

June 18-21

2025

Nashville, TN

# HOSA International Leadership Conference Continuing Education Unit Packet

---

NAME

---

SCHOOL

---

ADDRESS

---

CITY, STATE, ZIP

---

EMAIL

# Continuing Education Units

Staff development options are available as noted. Staff development objectives are listed on the next page in this CEU packet.

CEU certificates will be awarded by **HOSA-Future Health Professionals**. Chapter advisors should check with their local school administration or state advisor to determine if these CEUs are recognized for meeting state teaching licensure requirements. The CEUs that are offered are “education” and not nursing CEUs and are not through a CEU accrediting body.

You will be able to choose from the following options:

<b>A.</b>	<b>Preparation of HOSA Members for ILC, Conference Registration, HOSA Advisor Networking and Opening Session</b>	Varies	5 hours
<b>B.</b>	<b>Competitive Event Management</b>	Varies	5 hours
<b>C.</b>	<b>Local or State Advisor Orientation New Advisor Coffee Talk</b>	Wednesday, June 18 Wednesday, June 18	1 hour 1 hour
<b>D.</b>	<b>Educational Symposiums</b> <i>Multiple workshops are offered. To earn the 1-3 hours for this activity, advisors must attend one, two, or three Educational Symposium workshops.</i>	Varies	1-6 hours
<b>E.</b>	<b>Special Sessions: Business Session Recognition Session</b> <i>Must attend both sessions to earn the hours.</i>	Friday, June 20 Friday, June 20	2 Hours 2 Hours
<b>F.</b>	<b>Advisor Support</b> <i>Advisors may participate in Courtesy Corps at one of the following: General Sessions, Special Activity on Friday night or Dance on Saturday night.</i>	Varies	1-8 hours
<b>G.</b>	<b>HOSA University 401 New Advisor or 501 Advanced Advisor</b>	Friday, June 20	4 hours
<b>H.</b>	<b>HOSA Expo</b> <i>Multiple exhibits are part of HOSA's expo. To earn hours for this activity, advisors must Visit 5, 10, or 15 exhibitors.</i>	Varies	1-3 hours

Advisors must complete 10 hours of staff development to earn one (1) CEU or 20 hours to earn two (2) CEUs. A maximum of 2 CEUs is allowed per person. Partial credit will not be given.

**ADVISOR IS RESPONSIBLE FOR MAKING A COPY OF THIS PACKET IF NEEDED PRIOR TO RETURNING FOR CREDIT**

# Advisor Staff Development Objectives

HOSA will again offer chapter advisors an opportunity to earn educational CEUs.

- Completion of specific learning objectives will result in earned contact hours.
- Ten hours = 1 CEU.
- IT IS THE ADVISOR'S RESPONSIBILITY TO DETERMINE IF HOSA CEUs are accepted by the state or local school administration.
- HOSA Advisors who wish to participate in this program must preregister on the ILC registration form. There is no additional charge for this service.
- Participants will register online prior to the ILC.
- Upon completion of the stated objectives and evaluation forms, the advisor will be awarded a certificate of credit before leaving the conference.

The Objectives for HOSA staff development opportunities at the 2025 ILC are:

- 1) Apply the rules and procedures for ILC registration.
- 2) Prepare students for all aspects of conference involvement.
- 3) Network with Health Science Education teachers from other schools and states.
- 4) Participate in the Opening Session.
- 5) Discuss the rules and procedures for a specific competitive event.
- 6) Analyze the roles and responsibilities of the competitor, judge, and event personnel.
- 7) Carry out the duties of the event manager or section leader for an assigned event.
- 8) Evaluate a competitive event regarding processes, results, and competitor reaction.
- 9) Identify the management structure and adult leaders of HOSA.
- 10) Analyze conference activities and opportunities for students and advisors.
- 11) Discuss the role and responsibilities of the chapter advisor at the International Leadership Conference.
- 12) Attend and actively participate in 1-3 Educational Symposium workshops.
- 13) Analyze the 2025 conference rules.
- 14) Identify session components; Executive Council report, State of the Association, and committee reports.
- 15) Discuss pros and cons of new business items, if any.
- 16) Evaluate candidate speeches.
- 17) Analyze the role of the Executive Council in the implementation of the Recognition Session.
- 18) Evaluate HOSA services that are recognized at the International level through the Recognition Session.
- 19) Identify recognition opportunities for HOSA members through Recognition events.
- 20) Evaluate the results of the officer election process.
- 21) Assists colleagues; fosters friendly and cooperative relationships with peers; shares knowledge and serves as a mentor.
- 22) Takes ownership and follows through on decisions as well as quickly and effectively identifies alternative solutions.
- 23) Models a "positive" attitude while upholding the organization's policies.
- 24) Builds camaraderie with delegates, positive or negative/expected or unforeseen, through hosting of function.
- 25) Evaluate the strengths and weaknesses of the ILC and provide feedback to HOSA Management, thereby developing an understanding of why certain processes are in place and provide suggestions for processes that can be improved.
- 26) Develop a plan for managing a HOSA chapter as an integral part of the HSE or biomedical science curriculum.
- 27) Discuss products and services with professionals at the HOSA Exposition.

# CEU Tally Sheet

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

State: \_\_\_\_\_

A. Conference Registration and Activities  
Total Hours Possible = 5

TOTAL HOURS Earned Option A

\_\_\_\_\_

B. Competitive Event Management  
Total Hours Possible = 5

TOTAL HOURS Earned Option B

\_\_\_\_\_

C. Local or State Advisor Orientation  
New Advisor Coffee Talk  
Total Hours Possible = 2

TOTAL HOURS Earned Option C

\_\_\_\_\_

D. Educational Symposiums  
Total Hours Possible = 6

TOTAL HOURS Earned Option D

\_\_\_\_\_

E. Special Sessions: Business Session and  
Recognition Session  
Total Hours Possible = 4

TOTAL HOURS Earned Option E

\_\_\_\_\_

F. Advisor Support  
Total Hours Possible = 8

TOTAL HOURS Earned Option F

\_\_\_\_\_

G. HOSA University 401 New Advisor  
Or 501 Advanced Advisor  
Total Hours Possible = 4

TOTAL HOURS Earned Option G

\_\_\_\_\_

H. HOSA Expo  
Total Hours Possible = 3

TOTAL HOURS Earned Option H

\_\_\_\_\_

**TOTAL CONTACT  
HOURS:** \_\_\_\_\_

# Continuing Education Plan

## **Option A: Preparation of HOSA Members for ILC, Conference Registration, HOSA Advisor Networking and Opening Session**

**Learning Objectives:**

- 1) Apply the rules and procedures for ILC registration.
- 2) Prepare students for all aspects of conference involvement.
- 3) Network with Health Science Education teachers from other schools and states.
- 4) Participate in the Opening Session.

Date and Time	Hours	Assignment	Type	Contact Hours
Wed. June 18 8 a.m. – 1 p.m. or as designated by state advisor	1	Conference registration	Administration	
All week	1-3	Network with other HSE or biomedical science teachers	Administration	
Wed. June 18 5:00 or 8:00 p.m.	2	Opening General Session	Instruction	
<b>MAXIMUM HOURS ALLOWED FOR CREDIT = 5</b>				

Conference Registration:

---

Approved by State Advisor OR Designee

Opening General Session:

---

Approved by State Advisor OR Designee

Prepared Students for  
Conference Involvement:

---

Approved by State Advisor OR Designee

Network with other HSE  
or biomedical science teachers

---

Approved by State Advisor OR Designee

# Continuing Education Evaluation Form

## Option A: Conference Registration and Activities

Please rate each criteria on a 5-point scale as follows:

- 5 = Superior
- 4 = Excellent
- 3 = Good
- 2 = Fair
- 1 = Poor

	Criteria	Rating	Comments
1.	Quality and effectiveness of the registration process.		
2.	Handling of challenges. (Were challenges handled smoothly and fairly?)		
3.	As a result of this experience, how would you rate your understanding of the rules and procedures for ILC registration?		
4.	Quality and effectiveness of the conference program.		
5.	Benefit of networking with other advisors.		
6.	Quality and usefulness of HOSA exposition.		
7.	Quality and effectiveness of the Opening Session.		

▲ Please share something you learned from networking with another HOSA advisor:

Name \_\_\_\_\_

Title \_\_\_\_\_

School \_\_\_\_\_

Date \_\_\_\_\_

# Continuing Education Plan

## Option B: Competitive Event Management

**Learning Objectives:**

- 5) Discuss the rules and procedures for a specific competitive event.
- 6) Analyze roles and responsibilities of the competitor, judge, and event personnel.
- 7) Carry out the duties of the event manager or section leader for an assigned event.
- 8) Evaluate the competitive event regarding processes, results, and competitor reaction.

Date and Time*	Hours	Assignment	Type	Contact Hours
	1	State Orientation by CE Program Staff	Instruction	
	1	Management Team Planning	Instruction	
	1	Events Set-up or Judge Orientation	Administration or Instruction	
	3	Event Management	Administration	
	2	Event results/tabulation and written evaluation analysis	Administration	
<b>MAXIMUM HOURS ALLOWED FOR CREDIT = 5</b>				

*\*Date/time vary by event.*

List Event and/or Task(s) Completed:

HOSA Event Personnel  
Signature Indicating  
Involvement:

---

Approved by Competitive Events Personnel

# Continuing Education Evaluation Form

## Option B: Competitive Event Management

Please rate each criteria on a 5-point scale as follows:

- 5 = Superior
- 4 = Excellent
- 3 = Good
- 2 = Fair
- 1 = Poor

	Criteria	Rating	Comments
1.	Quality and effectiveness of the orientation provided by the CE Program staff.		
2.	Quality and effectiveness of the management team planning session.		
3.	Actual event. (Did it run on time? Were event personnel able to effectively manage the event? Were all materials needed available in sufficient quantity?)		
4.	Organization and accuracy of event tabulation process.		
5.	Competitor evaluation process. (Were competitors able to provide feedback, and did the process allow for personnel to learn from competitor feedback?)		
6.	Handling of challenges. (Were challenges handled smoothly and fairly?)		
7.	As a result of this experience, how would you rate your understanding of the rules and procedures for this specific event?		
8.	As a result of this experience, how would you rate your ability to prepare a student to participate (follow the rules, understand the processes) for this specific event?		
9.	As a result of this experience, how would you rate your understanding of the role of the event judge (if applicable) for this event?		
10.	As a result of this experience, how would you rate your understanding of the roles of the event manager or section leader for this event?		

Name \_\_\_\_\_

Title \_\_\_\_\_

Event Managed \_\_\_\_\_

Event Manager     Section Leader

School \_\_\_\_\_

Date \_\_\_\_\_

# Continuing Education Plan

## Option C: Local and State Advisor Orientation and/or New Advisor Coffee Talk

**Learning Objectives:**

- 9) Identify the management structure and adult leaders of the HOSA.
- 10) Analyze conference activities and opportunities for students and advisors.
- 11) Discuss the role and responsibilities of the chapter advisor at the International Leadership Conference.

Date/Time	Hours	Assignment	Type	Contact Hours
Wed. June 18 1:30-2:30 p.m.	1	Local and State Advisor Orientation <ul style="list-style-type: none"> <li>Welcome and Conference Objectives</li> <li>Introduction of Board of Directors</li> <li>Review of Conference Agenda and Activities</li> <li>Review of Code of Conduct</li> <li>Competitive Events Overview</li> </ul>	Instruction	
<b>TOTAL HOURS FOR CREDIT = 1</b>				

Date/Time	Hours	Assignment	Type	Contact Hours
Wed. June 18 8 – 9 a.m.	1	New Advisor Coffee Talk <ul style="list-style-type: none"> <li>Welcome and Conference Objectives</li> <li>Introduction of Board of Directors</li> <li>Review of Conference Agenda and Activities</li> <li>Review of Code of Conduct</li> <li>Competitive Events Overview</li> </ul>	Instruction	
<b>MAXIMUM HOURS ALLOWED FOR CREDIT = 1</b>				

Local & State Advisor  
Orientation:

New Advisor  
Coffee Talk:

Approved by State Advisor OR Designee

Approved by HOSA Staff Member at Coffee Talk

# Continuing Education Evaluation Form

## Option C: Local and State Advisor Orientation and/or New Advisor Coffee Talk

Please rate each criteria on a 5-point scale as follows:

- 5 = Superior
- 4 = Excellent
- 3 = Good
- 2 = Fair
- 1 = Poor

	Criteria	Rating	Comments
1.	Quality and effectiveness of the review of conference activities.		
2.	Quality and effectiveness of the review of the competitive events program.		
3.	Handling of challenges. (If challenges or concerns were presented, were they handled smoothly and fairly?)		
4.	Expertise of presenters.		
5.	As a result of this experience, how would you rate your understanding of the opportunities and expectations for students at this ILC?		
6.	As a result of this experience, how would you rate your understanding of the role of the chapter advisor at this ILC?		
7.	As a result of this experience, how would you rate your understanding of the roles of the Competitive Events program at this ILC?		

▲ Suggestions for improvement:

Name \_\_\_\_\_

Title \_\_\_\_\_

School \_\_\_\_\_

Date \_\_\_\_\_

# Continuing Education Plan

## Option D: Educational Symposiums

**Learning Objectives:**

All educational symposiums are instructional workshops that support the Health and Biomedical Science curriculum and reinforce the mission of HOSA through preparing HOSA members as future health professions. Participant must attend the entire workshop to qualify for CEUs. Minimum CEU is 1 hour; maximum is 6 hours. Participant may not attend more than six symposiums for CEU credit.

12) Attend and actively participate in 1-6 Educational Symposium workshops. Specific learning objectives vary by session.

Date/Time*	Hours	Assignment	Type	Contact Hours
	1	Educational Symposium*:	Instruction	
	1	Educational Symposium*:	Instruction	
	1	Educational Symposium*:	Instruction	
<b>MAXIMUM HOURS ALLOWED FOR CREDIT = 1 – 6</b>				

*\* The participant must identify each specific educational symposium attended.*

Educational Symposium #1  
Name of Workshop:

---

Signature of Facilitator or Presenter:

---

Educational Symposium #2  
Name of Workshop:

---

Signature of Facilitator or Presenter:

---

Educational Symposium #3  
Name of Workshop:

---

Signature of Facilitator or Presenter:

---

# Continuing Education Plan

## Option D: Educational Symposiums

**Learning Objectives:**

All educational symposiums are instructional workshops that support the Health and Biomedical Science curriculum and reinforce the mission of HOSA through preparing HOSA members as future health professions. Participant must attend the entire workshop to qualify for CEUs. Minimum CEU is 1 hour; maximum is 6 hours. Participant may not attend more than three symposiums for CEU credit.

12) Attend and actively participate in 1-6 Educational Symposium workshops. Specific learning objectives vary by session.

Date/Time*	Hours	Assignment	Type	Contact Hours
	1	Educational Symposium*:	Instruction	
	1	Educational Symposium*:	Instruction	
	1	Educational Symposium*:	Instruction	
<b>MAXIMUM HOURS ALLOWED FOR CREDIT = 1 – 6</b>				

\* *The participant must identify each specific educational symposium attended.*

Educational Symposium #4  
Name of Workshop:

---

Signature of Facilitator or Presenter:

---

Educational Symposium #5  
Name of Workshop:

---

Signature of Facilitator or Presenter:

---

Educational Symposium #6  
Name of Workshop:

---

Signature of Facilitator or Presenter:

---

# Continuing Education Evaluation Form

## Option D: Educational Symposiums

Please rate each criteria on a 5-point scale as follows:

- 5 = Superior
- 4 = Excellent
- 3 = Good
- 2 = Fair
- 1 = Poor

### Educational Symposium #1:

---

Presenter(s) \_\_\_\_\_

	Criteria	Rating	Comments
1.	Quality and effectiveness of the educational symposium.		
2.	Expertise and effectiveness of the presenter(s).		
3.	Setting and management. (Did it run on time? Were materials available in sufficient quantity? Was the room set appropriate for the session?)		
4.	Handling of challenges. (Were challenges handled smoothly and fairly?)		
5.	As a result of this experience, how would you rate the value of this symposium as a learning experience for students?		

### Educational Symposium #2:

---

Presenter(s) \_\_\_\_\_

	Criteria	Rating	Comments
1.	Quality and effectiveness of the educational symposium.		
2.	Expertise and effectiveness of the presenter(s).		
3.	Setting and management. (Did it run on time? Were materials available in sufficient quantity? Was the room set appropriate for the session?)		
4.	Handling of challenges. (Were challenges handled smoothly and fairly?)		
5.	As a result of this experience, how would you rate the value of this symposium as a learning experience for students?		

Name \_\_\_\_\_

Title \_\_\_\_\_

School \_\_\_\_\_

Date \_\_\_\_\_

### Educational Symposium #3:

---

Presenter(s)

---

	Criteria	Rating	Comments
1.	Quality and effectiveness of the educational symposium.		
2.	Expertise and effectiveness of the presenter(s).		
3.	Setting and management. (Did it run on time? Were materials available in sufficient quantity? Was the room set appropriate for the session?)		
4.	Handling of challenges. (Were challenges handled smoothly and fairly?)		
5.	As a result of this experience, how would you rate the value of this symposium as a learning experience for students?		

Name \_\_\_\_\_

Title \_\_\_\_\_

School \_\_\_\_\_

Date \_\_\_\_\_

▲ Suggestions for improvement:

# Continuing Education Plan

## Option E: Special Sessions: Business Session and Recognition Session

**Learning Objectives:**

- 13) Evaluate the management of the voting delegates by the HOSA Executive Council.
- 14) Analyze the 2025 conference rules.
- 15) Identify session components; Executive Council report, State of the Association, and committee reports.
- 16) Discuss pros and cons of new business items, if any.
- 17) Evaluate candidate speeches.
- 18) Analyze the role of the Executive Council in the implementation of the Recognition Session.
- 19) Evaluate HOSA services that are recognized at the International level through the Recognition Session.
- 20) Identify recognition opportunities for HOSA members through Recognition events.
- 21) Evaluate the results of the Executive Council election process.

Date/Time	Hours	Assignment	Type	Contact Hours
Friday June 20 8:30-11:30 a.m.	2	Business Session	Instruction	
Friday June 20 7:30 p.m.	2	Recognition Session	Instruction	
<b>MAXIMUM HOURS ALLOWED FOR CREDIT = 1 – 5 hours</b>				

Business Session:

---

Approved by International Executive Council Member, HOSA Staff, or State Advisor

Recognition Session:

---

Approved by State Advisor or Other HOSA Advisor from Your State

# Continuing Education Evaluation

## Option E: Special Sessions: Business Session and Recognition Session

Please rate each criteria on a 5-point scale as follows:

- 5 = Superior
- 4 = Excellent
- 3 = Good
- 2 = Fair
- 1 = Poor

	Criteria	Rating	Comments
1.	Business session logistics. (Did it start on time? Were officers able to effectively manage the session? Did delegates behave appropriately?)		
2.	Handling of challenges. (Were challenges handled smoothly and fairly?)		
3.	As a result of this experience, how would you rate your understanding of the democratic process as experienced by HOSA members?		
4.	As a result of this experience, how would you rate your ability to support/prepare a student as an Executive Council candidate?		
5.	Quality and effectiveness of the orientation provided by the Executive Council.		
6.	Recognition Session. (Did it start on time? Were officers able to effectively manage the session? Did delegates behave appropriately?)		
7.	As a result of this experience, how would you rate your understanding of recognition opportunities offered through HOSA membership?		

▲ What was the highlight of each session?

Name \_\_\_\_\_

Title \_\_\_\_\_

School \_\_\_\_\_

Date \_\_\_\_\_

# Continuing Education Plan

## Option F: Advisor Support

### Learning Objectives:

- 22) Assists colleagues; fosters friendly and cooperative relationships with peers; shares knowledge and serves as a mentor.
- 23) Takes ownership and follows through on decisions as well as quickly and effectively identifies alternative solutions.
- 24) Models a “positive” attitude while upholding the organization’s policies.
- 25) Builds camaraderie with delegates, positive or negative/expected or unforeseen, through hosting of function.

Date/Time*	Hours	Assignment	Type	Contact Hours
	4	General Session Courtesy Corp	Administrative	
	2	Special Activity (Friday) Chaperone	Administrative	
	2	HOSA Dance (Saturday) Chaperone	Administrative	
<b>MAXIMUM HOURS ALLOWED FOR CREDIT = 8</b>				

Assignment:

---

Signature:

---

Approved by Person Managing the Session, Activity, Dance or State Advisor

# Continuing Education Evaluation Form

## Option F: Advisor Support

Please rate each criteria on a 5-point scale as follows:

- 5 = Superior
- 4 = Excellent
- 3 = Good
- 2 = Fair
- 1 = Poor

	Criteria	Rating	Comments
1.	Quality and effectiveness of the orientation. Was a staff person able to effectively manage the process and answer questions?		
2.	Handling of challenges. (Were challenges handled smoothly and fairly?)		
3.	As a result of this experience, how would you rate your understanding of the process for helping with this event?		
4.	As a result of this experience, how would you rate the quality of the event?		

▲ What suggestion(s) would you make for improving this experience at the ILC?

Name \_\_\_\_\_

Title \_\_\_\_\_

School \_\_\_\_\_

Date \_\_\_\_\_

# Continuing Education Plan

## Option G: HOSA University 401 New Advisor

**Learning Objectives:**

26) Develop a plan for managing a HOSA chapter as an integral part of the health or biomedical science curriculum.

Date/Time*	Hours	Assignment	Type	Contact Hours
Fri. June 20 8:00 a.m.- 11:00 a.m.	4	Participate in HOSA University 401 New Advisor program	Instruction	
<b>MAXIMUM HOURS ALLOWED FOR CREDIT = 4</b>				

New Advisor  
Leadership Academy:

---

Approved by Presenter, Facilitator or Designee

## HOSA University 501 Advanced Advisor

Date/Time*	Hours	Assignment	Type	Contact Hours
Fri. June 20 1:00– 4 p.m.	4	Participate in HOSA University 501 Advanced Advisor	Instruction	
<b>MAXIMUM HOURS ALLOWED FOR CREDIT = 4</b>				

Advanced Advisor  
Leadership Academy:

---

Approved by Presenter, Facilitator or Designee

# Continuing Education Evaluation Form

## Option G: HOSA University 401 New Advisor or 501 Advanced Advisor

Please rate each criteria on a 5-point scale as follows:

- 5 = Superior
- 4 = Excellent
- 3 = Good
- 2 = Fair
- 1 = Poor

### HOSA University 401 New Advisor

	Criteria	Rating	Comments
1.	Quality and effectiveness of the New Advisor Leadership Academy.		
2.	Knowledge and preparation of the presenter.		
3.	Quality of workshop materials.		
4.	As a result of the experience, how would you rate the efforts of the HOSA staff to provide quality staff development opportunities for new advisors?		

▲ What is the most important thing you learned at HOSA University 401 New Advisor?

---



---

### HOSA University 501 Advanced Advisor

	Criteria	Rating	Comments
1.	Quality and effectiveness of the New Advisor Leadership Academy.		
2.	Knowledge and preparation of the presenter.		
3.	Quality of workshop materials.		
4.	As a result of the experience, how would you rate the efforts of the HOSA staff to provide quality staff development opportunities for new advisors?		

▲ What is the most important thing you learned at HOSA University 501 Advanced Advisor?

---



---

Name \_\_\_\_\_

Title \_\_\_\_\_

School \_\_\_\_\_

Date \_\_\_\_\_

# Continuing Education Plan

## Option H: HOSA Expo

**Learning Objectives:**

29) Discuss products and services with professionals at the HOSA Exposition.

Date and Time	Hours	Assignment	Type	Contact Hours
All week	1-3	Visit booths at HOSA exposition 1 hour = 5 booths 2 hours = 10 booths 3 hours = 15 booths	Administration	
<b>MAXIMUM HOURS ALLOWED FOR CREDIT = 3</b>				

**Exhibit Booths Visited:**

(1) \_\_\_\_\_  
Signature of Exhibitor

(8) \_\_\_\_\_  
Signature of Exhibitor

(2) \_\_\_\_\_  
Signature of Exhibitor

(9) \_\_\_\_\_  
Signature of Exhibitor

(3) \_\_\_\_\_  
Signature of Exhibitor

(10) \_\_\_\_\_  
Signature of Exhibitor

(4) \_\_\_\_\_  
Signature of Exhibitor

(11) \_\_\_\_\_  
Signature of Exhibitor

(5) \_\_\_\_\_  
Signature of Exhibitor

(12) \_\_\_\_\_  
Signature of Exhibitor

(6) \_\_\_\_\_  
Signature of Exhibitor

(13) \_\_\_\_\_  
Signature of Exhibitor

(7) \_\_\_\_\_  
Signature of Exhibitor

(14) \_\_\_\_\_  
Signature of Exhibitor

(15) \_\_\_\_\_  
Signature of Exhibitor

# Continuing Education Evaluation Form

## Option H: HOSA Exposition

Please rate each criteria on a 5-point scale as follows:

- 5 = Superior
- 4 = Excellent
- 3 = Good
- 2 = Fair
- 1 = Poor

	Criteria	Rating	Comments
1.	Quality and effectiveness of the HOSA Exposition.		
2.	Expertise and effectiveness of the exhibitors.		
4.	As a result of this experience, how would you rate the value of the HOSA exposition as a learning experience for students?		
5.	Benefit of networking with exhibitors.		
6.	Quality and usefulness of HOSA exposition.		

▲ What suggestion would you make for improving the HOSA Exposition at the ILC?

Name \_\_\_\_\_ Title \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

### Documentation of Completion

*\* A completed evaluation must be attached before this form can be submitted for credit.*

Name of Participant \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Indicate Number of CEUs Requesting: \_\_\_\_\_

\_\_\_\_\_  
Approved by CEU Coordinator \_\_\_\_\_ Date \_\_\_\_\_

**Comments:**