Travel Reimbursement/Meal Allowance Form within thirty (30) days of the activity, and document expenses incurred related to the activity. **If a form is received at the Florida HOSA State Office after the expiration of the thirty (30) day period, it will not be honored. Please do not submit a form after the thirty (30) day period.**
- Requests will be completed within a two-week time period, barring unusual circumstances and if submitted in proper order.
- All travel (i.e. - same-day, long-distance, overnight, etc.) shall be pre-approved by the State Advisor. Unapproved travel will not be reimbursed.
- Travel reimbursement is based on shortest distance to destination, without extending travel periods or days/times.
- Florida HOSA will have minimum insurance coverage for State Officer travel and cannot be held responsible for injuries to a State Officer when traveling on HOSA business.

**Transportation:** Whenever travel is by privately owned vehicle, the traveler is entitled to mileage reimbursement at the rate of \$0.35 per mile. All mileage shall be calculated from the point of origin to point of destination and shall be computed by odometer readings or map application. No traveler is allowed mileage expense when he/she is gratuitously transported by another person or by another traveler who is entitled to mileage or transportation expense. Rental vehicles are not reimbursed, however the traveler is entitled to mileage reimbursement at the rate of \$0.35 per mile if using a rental vehicle. If a State Officer travels in-state by bus, train, and/or a ride service (i.e. Uber, Lyft, etc.), as opposed to a privately owned vehicle, they will be reimbursed the total cost of the trip by bus, train, and/or ride service OR the approved mileage rate roundtrip from the point of origin to point of destination, whichever is less. Travel by airline is reimbursed at cost based on submission of paid receipts; options such as flight or travel insurance will not be reimbursed. Baggage charge will be reimbursed for one bag only; overweight bag charges will not be reimbursed. For State Officers who are at college during their term, their college address will be used as their starting and returning address for reimbursement, with the New State Officer Conference (NOC) being the only exception, in which a home address may be used instead.

**Meals:** The following amounts for meals are **allowed for overnight travel only**:

<b>Meal Allowance Table for <u>Overnight Travel Only</u> (No Meal Allowance for Same Day Travel)</b>		
<b>Meal</b>	<b>Travel Begins (Time Leaving Home)</b>	<b>Travel Ends After (Time Returning Home on <u>different day</u>)</b>
Breakfast (\$5.00)	<u>Before</u> 6:00 a.m.	<u>After</u> 8:00 a.m.
Lunch (\$10.00)	<u>Before</u> 12:00 noon	<u>After</u> 2:00 p.m.
Dinner (\$15.00)	<u>Before</u> 6:00 p.m.	<u>After</u> 8:00 p.m.

\*Meal allowance is authorized for all meals for the duration of overnight travel which are not already paid for as part of the conference registration or meeting, airline fare, and/or hotel accommodations, including continental breakfasts.

*I understand that I/my son or daughter must follow the Florida HOSA, Inc. Travel Expenses Reimbursement Policy, and that I/he/she will **not** be reimbursed for travel if I/he/she does not submit the reimbursement form within thirty (30) days of the event.*

_____	_____	_____	_____
<i>State Officer Signature</i>	<i>Date</i>	<i>Parent/Guardian Signature</i>	<i>Date</i>

# 2025-2026 Florida HOSA State Officer Term Mandatory Conferences and Planning Meetings

<u>Conference/Planning Meeting</u>	<u>Date(s)/Location</u>
New State Officer Conference (NOC)	May 2 <sup>nd</sup> – 4 <sup>th</sup> , 2025 Florida HOSA State Office (Alachua)
2025 Welcome Back Rally	September/October 2025 (Tentative) Location TBD
2025 Washington Leadership Academy	September 19 <sup>th</sup> – 22 <sup>nd</sup> , 2025 (State Officers/State Staff may have to arrive September 18 <sup>th</sup> , depending on finalized agenda) Washington, D.C.
Fall Regional Conferences (A minimum of 2-3 conferences per State Officer)	Dates TBD (Usually in September/October 2025) All over the State of Florida
2025 Fall Leadership Development Academy (FLDA) + Planning Meetings	FLDA Planning Meeting #1: Date TBD (Tentatively one weekend in August 2025) Florida HOSA State Office (Alachua)
	FLDA Planning Meeting #2: Date TBD (Tentatively one weekend in October 2025) Florida HOSA State Office (Alachua)
	FLDA: November 14 <sup>th</sup> – 16 <sup>th</sup> , 2025 – <i>Tentative</i> (State Officers/State Staff arrive November 13 <sup>th</sup> ) Camp Kulaqua (High Springs)
Winter/Spring Regional Conferences (A minimum of 2-3 conferences per State Officer)	Dates TBD (Usually in January/February 2026) All over the State of Florida
2026 State Leadership Conference (SLC) + Planning Meetings	SLC Planning Meeting #1: Date TBD (Tentatively one weekend in January 2026) Marriott Orlando World Center (Orlando)
	SLC Planning Meeting #2: Date TBD (Tentatively one weekend in March 2026) Florida HOSA State Office (Alachua)
	SLC: April 16 <sup>th</sup> – 19 <sup>th</sup> , 2026 (State Officers/State Staff arrive April 14 <sup>th</sup> ) Marriott Orlando World Center (Orlando)
2026 International Leadership Conference (ILC)	June 17 <sup>th</sup> – 20 <sup>th</sup> , 2026 (State Officers/State Staff arrive June 15 <sup>th</sup> ) Indianapolis, IN
HOSA Chapter Visits	By Request

I, (print candidate's name) \_\_\_\_\_, agree to attend all mandatory conferences and planning meetings listed above for the **full duration** of the conference or meeting. I understand that failure to attend will result in an **immediate** request for my resignation.

\_\_\_\_\_  
State Officer Candidate Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Chapter Advisor Signature

\_\_\_\_\_  
Principal Signature



# State Officer Applicant Statement of Acceptance of Responsibilities/Expectations

*As a State Officer of Florida HOSA – Future Health Professionals, I recognize that the following activities are part of an officer’s responsibilities/expectations and I agree to perform, to the best of my abilities, these and other duties of the office to which I am elected.*

*Please read and indicate understanding and acceptance by initialing next to the statement.*

**Initials**

- I understand that if I am slated for President-Elect I must guarantee two years of service to the organization – one year as President-Elect and the following year as President. \_\_\_\_\_
- I understand that if I am applying as a senior in high school, I will be slated for a Post-Secondary State Officer position (President-Elect, Northern VP PS/C, Southern VP PS/C, or Parliamentarian). \_\_\_\_\_
- I will dress in the official HOSA uniform (provided by Florida HOSA), or approved Florida HOSA professional outfit, at all HOSA functions. I understand that I may need to purchase a few additional professional articles of clothing (i.e. slacks, shoes, belts, etc.) if deemed necessary by the State Advisor. \_\_\_\_\_
- I will conduct myself at all times in a manner which will display my leadership ability and bring credit to myself and to HOSA. \_\_\_\_\_
- I will represent myself in a professional, mature, and organized manner at all times during my term. \_\_\_\_\_
- I will follow the State Officer Code of Conduct at all times during my term. \_\_\_\_\_
- I will arrive on time to all functions/meetings of the State Officer team and be in full attendance for the entirety of the function/meeting. \_\_\_\_\_
- I will avoid expressing personal opinions regarding political or controversial challenges when representing HOSA, including on social media. \_\_\_\_\_
- I understand that I represent Florida HOSA at all times, and therefore my personal social media accounts must display professionalism throughout my term. I also understand that my social media accounts must display a professional HOSA photo (approved by the State Advisor) as my profile picture. \_\_\_\_\_
- I understand that I must utilize Life360 while at any conference or meeting not held at the Florida HOSA State Office. \_\_\_\_\_
- I will notify the State Office of any change in my address, phone number or student classification immediately. \_\_\_\_\_
- I will notify the State Office in writing prior to accepting invitations to attend and participate in local HOSA activities whether or not the expenses are to be reimbursed by Florida HOSA. \_\_\_\_\_
- I will read and study state and national programs and materials so as to be able to discuss the program and related projects and activities with local members, advisors or the community. \_\_\_\_\_
- I will attend and speak at local and state activities with prior approval of the State Office. \_\_\_\_\_
- I will conduct ongoing communication with other members of the State Officer team and with the State Advisor. \_\_\_\_\_
- I will complete Monthly Reports by the 5<sup>th</sup> of each month and send to the State Advisor. \_\_\_\_\_
- I will maintain at least a 3.0 District and State Grade Point Average (GPA). \_\_\_\_\_
- I will respond and carry out additional requests of the State Office as assigned. \_\_\_\_\_

I, *(print candidate’s name)* \_\_\_\_\_, agree to the above responsibilities/expectations. I understand that failure to fulfill any of these responsibilities will result in either being placed on probation or an immediate request for my resignation.

\_\_\_\_\_  
*State Officer Candidate Signature*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Local Chapter Advisor Signature*

\_\_\_\_\_  
*Principal Signature*

# State Officer Nomination Form

Serving as a Florida HOSA State Officer demands a great commitment to the organization. Therefore, it is vital that all members who aspire to become Florida HOSA State Officers are highly qualified, able, and willing to assume the responsibilities required of this esteemed position.

The State Officer candidate should first discuss the responsibilities of the position with their parent(s)/guardian(s) and, once approved by their parent(s)/guardian(s), must meet (either in-person or via phone) with **both their local chapter advisor and school administrator(s)/principal** to discuss the responsibilities and expectations of the position. All parties must read their associated statement below carefully before signing.

## Candidate Statement

If elected as a Florida HOSA State Officer, I will dedicate myself to the service of the organization. I also pledge to serve my entire term of office while promoting the goals and objectives of HOSA. I will further project a desirable image of HOSA at all times and will abide by the policies of my state organization. I attest that I have explained the responsibilities of the position with my parent(s)/guardian(s), and have met (either in-person or via phone) with both my local chapter advisor and principal to discuss the responsibilities and expectations of the position I am applying for.

Candidate's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent(s)/Guardian(s) Statement

I attest that my son/daughter has explained the responsibilities of the position they are applying for, and I approve of he/she applying for a Florida HOSA State Officer position. If elected, I agree that he/she will be present at all required functions for the duration and will also provide the transportation necessary to carry out the duties of the position.

Parent's (Guardian's) Signature \_\_\_\_\_ Date \_\_\_\_\_

## Local Advisor's Statement

I certify that I have met with the candidate (either in-person or phone), and he/she has explained the responsibilities and expectations of the position they are applying for. It is my belief that this candidate will fulfill the responsibilities of a Florida HOSA State Officer, and I strongly recommend this applicant.

Chapter Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

## School Administration Statement

I certify that I have met with the candidate (either in-person or phone), and he/she has explained the responsibilities and expectations of the position they are applying for. This school will support \_\_\_\_\_ (print candidate's name) in successfully fulfilling the duties of a Florida HOSA State Officer.

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

## **State Officer Permission Form**

I understand that each individual is responsible for his or her insurance coverage during any trip that involves HOSA.

I hereby release the Global/National HOSA Board of Directors, the Florida HOSA, Inc. Board of Directors, the Global/National HOSA and Florida HOSA State staff, the State and local HOSA organizations, 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 student's/child's participation in or contact with any known element associated with a HOSA activity.

I understand that violating any part of the above State Officer Code of Conduct is cause for immediate removal from office.

I understand that this permission form is effective from the 2025 New Officer Conference to the 2026 International Leadership Conference.

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*State Officer Candidate Signature*

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*Date*

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*Parent/Guardian Signature*

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*Date*

# State Officer Applicant Questionnaire

**Please answer the below five questions (use another sheet of paper if necessary).**

Why are you interested in being a Florida HOSA State Officer?

What previous experience as a leader have you had?

List any speech or public speaking courses you have had.

Are you a better leader or follower? Explain your answer.

Describe what you think your duties will be if you are elected to State Office.

**Please check your response.**

I understand the duties and responsibilities of the office for which I am a candidate.  Yes  No

I will be able (and have permission from my parents/guardian and school administrators) to be in full attendance at all required conferences/meetings for the entirety of the event as noted in the above mandatory conferences document.  Yes  No

I will be able to travel as necessary to attend meetings as part of my duties as a State Officer.  Yes  No

I understand that expenses for travel and meals will be reimbursed according to the policies set forth by Florida HOSA.  Yes  No

I understand that I will be reimbursed for expenses and will NOT be paid in advance.  Yes  No

I have read Sections A and C of the HOSA Handbook on the Global/National HOSA Website.  Yes  No

I have read the current Florida HOSA Bylaws.  Yes  No

**Please list any other information you think may be relevant to your candidacy below.**

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\_\_\_\_\_  
*Candidate Signature*

\_\_\_\_\_  
*Chapter Advisor Signature*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Principal Signature*

## **State Advisor and Parent/Guardian Webinar Completion**

Because of the extensive amount of time and travel involved with being a State Officer, Florida HOSA would like to make sure that each State Officer candidate's parent or guardian understands the responsibilities their son/daughter will have if elected.

At least one parent/guardian of each State Officer candidate must be present on one of the below Zoom live webinars for the full duration of the meeting (the same information will be covered in all three webinars, so you only need to attend one):

- Thursday, January 16<sup>th</sup>, 2025 from 6pm – 6:30pm
- Tuesday, January 28<sup>th</sup>, 2025 from 6:30pm – 7pm
- Wednesday, February 5<sup>th</sup>, 2025 from 6pm – 6:30pm

**Parent(s)/Guardian(s): Please email the State Advisor ([jmoreau@flhosa.org](mailto:jmoreau@flhosa.org)) to receive the Zoom link for the webinar you will be participating on.**

The webinar will allow the parent(s)/guardian(s) and State Advisor to become acquainted and talk about the responsibilities that need to be met by their son/daughter if they are elected as a State Officer. It will also give the parent(s)/guardian(s) an opportunity to ask any questions they may have about their son/daughter becoming a State Officer.

Please fill out the below section. If your parent(s)/guardian(s) are unable to complete the webinar before the application deadline, please send the remaining portion of your completed application to the Florida HOSA State Office, according to the submission directions, before the deadline. A State Officer candidate will not be considered for office unless their parent(s)/guardian(s) have fully completed one of the above live webinars.

Name of parent/guardian (print): \_\_\_\_\_

Date and time of completed webinar: \_\_\_\_\_

\*If webinar has not been completed prior to application submission, please list the date and time of the webinar your parent(s)/guardian(s) will be present on: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_