**[](http://hosa.org/sites/default/files/u3/HOSA-Rebrand-Logo-On-Red-med-res.jpg)**

**KENTUCKY**

**2019 STATE LEADERSHIP CONFERENCE   
REGISTRATION PACKET**



**MARCH 21- 23, 2019**

**CROWNE PLAZA - LOUISVILLE AIRPORT**

**KENTUCKY HOSA STATE CONFERENCE  
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**National Service Project: National Pediatric Cancer Foundation**



<https://nationalpcf.org/>

Remember to register your donations in HATS on HOSA’s web page.

SPECIAL NOTE TO LOCAL ADVISORS

\*Check Agenda For Arrival Times

TO: HOSA Chapter Advisors

FROM: Elizabeth Bullock

Kim Williams

DATE: November 27, 2018

SUBJECT: 2019 Kentucky HOSA State Conference

It is time once again for Kentucky HOSA members to begin preparation to participate in one of the year’s most meaningful leadership activities -- the Annual State Leadership Conference.

The enclosed packet of material includes important information to assist you in preparing for HOSA Conference activities.

**Competitive Events:**

Please have students’ review and bring a copy (electronic or paper) of the current National HOSA guidelines for their competitive event. Competitive events guidelines are posted at <http://www.hosa.org>. Remember to read the guidelines.

The 41st Annual State Conference will be held March 21-23, 2019, at the Crowne Plaza Airport, Louisville, Kentucky.

**You must register online first and then submit registration packets to:**

**Vicki Weaver, 300 Sower Blvd, 5th floor SW 3**

**Frankfort, KY 40601.**

**Online registration opens January 11, 2019**

**YOUR CHAPTER MUST REGISTER ON LINE BY Friday February 1st**

**Once the registration system is closed you cannot make additions or changes. There will be no refunds after registration closes. Your chapter is liable for all monies due regardless of attendance. Registration will not be considered complete until you receive a confirmation email.**

**Advisors, please register your test proctors during this time. Make sure the email address is correct.**

**Remember all tests are taken online during the open testing window**

**You must have your charter number and your password to log into the HOSA affiliation system. Once you are logged in you will need to pick the correct conference. To start registration you need a list of all your attendees, their competitive event if applicable.**

**T-shirt size (\* unisex or female cut), meal restrictions, courtesy corps, HOSA intern information. Please mark the following if applicable: Unite to Serve, Ronald McDonald, and national service project if your school participated. Please mark your meal preference time.**

[**http://www.hosa.org**](http://www.hosa.org)

**(\* unisex or female cut, the unisex cut is fuller and longer, while the female cut is a trim cut. It is shorter in length and width; hence you need to go up one or two sizes)**

**If you need assistance with your on-line registration, please contact**

**Elizabeth Bullock @ 502 - 564 - 4286 ext. 4253**[**elizabeth.bullock@education.ky.gov**](mailto:elizabeth.bullock@education.ky.gov)

**Vicki Weaver @ 502 - 564 - 4286 ext.4245**[**vicki.weaver@education.ky.gov**](mailto:vicki.weaver@education.ky.gov)

* **The banquet meal is the only meal provided. All other meals are on your own.**
* **There will be TWO seating for this meal. PLEASE register for your preferred time.**
* **We will try to schedule your seating accordingly.**
* Encourage attendance to the exhibitors in the exhibit area on Friday. The fees paid by the exhibitors go directly to fund HOSA scholarships.
* Please plan for your members to attend educational symposium on Friday and Saturday.
* **Please note: National HOSA has additional scholarship opportunities on their website.**

**DEADLINE DATES**

|  |  |  |
| --- | --- | --- |
| **Item** | **Note** | **Deadline Date** |
| State Officer Candidate Nomination Forms | Elizabeth Bullock’s Attention | Friday, February 1st |
| Online Registration OPENS | [www.hosa.org](http://www.hosa.org) You will need your HOSA login  Remember to register: \*Students \*Test Proctors \*Advisors, Guests, Family etc. \*Food/Latex Allergies \*Need For Interpreters \*Meal Time Preference \*T-Shirt Sizes | Friday, January 11th |
| Online Registration CLOSES |  | Friday, February 1st |
| Hotel Reservations OPENS | \*Make sure to get your rooms early or you may end up at a different hotel and we do not provide transportation.  \*Email your hotel reservation directly to the hotel. You **must** use the excel sheet to reserve your rooms. You will receive a confirmation. | Tuesday, January 1st |
| Hotel Reservations CLOSES | \*If you have an extra room, check with KY HOSA to see if it is needed before you release it. | Wednesday, February 6th |
| Registration Packets | \*If your packet is receive late or missing **ANY** paperwork, you will receive a late fee. | Wednesday, February 6th |
| Ann Vescio Scholarship Application | \*Only 1 per school \*Elizabeth Bullock’s Attention | Wednesday, February 6th |
| Online Submissions of Recognition Events (HATS) | \*HOSA Activity Tracker  MRC Volunteer, Barbara James, National Service Project | Friday, February 22nd |
| Submission of Outstanding Advisor Nomination |  | Friday, February 22nd |
| Submission of Outstanding State Leader Nomination |  | Friday, February 22nd |
| HOSA Happenings | \*Upload in STEM | Friday, February 22nd |
| STEM Premier | \*Advisor and competitors must register with STEM Premier and upload all CE materials | Friday, February 22nd |
| Online Testing Window OPENS | \*No exceptions will be made. Please schedule early to accommodate inclement weather or sickness. We advise you not to wait until the last day to test.  \*Remember that advisors are not allowed to proctor the tests | Monday, February 4th |
| Online Testing Window CLOSES |  | Friday, February 15th |
| Competitive Event Scheduling Conflicts | Email Kim Williams | Friday, February 22nd |
| Competitive Event Changes | \*Turn into HOSA HQ – CE Desk \*These can only be substitutions or deletions \*NO CHANGES ACCEPTED AFTER 3/21 AT 8:00PM | Thursday, March 21st |

**2019 KY Conference Registration Cost**

**$60.00 per participant**

**Items to be returned included in Registration Packet**

Advisors are submitting registration on line and then mailing us the hard copies. Once we close the registration, the system cannot accept additional information.

1. Registration Invoice from National HOSA Website – Please Print
2. Medical Release Forms - make sure doctor’s name and phone number are present on forms as well as the advisor’s cell phone number
3. **Front and Back of medical insurance card for all attendees or letter from school district indicating student is covered during conference period. Dates of coverage required.**
4. Code of Conduct for all attendees
5. Student Eligibility Form if required for event. These must be uploaded to STEM this year.
6. Check payable to: *KY HOSA*
7. **Local Advisors** should write a separate check for their costs or a school board check.NOTE: Receipts are only issued to check issuers.
8. KY TECH teachers and staff **CANNOT** write a check for their registration. Vicki will do a DPR. \*\* see note below
9. **\*\* KY TECH-OCTE Advisors**: We will initiate a DPR for your registration once KY HOSA SLC Registration closes. Please forward Vicki Weaver the accounting template that your registration fees should be charged to. However, if you do not supply a template to Vicki by the HOSA registration deadline, then the money will be taken out of the ATC’s general fund account.
10. ALL persons attending the conference must register. ALL persons registered must pay the registration fee, except current KY HOSA State Officers and other designees.
11. This does not include local chapter officers.
12. HOTEL **RESERVATIONS FORM** (**pg.8-11)**
13. **Please arrange all the Forms in the same order as names are listed on the HOSA Registration Form (invoice from online registration) (ALPHABETICALLY – by last name) Doing this will save a tremendous amount of time during the registration process**

**\*MAKE SURE to include a medical release, code of conduct and insurance cards for EVERYONE registered. Also include your registration paper, invoice and check. Failure to do so will cause you to be unable to attend the conference.**

Advisors,  
  
Please remember that we will be collecting your Ronald McDonald House pop tabs at the state leadership conference in March. We asked that your tabs are inside a plastic bag and then placed inside a box. This will help us weighing the tabs. Also, please make sure that your school name is written on the box in a dark colored marker so we can easily identify your tabs. If they are not labeled, we will not know who to give credit to. All pop tabs must be turned in to **HOSA HQ by 8:00am on Friday, March 22nd. You may turn your tabs into a local recycling center and bring a check made out to the Ronald McDonald House.**  
  
Also, a reminder that we will be collecting your donations for International Service Project for the National Pediatric Cancer Foundation as you come through the registration line. This is a great cause and we encourage everyone to donate.  
  
Both the Ronald McDonald House and NPCF are listed on the online registration. Please make sure that you mark those boxes if your school will be donating money, items or pop tabs. It is not necessary to mark it on all /each of your attendees, but please mark it on the advisor so we have record and know who to recognize.

**Best Practice**

**Arrive Thursday night**

**Register, Credential your delegate, Attend orientation meetings**

**Turn in competitive event changes by Thursday’s deadline IMPORTANT LITTLE DETAILS**

* **Individual appointment times will be given to the competitor at their event orientation. Event orientation times are listed in the program. Many of them are now on Thursday night.**
* **There will be** **open seating at the banquet. There are two meal sessions, please sign up your members during the online registration process. We will TRY to give your chapter their preference.**
* **The banquet meal is the only meal provided. All other meals are on your own.**
* Voting delegates and alternates are to report with advisors across from HOSA Registration Desk for credentialing on Thursday night or Friday morning. Please refer to your program for times.
* **FYI –** **Remember we are using the membership roster dated January 31, 2018 to verify voting delegate eligibility.** We have several new HOSA chapters, welcome.
* **Unite to Serve:** The Unite to Read box must have been checked during online registration if you wanted your chapter to be recognized.
* Please keep a copy of all forms, the medical release form, code of conduct form, and the front and back of the medical insurance coverage card. The same forms may be submitted if the individual is travelling to ILC.

**Registration Process**

Please follow these procedures:

1.  Advisor reports to **HOSA HQ Section 1** Collect your colored registration sheet

2.  Advisor moves to **HOSA HQ Section 2** Turn in any paperwork or money, including donations and collect school packet

3. Advisor moves to **HOSA HQ Section 3** Collect your T-shirts and sign off. Then step aside to look at your shirts and make sure you have the correct sizes.

4. Return to **CE HQ Line 1** Turn in the colored registration paper showing any changes. You will also need to sign off that you have all the correct T-shirt sizes that you registered for.

5. Advisor moves to **CE HQ Line 2** Collect your name tags, remove any that are not in attendance and give them to the CE staff.

**HOSA Market Place –** The hotel is providing a room to Kentucky HOSA for the HOSA Market Place. The hotel room is (TBA).

**President and Advisor Recognition -** We want to recognize the local chapter presidents at the Opening Session at Conference. Local Presidents are asked to meet for practice. (See agenda)  
State officer candidates: Example of ballot will be posted at HOSA HQ after interviews are completed.  
Delegates: There are two delegate session your delegates must attend both sessions

Thank You!

**KENTUCKY HOSA STATE CONFERENCE RULES FOR DELEGATES**  
**BUSINESS SESSION\* (OFFICIAL HOSA DRESS ATTIRE MUST BE WORN)**

1. Immediately following the call to order, the Credentials Committee shall report the number of delegates and alternates registered as present with the proper credentials and the total number of persons registered for the conference. Each chapter shall report the number of delegates and say something about their chapter when recognized.
2. Immediately following the Credentials Committee report, the Chairperson of the Conference Rules Committee, or the designee will ask for a vote to adopt the conference proposed rules in their entirety, regardless of any previous distribution.
3. A quorum shall be constituted by representative delegates from a majority of the chartered local chapters.
4. Persons entitled to attend the Assembly of Delegates shall be delegates selected by local HOSA chapters. Identification badges (ribbon) will be provided for official delegates upon registration. Delegate badges must be worn for admittance to all sessions.
5. If an alternate is to replace a registered delegate, proper evidence of that delegate’s withdrawal from such status must be approved by the Credentials Committee and the alternate pre-registered, with issuance of a delegate identification badge as a new delegate, before that person can sit or vote as a member of the Assembly of Delegates. No alternate or other person can substitute for a delegate who remains registered.
6. Only Official delegates shall be entitled to make motions, debate and vote.
7. All local association members and guests wearing a conference name badge may observe proceedings, without vote, from a specified area adjacent to the business area. They may not enter the voting delegates’ section at any time during a business session.
8. Any person who is a guest or observer at the business sessions will have no voting privilege. The chair has the power to request these persons to leave the hall or to order their removal at any time during the meeting. A non-delegate has no right to appeal such an order from the chair.
9. Each motion and/or amendment must be submitted in writing to the secretary immediately after presentation.
10. No delegate shall speak in debate more than twice to a question, without the consent of the Assembly of Delegates.
11. No delegates who wish to speak can speak the second time until all who wish to speak have spoken once to the same question.
12. Debate shall be limited to two (2) minutes per person. Extension of time may be granted by a two-thirds vote of the Assembly of Delegates present and voting.
13. Each delegate at the conference will be expected to respect fellow delegates while they are in debate over a particular question or while they have the floor.
14. Notices for announcement(s) to the conference shall be in writing; signed by the person (or proper representative of the person) under whose authority the announcement is issued, and shall be sent to the desk of the secretary.
15. All persons attending the conference shall conduct themselves in such a manner as to be a credit to the HOSA organization. Any person not displaying exemplary behavior shall be subject to removal by order of the presiding officer.
16. The rules contained in the current edition of Robert’s Rules of Order, Newly Revised shall govern this conference in all cases to which they are applicable and in which they are not inconsistent with these Conference Rules.
17. If it is necessary to take a vote to amend or rescind an individual conference rule after its adoption, the vote for its adoption will require a two-thirds vote by the Assembly of Delegates present and voting.

**DELEGATE CREDENTIALING INFORMATION  
KENTUCKY HOSA BYLAWS**

ARTICLE VI  
MEETING

SECTION 1 ANNUAL MEETING

The annual state meeting site, dates, and the time shall be determined by the State Executive Council in consultation with the recommendations from the state advisor. The Annual State Conference is open to all active members; only credentialed delegates may vote.

SECTION 2 REPRESENTATIONS

Members shall be represented in the state organization through selected delegates of local chapters.

SECTION 3 VOTING DELEGATES

Each local chapter shall select voting delegates as determined by the number of active members within the local chapter according to the following scale.

1. Two (2) delegates for the first 30 members or less; an additional delegate for each additional (50) members or major fraction thereof (more than one half).
2. In no case may any local chapter have more than five (5) voting delegates.
3. Each local chapter may select an alternate for each delegate.

SECTION 4 Ten (10) days prior to the Annual State Conference, the determination of the adoption of the additional voting delegates will be made according to the reported membership by the state advisor.

SECTION 5 Each delegate shall have one vote and shall be present and seated vote.

SECTION 6 QUORUM

A quorum for any meeting shall be constituted by representative delegates from a majority of the local chapters.

* If a delegate or his/her alternate is absent from State Conference, no substitution is allowed
* All delegates and alternates shall be credentialed only at the designated time. Competitors and Courtesy corps members shall be credentialed first.
* Credentialing Committee shall verify membership rosters and the official conference delegate registration sheet at the time of credentialing.
* Please designate voting delegates on conference registration form.
* Voting Delegates will be seated by chapters in a designated area. Chapters will be recognized at roll call.
* Candidates for office may not serve as delegates or alternates. Voting Delegates may enter competition as long as competition does not interfere with Delegate/Business Sessions.

**OFFICIAL HOSA UNIFORM POLICY**

The official dress code for the **student members** for all general sessions at the KY SLC/ILC will be either of the following:

 **HOSA uniform** (see below)  
**OR HOSA business attire**

**COMPETITIVE EVENT’S DRESS ATTIRE:**

Delegates must adhere to **the Dress Code** as specified in the individual competitive event guidelines for the **orientation and event** in which they are competing. Bonus points may be given according to the individual guidelines. See appendix F in the competitive event guidelines.

**OFFICIAL HOSA CASUAL DRESS ATTIRE:**

Please refer to national dress code.

**RESPONSIBILITIES OF CONFERENCE PARTICIPANTS**

1. **Adhere to the HOSA Code of Conduct.**
2. **Wear official HOSA uniform or appropriate business attire at conference**

**activities.**

**Exceptions: Recreation activities**

1. **Be prompt in attending sessions. Respect courtesy corps members**
2. **Be a mature HOSA member. Loud talk, boasting and horseplay are not**

**becoming to a HOSA member.**

1. **Smoking is not permitted in THE HOTEL or during school activities. Hence, our**

**business and general sessions, banquet, competitive events etc. are none smoking venous.**

1. **Periodically check the bulletin board in the conference registration area in**

**the hotel for messages and program information**

1. **HOSA members need advisor permission and/or chaperone to leave the**

**hotel. Please follow your school’s policy for travel.**

1. **It is your responsibility to attend and be prompt for the activities assigned**

**to you. Read your program carefully. If you do not know - ASK SOMEONE!**

**CONFERENCE ATTENDANCE CRITERIA**

**STUDENT ELIGIBLITY**

Only chapter members who are to be active participants are eligible to attend the conference. The chapter advisor or designee must accompany his/her delegation. It is recommended that one advisor supervise no more than eight (8) students. If your student delegation is more than eight (8), you may want to consider enlisting the assistance of a school staff member or parent to accompany your delegation.

Eligibility for each HOSA member attending the state conference on the criteria listed below:

1. Be an active member of HOSA.  
2. Have the approval of the school administration.  
3. Have the approval of the chapter advisor.  
4. Have the approval of the parents (or guardian) if a minor.  
5. **Have paid HOSA membership dues by December 31.**

**ACTIVE PARTICIPANTS ARE:**

Adults: Chapter Advisors  
 Judges and Officials  
 Appropriate Chaperones (Parent and/or Local School Personnel)  
 Special Guests  
 State Staff

Students: Official Voting Delegates and Alternates  
 State Officer Candidates  
 National Officer Candidates  
 Current State and Chapter Officers  
 Courtesy Corps Members  
 HOSA Interns  
 Competitors Entered in Competitive Events  
 Others as designated by the State Advisor

**Special Note: Participants must attend the state conference to be recognized for 1st – 5th place. This includes online testers, middle school and post-secondary students. No exceptions.**

**OFFICIAL VOTING DELEGATES:**

\*\* Chapter members shall exercise their voting privileges through voting delegates at the State Conference. Each local chapter shall be allowed two (2) voting delegates for the first 30 paid members or less, and an additional delegate for each additional 50 members or major fraction thereof (more than one half). The current membership lists shall verify membership. **(December 31)**

Please utilize this opportunity for naming the maximum number of voting delegates and alternates your chapter is allowed. \*\*KY HOSA Bylaws (Must be in official dress)

**KENTUCKY HOSA REGISTRATION FORM**

**CHAPTER NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chapter Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADVISOR Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Years as a HOSA Advisor (S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Our chapter will participate in the Presidents recognition on Friday Yes** \_\_\_\_\_ **No** \_\_\_\_

**Names of Presidents:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Banquet Tickets- THERE ARE NO ASSIGNED SEATS**

(\* for nonregistered attendees)

**Quantity x $40.00 = Total Amount**

**Name(s) for Additional Banquet Tickets**

\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_

**If you have a student that needs interpretative services or other accommodations YOU MUST let us KNOW. Please check the appropriate box and e-mail Elizabeth using interpreter in the subject line.**

**Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_**

**If you have a student or guest that needs has special dietary needs YOU MUST let us KNOW.**

**Explain:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are there any latex allergies? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_**

**HOTEL INFORMATION**

**HOTEL RESERVATION**

1. Chapter Advisor will make all hotel reservations directly to the Crowne Plaza- Louisville Airport, 830 Phillips Lane, Louisville, KY 40209. Reservation requests are to be made on the **HOTEL ROOM RESERVATION FORM.** The Crown Plaza must receive on or before **Wednesday, February 6,** your reservation forms in order to reserve your rooms. Please email the completed forms to:
2. [reservations@cplouisville.com](mailto:reservations@cplouisville.com) and CC Vicki @ [Vicki.weaver@education.ky.gov](mailto:Vicki.weaver@education.ky.gov) (CC)

**YOU MUST provide the hotel with an e-mail address to send the confirmation for your room(s) back to you.**



**YOU MUST COMPLETE THIS FORM AND E MAIL IT TO THE HOTEL**

To ensure reservations, a one-night deposit (including state and local taxes) using a check, money order or a major credit card with expiration date and signature is required.

All participants requiring overnight lodging are to stay at convention hotel.

**Registration**

1. Plan your arrival for ample time for check-in and registration.
2. Check your delegation into the hotel BEFORE registering for the conference, if possible. In some instances, your hotel rooms may not have been vacated or cleaned upon your arrival, however, the hotel will make every effort to have the rooms available when you arrive. **(Official check in time is 3:00 p.m.)**
3. Be prepared to list all students’ and advisors’ room numbers on the enclosed HOTEL ROOM LIST. This list must be turned in **at the HOSA registration desk** when you register your delegation for the conference. You may want to note on your hotel reservation form that the advisor’s room must be located on the same floor and in close proximity to your students. (**OR you can print the excel sheet and add the room numbers)**
4. Notify the Crowne Plaza within 3 – 4 days before the conference of any hotel room changes.

**HOTEL ACCOUNTING OFFICE**

Checks must be approved by hotel’s business office.

**HOTEL CHECK OUT**

1. As with checking in, the advisors are responsible for checking their students out of the hotel.
2. Check hotel room conditions prior to checkout and departure. The hotel will also be checking room conditions prior to checkout.
3. Each student and/or chapter is responsible for any damage to hotel property.
4. No room service and/or phone calls are to be charged to room during conference. Miscellaneous charges must be paid prior to checkout.
5. The hotel requests that all luggage be placed in the advisor’s room or in the Crown A on Saturday to facilitate the room checks and cleaning. All rooms will be checked by the hotel staff before the end of the closing session.

*YOU MUST E-MAIL (1) THE HOTEL RESERVATION FORM AND*    
*(2)* **SCHOOL INFORMATION (MUST COMPLETE** *& EMAIL TO THE HOTEL*

*(1)***HOTEL RESERVATIONS FORM**

**SEND TO per e-mail:**

**Reservations Office Crowne Plaza – Louisville Airport** Please email the completed forms to

1. [reservations@cplouisville.com](mailto:reservations@cplouisville.com)

and CC[Vicki.weaver@education.ky.gov](mailto:Vicki.weaver@education.ky.gov) **.**



*(2)*

**SCHOOL INFORMATION FORM**

**Kentucky HOSA SLC 2019**

Please EMAIL your reservation directly to The Crowne Plaza on these forms.  The hotel must receive reservations no later than **Wednesday, February 6.**

**ROOM RESERVATION RATES without taxes**

**Room per night:**$111.00

**ROOM RESERVATION RATES with taxes**

**Room per night.**$111.00 + 16.0790%

**\*\*(If a school is tax exempt, it is** $111.00  **per room per night.(This is only true if you use a school check, HOSA check or** use a school credit card and get those taxes removed, but the hotel has to get a copy of the credit card to verify that the name of the school is on that card.

**SCHOOL INFORMATION (MUST COMPLETE)**

Chapter Number Advisor Name \_\_\_\_\_

Advisor’s Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Advisor’s Cell #( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/College

Address

City State Zip Code

School Phone School Fax

Check One:    Secondary                         Postsecondary/Adult      Middle School

Check One:            HOSA Check    School Check    Credit Card        Cash

Other, explain (Purchase Order) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SALES TAX EXEMPTION**

If your school is tax exempt, write the exemption number in the space provided below and either attach or bring with you a Purchase Exemption Certificate (Form 51A126).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sales Tax Exemption Number

We will arrive:               Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_           Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We will depart:              Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_           Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*TAX EXEMPTION FORM CAN ONLY BE USED WITH A SCHOOL OR HOSA CHECK\*\*

Hotel telephone number 502-367-2251 ROOM ASSIGNMENT FORM *(3)*

**RETURN TO HOSA HQ BY 8:00 PM THURSDAY**

School/College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Room** **Assignment** | **Room Type** | **Complete Name for Each Room Occupant** | **(M) Male**  **(F) Female**   1. **Advisor**   **(G) Guest** | **Daily Rate for Room** | **Lodging Tax Per Night** | **Total** |
|  | \_\_\_\_Single  \_\_\_\_Double  \_\_\_\_Triple  \_\_\_\_Quad | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_  4. \_\_\_\_\_\_\_\_\_\_\_\_\_ | M  F  A  G  M  F  A  G  M  F  A  G  M  F  A  G | $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_ | $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_ | $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_ |
|  | \_\_\_\_Single  \_\_\_\_Double  \_\_\_\_Triple  \_\_\_\_Quad | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_  4. \_\_\_\_\_\_\_\_\_\_\_\_\_ | M  F  A  G  M  F  A  G  M  F  A  G  M  F  A  G | $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_ | $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_ | $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_ |
|  | \_\_\_\_Single  \_\_\_\_Double  \_\_\_\_Triple  \_\_\_\_Quad | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_  4. \_\_\_\_\_\_\_\_\_\_\_\_\_ | M  F  A  G  M  F  A  G  M  F  A  G  M  F  A  G | $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_ | $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_ | $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_ |
|  | \_\_\_\_Single  \_\_\_\_Double  \_\_\_\_Triple  \_\_\_\_Quad | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_  4. \_\_\_\_\_\_\_\_\_\_\_\_\_ | M  F  A  G  M  F  A  G  M  F  A  G  M  F  A  G | $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_ | $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_ | $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_ |
|  |  |  |  |  | **Total** | $\_\_\_\_\_\_ |

Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Please type or clearly print complete names of room occupants below, as they should be grouped in the rooms.  Check whether single, double, triple or quad at the left of the form and circle the information at the right side of the form. HOSA ONLY needs the highlighted areas completed. Feel free to copy the form as needed.

**Summary of Rooms: \_\_\_\_\_\_Singles  \_\_\_\_\_\_Doubles  \_\_\_\_\_\_\_ Triples  \_\_\_\_\_\_Quads**

**T-Shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Liability Release Form**

**DIRECTIONS:** Due to legal restrictions, it is necessary that **all** delegates, parents/guardians, guests and HOSA Advisors complete this form to be eligible to attend **any** 2018-2019 HOSA Meetings / Conferences. This form should be submitted to the State Advisor.

**PLEASE TYPE OR PRINT ALL INFORMATION***Delegate Name Parent/Guardian Name*Name Name   
Home Address   
Parent/Guardian/Telephone: Home: Work:   
Student’s Physician: Phone:   
Physician’s Address:   
Alternate Contact:   
Telephone Number: Home: Work:   
Local Advisor: School Name:   
Local Advisor Cell Phone #   
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:

**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/State HOSA Board of Directors, the National/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/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

**(Delegates under the age of 18 and must be signed by the parent or legal guardian.)**

Delegate’s Signature: Date

Advisor’s Signature: Date

**Advisor needs to keep a copy of this form. Send originals with registration package**

**2018-2019 State / National HOSA Conduct Code**A good reputation enables members to take pride in their organization. HOSA members have an excellent reputation. Your conduct at any HOSA function should make a positive contribution to the reputation that has been established.

1. Your behavior at all times should be such that it reflects credit to you, your   
 School / college, your state, your local chapter, and HOSA.

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   
 Conference name badges shall be worn at all times at HOSA 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 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 and his/her parents  
 will be expected to pay any and all damages.

7. Members/participants attending the HOSA Leadership Activity 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. HOSA would like to become a smoke-free conference; however, smoking is allowed   
 only in designated areas provided by the hotel.. Please show respect to non-smokers, and   
 roommates by adhering to school policy.

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 and/or parents.

11. Members are to abide by the National HOSA attire policy at all sessions, tours and   
 other academy activities.

12. As a delegate to any State / National HOSA 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 State / National HOSA.

13. No illegal drugs or narcotics can be purchased, sold or used during any HOSA activity.

I have read the above Code of Conduct for ALL HOSA conferences and agree to abide by these rules.

Print Name of Parent/Guardian Parent/Guardian Signature Date  
  
   
Print Name of Student Student Signature Date

**KENTUCKY HOSA COURTESY CORPS AND HOSA INTERN INFORMATION**

Any student may be signed up to participate as a Courtesy Corps member, but KY HOSA Interns are limited to students that have completed a written test in a Category I event that are designed for a written test only or interns that participated in KLTI. Interns are limited to one per school unless permission from Kim Nealis-Williams to have an additional member has been granted.

Intern who do not meet the criteria will be moved to CC. **Courtesy Corps members are limited to 3 per school. Courtesy Corps members may sign up for more than one time frame.**

Both groups are vital and needed to assist with conference activities.

**Courtesy Corps Information**

**Orientation –** mandatory –

Thursday, March 15th – 7:00 pm – 8:0 pm – Crowne A

**Shifts**

1a – Friday, March 16th – 7:50 am – 1:00 pm   
1b – Friday, March 16th – 11:45 pm – 4:30 pm  
2a – Saturday, March 17th – 8:00 am – 12:00 pm

**HOSA Intern Information**

**Orientation – Mandatory** – Thursday, March 21st – 6:30 pm – 7:30 pm – Crowne A Tentative

**Courtesy Corps Members**:

Once you attend the orientation on Thursday you are ready fort Friday and Saturday, Report to the Kentucky HOSA Courtesy Corps Headquarters located at the HOSA Headquarters fifteen (15) minutes before assigned time to sign the Courtesy Corps register. Then report to the Event Chairperson at your assigned location. Greet participants entering a program or session.

Wear your name badge and Courtesy Corps Ribbon throughout the duration of your assignment.

After your assignment is finished, please return your Courtesy Corps button to HOSA Headquarters and pick-up your Courtesy Corps pin. Courtesy Corps Chairpersons (Advisors) will make rounds to assist courtesy corps members.

Notify the Courtesy Corps Chairperson at Competitive Event Headquarters immediately if you encounter any problems.

CC should allow HOSA Staff members to enter any activity. State staff will be identified with specific ribbon on their name badge

Report to Competitive Event HQ for Courtesy Corps fifteen (15) minutes before assigned time to sign the Courtesy Corps register. Then report to the Event Manager at your assigned location.

Greet participants entering a program or session.

Wear your name badge and Courtesy Corps Ribbon throughout the duration of your assignment.

**Remember: Competitors that place 1st, 2nd, or 3rd in their events are eligible to compete @ International Leadership Conference (ILC).**

**The Health Care Issues Exam will recognize all that reach mastery level. Any student being recognized in Health Care Issues Exam is eligible to attend and compete @ ILC.**

**INTERNATIONAL COMPETITIVE EVENTS PROGRAM**

HOSA members are encouraged to take full advantage of the Kentucky and National HOSA Competitive Events Program, a constantly expanding and improving series of healthcare-related competitive events. At the 2019 SLC, HOSA is sponsoring 51 REGULAR Events and 8 Recognition Opportunities.

**HOSA members may enter only one competitive event at the KY HOSA State Leadership Conference and ILC.**

In addition, competitors may participate in as many Recognition Events as they wish.

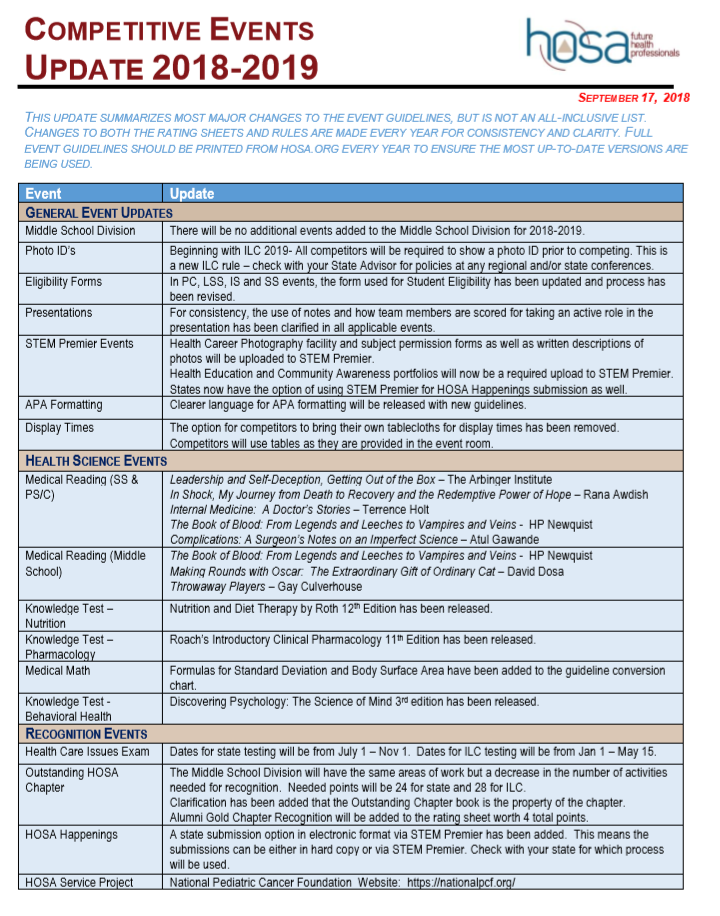
Gotta-Have-It Chart:

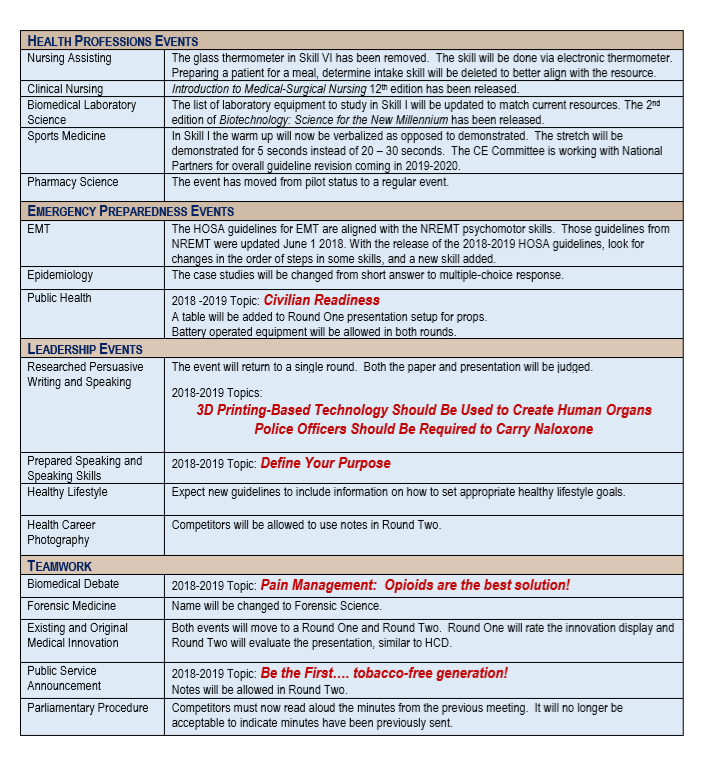
<http://www.hosa.org/sites/default/files/18-19%20Gotta%20Have%20It%20Chart%20Sept09.pdf#overlay-context=CEUsefulTools>

|  |  |  |
| --- | --- | --- |
| **EVENT CODE** (For registration) | One area of heartbreak at state and international HOSA competitive events is a failure to bring the needed supplies/materials to an event for orientation or competition. Every year competitors work very hard, only to lose points because they were not prepared. |  |
| **Health Science Events** | **Health Science Events** |  |
| Dental Terminology DT | ONLINE TEST ONLY |  |
| Medical Spelling MS | online testing and onsite event |  |
| Medical Terminology^ MT | ONLINE TEST ONLY |  |
| Medical Math MM | ONLINE TEST ONLY |  |
| Medical Reading^ MR | ONLINE TEST ONLY |  |
| Knowledge Tests: | **Knowledge Tests:** |  |
| Behavioral Health KB | ONLINE TEST ONLY |  |
| Health Career Exploration^ KC (MS only) | ONLINE TEST ONLY |  |
| Human Growth & Development KG | ONLINE TEST ONLY |  |
| Medical Law and Ethics KM | ONLINE TEST ONLY |  |
| Nutrition^ KN | ONLINE TEST ONLY |  |
| Pathophysiology KP | ONLINE TEST ONLY |  |
| Pharmacology KH | ONLINE TEST ONLY |  |
| Transcultural Health Care KT | ONLINE TEST ONLY |  |
| **Health Professions Events** | **Health Professions Events** |  |
| Biomedical Laboratory Science BT | online testing and offsite event |  |
| Clinical Nursing CN | online testing and offsite event |  |
| Clinical Specialty CL |  | upload to stem premier |
| Dental Science DS | online testing and offsite event |  |
| Home Health Aide HH | online testing and offsite event |  |
| Medical Assisting MA | online testing and offsite event |  |
| Nursing Assisting NA | online testing and offsite |  |
| Personal Care\* PC |  | upload to stem premier |
| Pharmacy Science RX | Skill event only and offsite event |  |
| Physical Therapy PT | online testing and offsite event |  |
| Sports Medicine SM | online testing and onsite event |  |
| Veterinary Science VS | online testing and onsite event |  |
| **Emergency Preparedness Events** | Emergency Preparedness Events |  |
| CERT Skills CT | online testing and onsite event |  |
| CPR/First Aid CP | online testing and offsite event |  |
| Epidemiology EP | online (scenario @ conference) |  |
| Life Support Skills\* LS |  | upload to stem premier |
| MRC Partnership MC | Limited to **2 Teams per chapter** | upload to stem premier |
| Public Health^ PH |  |  |
| **EVENT EVENT CODE** (For registration) **Leadership Events** | **Leadership Events** |  |
| Extemporaneous Health Poster^ EH |  |  |
| Extemporaneous Writing EW |  |  |
| Health Career Photography HP |  |  |
| Healthy Lifestyle^ HL | online testing and onsite event |  |
| Interviewing Skills\* IS |  | upload to stem premier |
| Job Seeking Skills JS |  | upload to stem premier |
| Prepared Speaking^ PS |  |  |
| Researched Persuasive Writing and Speaking RS |  | upload to stem premier |
| Speaking Skills\*^ SS |  | upload to stem premier |
| **Teamwork Events** | **Teamwork Events** |  |
| Biomedical Debate BD | online testing and onsite event |  |
| Community Awareness CA |  | upload to stem premier |
| Creative Problem Solving CS | online testing and onsite event |  |
| Forensic Medicine FM | online testing and onsite event |  |
| Health Career Display^ HD |  |  |
| Health Education^ HE |  | upload to stem premier |
| HOSA Bowl HB | online testing and onsite event |  |
| Medical Innovation - Existing ME |  | upload to stem premier |
| Medical Innovation – Original MO |  | upload to stem premier |
| Parliamentary Procedure PP | online testing and onsite event |  |
| Public Service Announcement PA |  | upload to stem premier |
| **Recognition** | **Recognition** |  |
| Barbara James Service Award^ BJ | HOSA activity tracking system |  |
| Healthcare Issues Exam HC | online testing |  |
| HOSA Happenings^ NL |  | upload to stem premier |
| MRC Volunteer Recognition MV | HOSA activity tracking system |  |
| National Service Project^ (HOSA | HOSA activity tracking system |  |
| Service Project) NS |  |  |
| Outstanding HOSA Chapter^ OC |  |  |
| Outstanding HOSA Achievement OA |  |  |
| Outstanding State Leader (Outstanding |  |  |
| HOSA Leader) OL |  |  |
| Talent Show **(State Only)** |  |  |
| - Solo **(TS)** |  |  |
| - Group **(TG)** |  |  |
| -Ann Vescio Scholarship **(State Only)** |  | upload to stem premier |

**\*Only for students classified under the federal regulations, Individuals with Disabilities Education Act of 1997 – Amended (IDEA).**

**^Events open to Middle School students (Health Career Exploration is only open to middle school.**





**Remember to bring**

* Parade of Presidents - chapter banner/flag
* Competitive Guidelines for each participant/team
* All starred items listed on the competitive event guidelines for your students event
* Pencils
* Bingo Prizes
* Pull tabs – in a box lined with plastic or a check
* Banquet centerpiece(s) if you want to
* Hotel Confirmation Documentation. You should get an e-mail from the hotel.
* Medical Release Forms – including front and back of health insurance card
* Code of Conduct
* Room Assignment Form

SEE YOU SOON!

