

2012 SC HOSA STATE LEADERSHIP CONFERENCE

Registration Guide



SC HOSA State Leadership Conference Guide

To help you and your members prepare for the SC HOSA State Leadership Conference in North Charleston, you will find everything you need to register your delegation in this Guide. Please pay particular attention to the conference deadlines, which are highlighted in yellow and recapped on Page 7.

Tentative Conference Schedule

Wednesday, March 7

Hotel Registration begins	3:00 PM
Conference Registration, Convention Center	6:00 PM - 9:00 PM
Chapter Group Photos	6:00 PM - 9:00 PM
State Officer Meeting with Officer Advisors	4:00 PM - 7:00 PM
Kaiser Permanente Healthcare Issues Exam	5:00 PM & 7:00 PM
HOSA SWAG (Students With Amazing Gifts)	7:00 PM - 10:00 PM
Advisors Meeting (for new and experienced advisors)	8:00 PM - 9:30 PM

Thursday, March 8

Exhibits	8:00 AM - 4:00 PM
Competitive Events	8:30 AM - 5:30 PM
Educational Symposiums	10:00 AM - 3:50 PM
Kaiser Permanente Healthcare Issues Exam	9:00 AM, 11:00 AM & 1:00 PM
General Session & Banquet	6:30 PM - 9:30 PM

Friday, March 9

Exhibits	8:00 AM - 1:00 PM
Competitive Events & Educational Symposiums	8:00 AM - 12:50 PM
Kaiser Permanente Healthcare Issues Exam	10:30 AM
SC HOSA Annual Business Meeting for Voting Delegates	10:30 AM
Raffle Winners Announced	2:00 PM
Awards Ceremony & State Officers Induction	2:30 PM - 4:30 PM

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Conference Attendance

Registration Fee

- ❖ \$75 for Students, Advisors, Chaperones & Other Professionals
(PLEASE NOTE that registration fee for the 2013 SC HOSA SLC will be \$80.)
- ❖ Complimentary for State Officers & Alumni

Who should attend?

- ❖ Students and advisors who are members of HOSA for the 2011-12 school year
- ❖ Chaperones, HOSA Alumni and school personnel
- ❖ Healthcare and business partners

Who may compete?

- ❖ Any HOSA member in good standing
- ❖ Students may compete in **only one event** in the following event categories: Health Science, Health Professions, Emergency Preparedness, Leadership, and Teamwork. In addition to these event categories, students may compete in **one or more of the Recognition Events**.

Conference Registration: ONLINE CONFERENCE REGISTRATION INSTRUCTIONS

1. Go to the HOSA web site at www.hosa.org.
2. Select Advisor Services from the menu on the left.
3. Click the Chapter Advisor link listed under National Affiliation in the middle of the screen.
4. Find the link that says "[Click Here](#) to proceed to Chapter Affiliation."
5. Enter your Charter Number and Password and login.
6. Select Conference Registration from the menu.
7. The screen will have a set of instructions for you to read. On the upper right-hand corner, there is a drop down box where you can select the conference "2012 SC HOSA STATE LEADERSHIP CONFERENCE" and then click Begin Registration.
8. A complete list of your students will appear. Beside each student's name, there is a link to register that student for the conference. Click Register for the person/student you want to enter and a screen with all of the options will come up.
9. You will need to do the following for **each** person:
 - Under GENDER, select Male or Female
 - Under TYPE, select Secondary, Advisor, Professional, Alumni, Postsecondary/Collegiate, etc.
 - Select the POLO shirt size for everyone (students, advisors, chaperones, etc.)
 - Select the competitive event and recognition event(s) in which the student will participate (**limit of one competitive event per student**)You will need to do the following for **designated** persons:
 - Designate the Outstanding HOSA Member and indicate t-shirt size (only for your chapter's OHM) (Email PDF to schosa@sc.rr.com)
 - Designate students who will volunteer for Courtesy Corps
 - Designate students who will serve as Voting Delegates and Alternates
 - If your Chapter has participated in any of the Recognition events, select one person for each event. (See page 11 for the list of Recognition Events.)
10. Click "SUBMIT" after entering each person's registration information.
11. If you need to register a family member, chaperone or other professional, there is a box to click to add that information on the main registration page where all of the names can be viewed.
12. After completing all registrations, print two copies of the Summary Report, one for your files and one to be faxed to SC HOSA.

Registration Categories:

Competitive Events:

- ❖ A student may register for only **one** competitive event.

Recognition Events:

- ❖ If a member of your chapter is entering competition in Barbara James Service Award or Outstanding Alumni Member, register the student for the event in order for it to be picked up in the registration system's reports. In some cases - Chapter Newsletter, HOSA Week, National Recognition Program, Outstanding HOSA Chapter, National Service Project (Juvenile Diabetes Research Foundation) - the entire chapter may have participated in the project. In these cases, select one student in your chapter and register him or her in the appropriate category so that the registration system will automatically generate your chapter in the report. All students who are planning to sit for the Kaiser Permanente Healthcare Issues Exam at the SLC conference should be registered for Kaiser on the online registration form.
- ❖ In addition to entering a student in the National Service Project category in the online registration system, a copy of the HOSA National Service Project form (www.hosa.org) **and** a copy of your receipt **or a copy of your check** must be submitted with your registration. Chapters will be allowed to update information prior to the HOSA National Leadership Conference. The top three fundraising chapters will receive special recognition.

Voting Delegates:

- ❖ Each chapter is required to designate voting delegates on the on-registration form and complete the Voting Delegate form in the Forms Section on the SC HOSA Web site, www.schosa.org.
- ❖ **How many delegates does my chapter have? In the SC HOSA Bylaws, each chapter is entitled to send two voting delegates for the first ten members or less, plus one delegate for each additional ten members or major fraction thereof, except that in no case shall any chapter have more than five voting delegates.**
- ❖ Voting delegates must be dressed in HOSA uniform or business attire. They are expected to attend the business meeting on Friday, March 9, at 10:30 AM in uniform or business attire.

Courtesy Corps:

- ❖ Each chapter is asked to designate up to four members to serve as Courtesy Corps members on the online registration form. **If an advisor is asked to serve as an event manager, he or she should assign one of her chapter members to serve as a courtesy corps member to assist with that event.**
- ❖ Courtesy Corps members will be asked to assist judges, run errands, work at the information desk, assist with educational symposiums and help in other ways; therefore, members should be dressed in HOSA uniform or business attire.
- ❖ Some will be asked to serve as victims and patients. Courtesy Corps members should wear comfortable clothes for these assignments.
- ❖ Assignment list will be posted on bulletin board outside of Competitive Events Headquarters and shared at the Advisors Meeting on Wednesday, March 7.

Outstanding HOSA Members:

- ❖ The Outstanding HOSA Member is the student who contributes to his/her school, community, and HOSA chapter through service, involvement, and development of skills, abilities, and attitudes necessary to pursue a career in healthcare.
- ❖ Each chapter should submit the name of one outstanding HOSA student on the online registration form and a JPEG or PDF formatted photo of the student should be emailed to schosa@sc.rr.com. This student will be recognized with a t-shirt and certificate at the general session/banquet.

Polo Shirts:

- ❖ Each person registered receives a polo shirt and a size should be selected in the online registration system. Sizes available are small, medium, large, X-large, XX-large & XXX-large. **After the deadline (February 17), changes to original size selections will be made after registration closes, based on availability.**

REGISTRATION SUBMISSION: DEADLINE: Friday, February 17

- ❖ Mail, e-mail, or fax the following: E-mail Address: schosa@sc.rr.com Fax Number: 803.532.5114
- Registration Cover Sheet (Page 10)
 - Online registration summary sheet
 - Form certifying that you have in your possession the Code of Conduct, Permission, and Medical Liability forms (found on the SC HOSA Web site, www.schosa.org at the State Leadership Conference link) for each person attending the conference (Page 9).
- ❖ Make checks payable to SC HOSA, Inc. Registration fees **MUST** be received by **Friday, March 2, for all persons registered as of February 17. Mail to:**

SC HOSA
P O Box 866
Lexington, SC 29071

- ❖ **No refunds will be given but substitutions may be made.**
- ❖ SC HOSA polo shirt and the Thursday evening banquet are included in registration fee.
- ❖ State officers' registration fees and rooms on Wednesday and Thursday nights will be paid by SC HOSA.

Hotel Reservations

- ❖ All HOSA students and advisors registered for the leadership conference MUST stay at the Embassy Suites or an approved overflow hotel in order for SC HOSA to use the hotel's meeting space for conference events without additional charges. (Overflow hotels are the Hilton Garden, Hyatt Place, and the Aloft.)
- ❖ Deadline for submitting Room Reservation Form (Page 8) to SC HOSA is **Friday, January 13**. Rooms will be assigned on a **first-come, first served basis**. When the room block at Embassy Suites is full, Marie Stiles will assign you to the overflow hotel that you have requested as your **second** choice. A deposit should be mailed OR credit card information included on the rooming list form to guarantee the rooms. NO PHONE CALL RESERVATIONS WILL BE ACCEPTED.

- ❖ **HOTELS:**

Embassy Suites offers two-room suites (parlor area with fold-out sleeper sofa and bedroom with either two double beds or a king bed), microwave and small refrigerator. Included in room rate is an afternoon reception with soft drinks and snacks. **THERE ARE A SMALL NUMBER OF SMOKING ROOMS AND THESE MAY BE ASSIGNED TO YOUR SCHOOL IN THE EVENT OF A DEPLETION OF INVENTORY OF NON-SMOKING ROOMS. IF THERE IS ANYONE IN YOUR GROUP WHO IS ALLERGIC TO SMOKE, PLEASE NOTE THIS ON YOUR ROOMING LIST.**

Hilton Garden Inn offers rooms with either two queen-sized beds or one king bed and suites with king beds, sofa beds and roll-aways to sleep up to 5. There are small refrigerators and microwaves in all rooms. Hotel is within walking distance of convention center and is a **NON-SMOKING HOTEL**.

Hyatt Place has rooms with two queen beds or one king bed. All rooms have a sleeper sofa, small refrigerators and microwaves. Hotel is within walking distance of convention center and is a **NON-SMOKING HOTEL**.

The Aloft is located on Tanger Outlet Blvd. and is not within easy walking distance of the convention center. Shuttle service may be offered, based on availability. The hotel has rooms with two queen beds or one king bed and all rooms have small refrigerators and microwaves. It is a **NON-SMOKING HOTEL**.

See Hotel Reservations form (Page 9) for room rates.

- ❖ Check-in time is 3:00 PM.
- ❖ Advisors and local chapters are responsible for all charges incurred by their delegation, as well as for any damages to hotel property.
- ❖ Pajamas are not allowed in the hotel lobbies, restaurants and in hallways.
- ❖ Be sure to include your school's name or hotel confirmation number on the check or include information with the check that will identify your school as a HOSA chapter.
- ❖ Daily breakfast buffet is included in the room rate for all hotels.

Other Information

Scholarships:

- ❖ Deadline for scholarship applications is **Friday, February 17**.
- ❖ Mail scholarship applications to: SC HOSA, PO Box 866, Lexington, SC 29071. All applications and supporting documentation must be received by this date. Information received after this date will **NOT** be evaluated.
- ❖ Faxed information will **NOT** be accepted.
- ❖ Scholarship applications are posted at www.schosa.org at the Forms link.

State Officer Candidates:

- ❖ Students interested in state officer elections for the 2011-12 year must complete the application posted on www.schosa.org at the Forms link.
- ❖ **Mail applications to:** SC HOSA, PO Box 866, Lexington, SC 29071 to be received by **Friday, February 17**.
- ❖ Faxed information will **NOT** be accepted.
- ❖ Officer candidate interviews will be held on Thursday, March 1, at the SC Department of Education in Columbia. Officer candidates and advisors will be contacted regarding interview time and room location.
- ❖ Candidate introductory comments and practices are mandatory.
- ❖ Read the requirements carefully and recommend qualified students. Requirements are posted on www.schosa.org at the Forms link.

General Session & Banquet:

- ❖ The banquet will begin at 6:30 PM, Thursday, March 8.
- ❖ One banquet admission is included with each paid registration fee.

Awards Ceremony:

- ❖ Awards ceremony will be Friday, March 9, at 2:00 PM
- ❖ Invite family, friends, and other interested individuals to show support for your HOSA students.
- ❖ There is no charge to attend the awards ceremony.
- ❖ HOSA members are requested to wear conference polo shirts to the awards ceremony.

Items for Sale at the Conference:

- ❖ South Carolina state pins (cost TBD)
- ❖ SC HOSA 2011 SLC souvenir t-shirts & SC HOSA polo shirts (\$5.00)
- ❖ SC HOSA folders (\$1.00)
- ❖ SC HOSA backpacks (\$5.00)
- ❖ SC HOSA 2012 SLC souvenir t-shirts (\$10.00)
- ❖ Order form for the items listed above will be posted on the SC HOSA's Web site

Special Requirements:

- ❖ The Student Eligibility form must be mailed with registration materials by **Friday, February 17**.

Competitive Events Guidelines:

Go to <http://www.hosa.org/natorg/sectb/index.html> to obtain guidelines for all of the competitive events. If students are required to submit materials (posters, scrapbook, DVDs, letters, resumes, notebooks, etc.), these are to be brought to the designated room at the time shown on the conference agenda.

Reminders:

- ❖ Go to http://www.hosa.org/whats_new_ce_2011_2012.pdf for “What’s New in 2011-12”
- ❖ For all written tests, competitors must bring a pencil.
- ❖ Competitors must bring all items noted with *** in the materials section of the guidelines for each event.
- ❖ No Study materials are permitted in event holding rooms, on buses, and in similar locations.
- ❖ There will be a 5 point penalty for failure to bring a copy of the event guidelines to the competitive event.
- ❖ The HOSA Code of Conduct must be followed at all times by advisors and students.

Recap of Deadlines:

- ❖ Room Reservation Form (Page 8) due **January 13, 2012**
- ❖ Due **February 17, 2012**
 - Registration summary sheet faxed to 803.532.5114 or scanned and emailed to schosa@sc.rr.com (printed after completion of online registration)
 - Registration Cover Sheet (Page 10) completed and faxed to 803.532.5114 or scanned and emailed to schosa@sc.rr.com
 - Rooming List (will be emailed to you after receipt of Room Reservation Form)
 - Scholarship Applications
 - State Officer Applications
- ❖ Registration Fees for everyone registered due **March 2, 2012**

Questions regarding competitive events, contact:

Nancy Allen, SC HOSA State Advisor, nallen@ed.sc.gov, phone 803.734.0372

Questions regarding room reservations or registration, contact:

Marie Stiles, CMP, SC HOSA Conference Coordinator, schosa@sc.rr.com
803.604.9141 or 803.463.9706

Questions regarding sponsorships, scholarship donations, and exhibits, contact:

Marie Stiles, CMP, schosa@sc.rr.com, phone 803.604.9141 or 803.463.9706

SC HOSA State Leadership Conference

March 7-9, 2012

Room Reservation Form

Due **January 13, 2012**

School _____

Advisor(s) _____

Daytime Telephone Number _____ Cell Phone _____

As a courtesy to other schools, **please** estimate the number of rooms as closely as possible. **You may be responsible for rooms released after February 6.**

Number of Student Rooms needed:

_____ Kings _____ Doubles (up to 4 in a room)
_____ Doubles (5 to a room) _____ Doubles (6 to a room)

Number of Advisor/Chaperone/Other Rooms needed:

_____ Kings _____ Doubles

Select hotel preference by placing a 1 for first choice and a 2 for second choice beside the hotel:

_____ Embassy Suites (Rates: \$170 for 4 to a suite, \$180 for 5 to a suite, \$190 for 6 to a suite)

_____ Hilton Garden Inn (Rates: \$151 for up to 4 in a room; Suites \$171 - up to 5 in a suite)

_____ Hyatt Place (Rate: \$149 for up to 6 in a room)

_____ Aloft (Rate: \$149 for up to 4 in a room)

In order to hold you rooms, please provide the following credit card information: *(Credit card will **not** be charged until arrival and you may pay by check, cash or another credit card at that time.)*

Credit Card # _____ Exp. date _____ Sec. # _____

Name on credit card: _____

Billing address of credit card: _____

Please fax this completed form to Marie Stiles, CMP, Conference Coordinator, at 803.532.5114 by **Friday, January 13.** All hotels will be assigned to schools on a first-come, first-serve basis.

A rooming list form will be sent to you for making your final reservations.

For SC HOSA Office Use: Date Received: _____ Initial _____

Hotel Assignment: _____

CERTIFICATION OF RECEIPT OF SC HOSA FORMS

(Fax to SC HOSA at 803.532.5114 by **February 17, 2012**)

List the names of students, advisors, chaperones & guests attending the 2012 SC HOSA SLC and check forms submitted. Bring all of forms with you to the conference.

I certify that the Code of Conduct, Parental Permission and Medical forms for each student and Code of Conduct and Medical forms for each adult (advisors, chaperones and family, etc.) attending the 2012 SC HOSA SLC are in my possession. If any forms are missing, I take full responsibility for the omissions.

Name of Advisor

Signature

Name of School

<u>Name</u>	<u>Code of Conduct Form</u>	<u>Permission Form</u>	<u>Medical Form</u>
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2012 SC HOSA SLC REGISTRATION COVER SHEET

Complete this form and fax to 803.532.5114 or scan and email to schosa@sc.rr.com. Due **Friday, February 17.**

SCHOOL: _____

ADVISOR(S) _____

PHONE: _____ E-MAIL: _____

- I have completed registration for my chapter and a copy of online registration summary form is attached.
- Certification Form enclosed indicating that I have received Code of Conduct, Permission, Medical Liability forms for each person attending SC HOSA SLC.
- I have designated up to four members to serve as Courtesy Corps on the online registration.
I have designated voting delegates and alternates on the online registration and completed Delegate Form.
(Click here to access form: <http://www.schosa.org/VotingDelegates.doc>)
- I have designated a member of my chapter as the Outstanding HOSA Member (OHM) and entered his or her t-shirt size in the online conference registration.
- I have emailed a JPEG Photo of the OHM to schosa@sc.rr.com.

Recognition Events: Documentation should be sent to SC HOSA, PO Box 866, Lexington, SC 29071 for:

- National Recognition Program
- National Service Project - Total Amount Donated: _____ [Include copy of receipt or check.]
(Forms are included at the end of this document.)

Other Recognition Events Materials should be submitted to event manager in the room assigned for the event at the SLC.

Registration Fees:

- Check for (\$75 per person) registration fees have been mailed.
- Check will be sent under separate cover by **Friday, March 2.**
- Check here if you need SC HOSA to invoice your school.

- State Officer Applications** have been mailed to PO Box 866, Lexington SC 29071. (MAY NOT BE FAXED)
- Scholarship Applications** have been mailed to PO Box 866, Lexington SC 29071. (MAY NOT BE FAXED)

- Student Eligibility form** has been submitted for students competing in Life Support Skills, Personal Care, Speaking Skills, and Interviewing Skills. These events are for students classified under the provision of Public Law 102/119 entitled: Individuals with Disabilities Education Act of 1992. In the guidelines for each of these competitive events is the Student Eligibility form. (www.hosa.org)

Please list chaperones, guests, and/or family members who would be willing to help with conference activities:

Name: _____ Phone: _____

Willing to assist with: _____

Name: _____ Phone: _____

Willing to assist with: _____

Name: _____ Phone: _____

EVENT CODES

HOSA members are encouraged to take full advantage of the National HOSA Competitive Events Program, a constantly expanding and improving series of healthcare related competitive events. At the 2012 State Leadership Conference, HOSA is sponsoring 56 REGULAR Events and Recognition Opportunities.

Code designations for event registration are listed below. Make sure that you select the appropriate events to enter your students. If you have any questions about the events, please contact Nancy Allen, state advisor.

Competitors may register for only one competitive event. There is no restriction on the number of Recognition Events for which a student may register. For details, refer to the HOSA Handbook, Section B: www.hosa.org/natorg/sectb/index.html

EVENT	EVENT CODE (For registration)	EVENT	EVENT CODE (For registration)
Health Science Events		Leadership Events	
Dental Spelling	DS	Extemporaneous Health Poster	EH
Dental Terminology	DT	Extemporaneous Speaking	ES
Medical Spelling	MS	Extemporaneous Writing	EW
Medical Terminology	MT	Healthy Lifestyle	HL
Medical Math	MM	Interviewing Skills*	IS
Knowledge Tests:		Job Seeking Skills	JS
Human Growth & Development	KG	Medical Photography	MP
Nutrition	KN	Prepared Speaking	PS
Pharmacology	KH	Researched Persuasive Speaking	RS
Pathophysiology	KP	Speaking Skills*	SS
Concepts of Healthcare	KB		
Health Professions Events		Teamwork Events	
Biotechnology	BT	Biomedical Debate	BD
Clinical Nursing	CN	Career Health Display	CD
Clinical Specialty	CL	Community Awareness	CA
Dental Science	DA	Creative Problem Solving	CS
Home Health Aide	HH	Forensic Medicine	FM
Medical Assisting	MA	Health Education	HE
Nursing Assisting	NA	HOSA Bowl	HB
Personal Care*	PC	Medical Reading	MR
Physical Therapy	PT	Parliamentary Procedure	PP
Sports Medicine	SM	Public Service Announcement	PA
Veterinary Science	VA		
Emergency Preparedness Events		Recognition Events	
CERT Skills	CT	Barbara James Service Award	BJ
CPR/First Aid	CP	Chapter Newsletter	NL
Emergency Medical Technician	EM	HOSA Week	HW
Epidemiology	EP	Kaiser Permanente Healthcare Issues Exam	HC
Life Support Skills*	LS	National Recognition Program	NR
MRC Partnership	MC	National Service Project	NS
Public Health Emergency Preparedness	PH	Outstanding HOSA Chapter	OC
		Outstanding State Leader	OL
		*Only for students classified under the federal regulations, Individuals with Disabilities Education Act of 1997—Amended (IDEA).	

DIRECTIONS TO
Embassy Suites North Charleston – Airport/Hotel & Convention Center
5055 International Boulevard
North Charleston, SC

From Greenville-Columbia:

Go I-26 East towards Charleston and take Exit 213A
Exit ramp brings you to Montague Avenue
Follow Montague one-half mile to International Boulevard
Turn right onto International Boulevard
Embassy Suites is on the left

From Charleston:

Take I-26 West towards Columbia
Exit at Exit 213 to Montague Avenue
Turn left at traffic light onto Montague
Follow Montague three-quarters of a mile to International Boulevard
Turn right onto International Boulevard
Embassy Suites is on the left

From Hilton Head:

Take I-95 North to Exit 33
This brings you to Highway 17
Travel until you reach the interchange for I-526 to North Charleston-West
Follow I-526 to Montague Avenue
Exit onto Montague and turn right
Follow to International Boulevard
Turn left onto International
Embassy Suites is on the left

For additional directions and driving maps see www.airportconventioncenter.embassysuites.com



HOSA NATIONAL SERVICE PROJECT

Juvenile Diabetes Research Foundation

Purpose: To encourage Health Science students to provide community service through the adoption of goals and implementation of strategies related to the support of a national health care organization.

Description: The HOSA National Service Project involves the sponsorship of a national healthcare organization by local HOSA chapters. Local chapters plan service projects to support the selected organization. Chapters document their involvement and submit documentation to their state advisor by the state deadline to be eligible for national recognition.

2010-2012 Service Organization: Juvenile Diabetes Research Foundation <http://www.jdrf.org/>

Rules and

- Procedures:**
1. The chapter will conduct a meeting or correspond with local/state representatives of the selected organization. An advisory committee consisting of chapter members, chapter advisor(s), a school administrator and organizational representative(s) will be established. One chapter member should serve as the Service Project Chairman.
 2. A plan with goals and strategies must be developed to guide the HOSA chapter's involvement with the selected organization.
 3. **Process for donations to the Juvenile Diabetes Research Foundation:**
Chapters should provide their e-mail address and mail their donation to:

Juvenile Diabetes Research Foundation International
26 Broadway, 14th Floor
New York, NY 10004

JDRF is an accredited 501(c)(3) nonprofit agency; all donations (including membership donations) are tax deductible. **A receipt will be provided via e-mail. Additionally, donations of \$250 or more will receive a letter of acknowledgment.**
 4. Chapters should carefully follow the donation process described in these guidelines and in the project application and report forms, and keep copies of all documentation regarding this service project. The two step process includes receiving confirmation of a monetary donation to the Juvenile Diabetes Research Foundation, AND THEN, submitting the National Service Project application to the state association by the published deadline.
 5. State Advisors will communicate state-level deadlines and awards.
 6. At the national level, Certificates of Recognition will be awarded to all chapters who contribute a minimum of \$100 and/or 100 hours of community service in partnership with the organization.
 7. At the national level, Certificates of Merit will be awarded to all chapters who contribute a minimum of \$500 and/or 500 hours of community service in partnership with the organization.

8. Recognition for this event may include listing in the NLC convention program, listing on HOSA's website, a recognition pin, and other recognition as listed in these event guidelines. Gold, silver and bronze medals are not awarded for this and other recognition events at the national level.
9. Volunteer hours will be tabulated at the state-level and calculated by multiplying the number of hours of service by the number of HOSA members involved in each service activity.
10. Other outstanding service awards may be presented by the selected organization in recognition for outstanding contributions by individual chapters. State outstanding service awards, if available, will be announced by the respective state advisor.
11. For national recognition, this event may include activities from the last day of the National Leadership Conference until the deadline established by the State Advisor, which is prior to May 15 of the HOSA year.
12. Documentation of National Service Project awards must be mailed by the State Advisor and **received in the National HOSA office by May 15** for recognition at the HOSA National Leadership Conference.
13. STATE SUBMISSION FORMAT: The project applications MUST include the cover page contained in these event guidelines (page 3) AND an attached one (1) page Report Form (page 4) **for each selected service/fundraising project** with specific supportive information. The pages should be stapled together with the Project Application page on top. DO NOT include additional pictures. Do not place in a notebook or folder or use page protectors or other enhancements. Incomplete applications will NOT be accepted.
14. Separate state-level fundraising and donations will be recognized in a manner similar to the chapter recognition process.
15. Information submitted will become the property of National HOSA. Permission is given to National HOSA to share project ideas with healthcare organizations and in HOSA publications.
16. **National Service Project selection process:** The National HOSA Executive Council will nominate three organizations during the business session of the National Leadership Conference for the voting delegates to select the one organization they would like National HOSA to sponsor. An organization is selected for two years with a maximum of a two-term limit providing four consecutive years maximum. If the service project is done for a two-term limit, it can be reconsidered after another service project has been done by the organization.

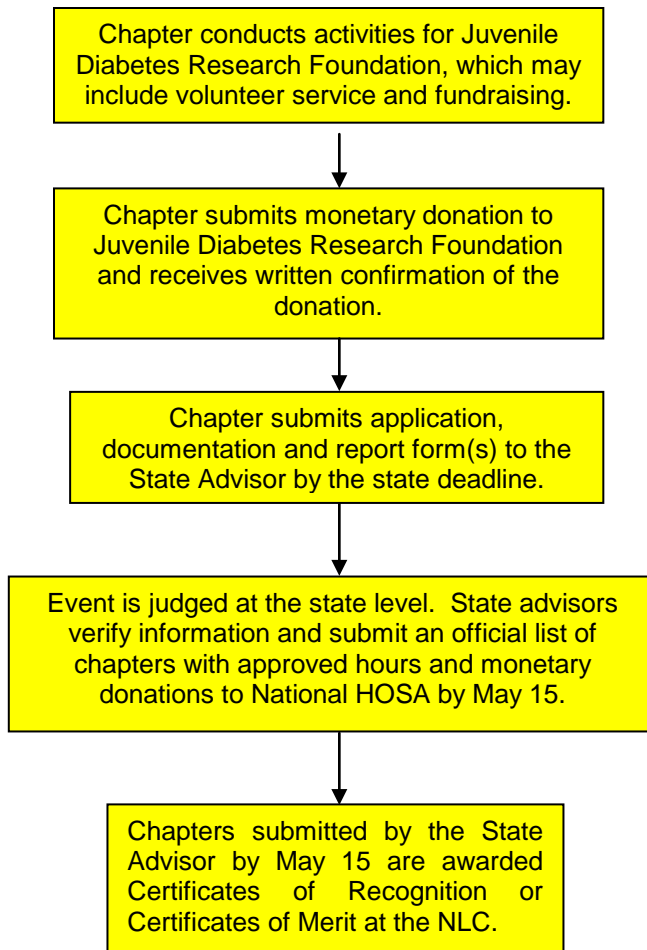
Required Personnel (Per level)

1. Committee established by the state HOSA association that may include representatives from the involved healthcare organization, to review applications and determine fulfillment of criteria for recognition.

Facilities, Equipment and Materials

1. Certificates of Recognition and Merit

Event Flow Chart



This form is the cover page for the Service Project application and serves as a summary of chapter activities. All information on this page must be complete and accurate.

HOSA NATIONAL SERVICE PROJECT APPLICATION

Juvenile Diabetes Research Foundation

School _____ State Association _____
 Address _____
 Advisor _____ School phone _____
 Project Chairman _____ E-mail _____

Additional Members of Chapter Advisory Committee:

JDRF Contact – Name _____
 Address _____ E-mail _____
 School Administrator – Name and E-mail _____
 Additional Members (include Name, position, and E-mail address)

Total Chapter Membership _____ Level: _____ Secondary _____ PS/C

* Total chapter hours of volunteer service (Non-fund raising) _____
 * Total dollars donated to organization from independent chapter projects and organizational participation \$ _____

We verify that the information contained in this report is complete and accurate.

_____	_____
Service Project Chairman	Date
_____	_____
Chapter Advisor	Date
_____	_____
State Advisor	Date

This application must include the following attachments:

- A separate Report Form for each activity conducted with or for the Juvenile Diabetes Research Foundation must be attached.



Juvenile Diabetes Research Foundation National Service Project Report Form

A separate report must be filed and properly signed for every activity conducted as part of the HOSA National Service Project. Chapters must assure that money donated to the Juvenile Diabetes Research Foundation on behalf of a HOSA chapter is properly credited to that HOSA chapter.

HOSA Chapter _____

Project Chairman _____ Chapter Advisor _____

Event Type Volunteer service (Non-fundraising) Total Hours _____
 Fundraising – Independent Chapter Project Total \$ _____

Event Title _____ Date(s) _____

Event Town _____ County _____ State _____

Event Description: (Use the reverse of this form if necessary. Verification of the event **MUST** be attached and **MUST** include a letter or receipt from Juvenile Diabetes Research Foundation acknowledging the donation and documentation of volunteer service.)

I verify that the event or hours/donation included in this report are an accurate reflection of this HOSA chapter's service to the Juvenile Diabetes Research Foundation.

Chapter Advisor

Date