



LOCAL ADVISOR STATE OFFICER CANDIDATE PRE-SCREENING

Student Name: _____

HOSA Chapter School: _____

Please use the following scale to rate the perspective candidate.

- 5 Excellent
- 4 Very Good
- 3 Good
- 2 Fair
- 1 Poor

1. Active chapter participation	5	4	3	2	1
2. GPA for two semesters prior to SLC	5 (4.0)	4 (3.5)	3 (3.0)	2 (2.5)	1 (2.0)
3. Knowledge of HOSA	5	4	3	2	1
4. Responsibility	5	4	3	2	1
5. Leadership	5	4	3	2	1
6. Professional Image	5	4	3	2	1
7. Attitude	5	4	3	2	1
8. Communication Skills					
Verbal	5	4	3	2	1
Written	5	4	3	2	1

TOTAL _____/45 points

Advisor's signature: _____

Advisor email: _____

Advisor phone #: (____) _____ - _____