APPLICATION

For

ILLINOIS HOSA OFFICER
1. Local Chapters in good standing may submit only ONE candidate per office but no more than ten (10) total candidates. Candidates must be active members of HOSA. (Article IV, Section 3, HOSA Bylaws)
   a. President
   b. Vice President
   c. Secretary
   d. Treasurer
   e. Parliamentarian
   f. Sentinel
   g. Historian
   h. Reporter
   i. Student Member at Large
   j. Northern Area Vice President (northern area chapters only)
   k. Southern Area Vice President (southern area chapters only)

2. The Illinois HOSA Nominating Committee will review all candidate applications prior to the State Leadership Conference.

3. The Illinois HOSA Nominating Committee shall administer the officer candidate written examination at the Annual State Leadership Conference.

4. The Illinois HOSA Nominating Committee will interview all officer candidates before the final slate is determined.

5. Officer candidates will respond to questions by the HOSA Nominating Committee.

6. An orientation meeting for all officer candidates is scheduled on the first day of the Annual State Leadership Conference to review nomination procedures and take the test. [This meeting will take place prior to the opening of the conference.]

7. **Required items for eligibility** - must be sent to the Nominating Committee by February 1. **All items must be submitted together.**
   
   (1) Nomination Form
   (2) Statement of Support
   (3) Candidate Information Sheet
   (4) Black and white or color photo
   (5) Video Introduction
   
   Video Requirements: Be dressed in Official HOSA Uniform; shoot the video from the waist up. Address the following: Name; Year in School; Number of years in HOSA; Why do you want a state officer position on the Executive Council? (Do not refer to a specific office, but cite factors that make the role a great fit for you and IHOSA).

8. **ALL INFORMATION MUST BE SUBMITTED TO TALLO BY THE DEADLINE DATE OF FEBRUARY 1.**
Serving as an ILLINOIS HOSA OFFICER is a twelve-month commitment to the organization. Therefore, it is vital that all members who aspire to become Illinois officers are highly qualified, able, and willing to assume the responsibilities required of all national officers.

Read carefully and study the statement below before submitting this form to your chapter advisor. After discussing the responsibilities of an ILLINOIS HOSA OFFICER with parents, local chapter advisor and school administrators, candidates should submit this form to the chapter advisor for consideration. When the chapter advisor is totally convinced that the candidate will be able to carry out all responsibilities of an ILLINOIS HOSA OFFICER, the chapter advisor will sign this form and send it to the Nominating Committee.

ILLINOIS OFFICER CANDIDATE’S STATEMENT

If elected an Illinois HOSA Officer, I will dedicate one full year of service to the organization. I will serve my entire term of office and will promote the goals and objectives of HOSA. I will project a desirable image of HOSA at all times. I will be available for the ICCCTSO Officer Training Session during the summer, the Fall Leadership Conference in October, State Leadership Conference in the Spring and 4 meetings throughout the school year. I will fulfill and complete all obligations and assignments that are given me as a member of the HOSA National Executive Council.

Candidate's Signature ______________________________

Parent's Signature ______________________________

Which office do you believe you are best fit to run for and why (1-2 sentences)?

Preference of Office

Why? (1-2 Sentences)

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

** SUBMIT A BLACK AND WHITE OR COLOR PHOTO IN OFFICIAL HOSA UNIFORM
HOSA
STATEMENT OF SUPPORT

I approve of my son/daughter applying for an Illinois HOSA office and if elected, agree that he/she will be able to spend the time and have the transportation necessary to carry on the duties of the office.

___________________________________
Signature of Parent of Guardian

The candidate meets the qualifications for office and I recommend him/her as an Illinois officer applicant. I agree to assist the student with transportation necessary to carry on the duties of the office.

___________________________________
Signature of Local Chapter Advisor

________________________________________
Advisor email

This school is supportive of _________________________________ being placed as an applicant for consideration for an Illinois HOSA officer because he/she will fulfill the duties successfully if elected.

___________________________________
Signature of School Principal/Director/Dean
HOSA
Candidate Information Sheet

Name ____________________________ Current Grade Level __________________

Home Address
________________________________________________________________________

City, State, Zip
________________________________________________________________________

Home Phone Number _______________________________ E-Mail ____________________________

School Name ______________________________________________________________________

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<th>HOSA Offices Held:</th>
<th>Year:</th>
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<th>Health Science Courses Taken:</th>
<th>Year in School: (Sophomore, Junior, Senior, Postsecondary, Collegiate)</th>
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<th>Honors/Awards Received (HOSA and Others)</th>
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### Participation in Other Activities (School, Community, etc.):

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### Offices Held in Organizations Other than HOSA:

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<th>Positions Held</th>
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Candidate's Signature

[Signature]

Date

[Date]
HOSA

SUGGESTED STUDY REFERENCES
FOR THE WRITTEN EXAMINATION

A. KNOW THE FOLLOWING:

1. HOSA Motto
2. HOSA National Creed
3. National Conference Theme
4. National Officer Titles
5. Duties of the Office Sought

B. REVIEW THE FOLLOWING:

2. National Bylaws (membership information, organizational structure, voting procedures)

Illinois HOSA Candidate Checklist

All items must be submitted no later than February 1.

- Nomination Form
- Statement of Support
- Candidate Information Sheet
- Black and White or Color Photo
HOSA
INTERVIEW RATING SHEET

This form is NOT to be completed and sent to the Nominating Committee with the Illinois Officer Application. This is a sample form that will be used by the nominating committee during interviews at the SLC.

NAME OF CANDIDATE

INSTRUCTIONS: The Nominating Committee will rate candidates on their responses to selected questions based on the following:

5 = Excellent
4 = Very Good
3 = Average
2 = Fair
1 = Needs Improvement

Criteria
Appearance:

Grooming 5 4 3 2 1
Posture 5 4 3 2 1
Appropriate Dress 5 4 3 2 1

Oral Interview:

Willingness to serve if elected 5 4 3 2 1
Knowledge of HOSA 5 4 3 2 1
Demonstration of enthusiasm 5 4 3 2 1
Quick response to questions 5 4 3 2 1

Communications Techniques:

Voice -- pronunciation, quality 5 4 3 2 1
Power of expression 5 4 3 2 1
Articulation 5 4 3 2 1
Eye contact with interviewer 5 4 3 2 1

COMMENTS
_______________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Signature of Interviewer

Date __________

TOTAL SCORE _______________________

B-8