



HOSA: Developing Future
Healthcare Leaders of TEXAS



TO: HOSA, TA state officers, area officers, advisors, area, state and fall conference chairs, and board members

FROM: Belinda Mahone, State Advisor
Janet Villarreal, Executive Director

DATE: April 7, 2010

SUBJECT: Texas HOSA Leadership Development Institute

All area and state officers, board of directors, area and state conference chairs, fall leadership chairs, and officer advisors attend the Texas Leadership Development Institute(LDI). The LDI meeting will be held On August 8 -11, 2010 at

Doubletree Guest Suites
303 W. 15th St.
Austin, Texas

The purpose of this meeting is to educate and plan your year as HOSA Officers. Officers will participate in leadership training, budget planning, program of work and leadership training.

Conference chairs will receive information regarding the planning and organizing of their conferences.

Arrival Time

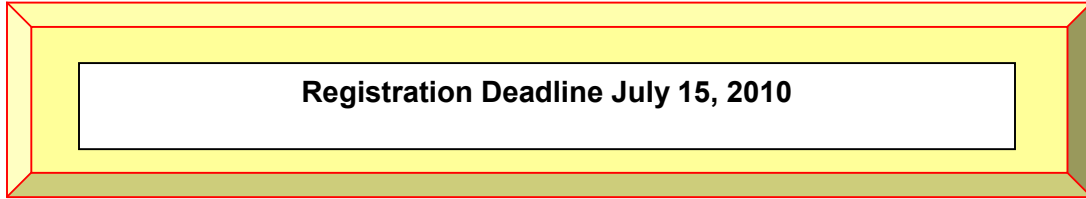
Area and state conference chairs are expected to arrive on Sunday August 8, 2010, by 3:30 PM. **All other participants** are expected to arrive by 1:00 PM Monday August 9, 2010, and stay until Wednesday August 11, 2010, until 12:00 noon.

Registration

Complete your registration using the following link:

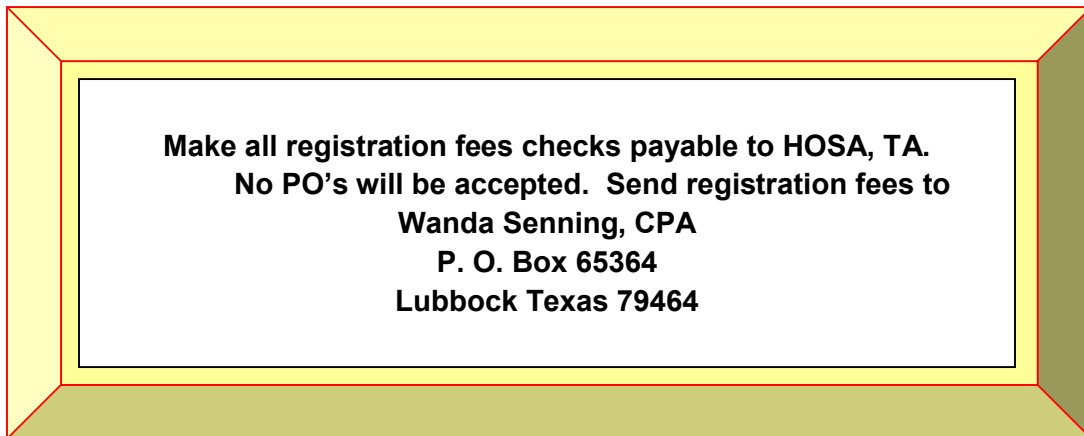
<http://www.thinkregistration.com/ldi/Main.asp>

You will need to create your own username and password. This password will not affect your registration for online testing, area or state conferences.



Conference Fees

The conference fees include registration, LDI t-shirt, conference materials, lodging and meals.



Please DO NOT make your checks payable to Doubletree Guest Suites.

If your school district is unable to pay registration fees please contact Belinda Mahone bmahone03@yahoo.com for prior approval.

Fees per student for 2 night stay: \$123.00

Fees per advisor for 2 night stay: \$148.50

Fees per advisor for 3 night Stay: \$244.50

Sunday August 8, 2010

State and Area Conference Chairs:

Make plans to arrive at the hotel by 3:30PM.

Monday August 9, 2010

Officers, Advisors and Board Members:

Make plans to arrive at the hotel by 12:30PM.

Each Participant is required to bring:

- HOSA Code of Conduct Form
- Medical Liability Form
- Advisor Code of Conduct
- Officers: At least one laptop per area to work on the budget
- Conference chairs: laptop

What to bring /wear:

- Appropriate casual attire to include shorts of appropriate length
- Sturdy tennis shoes/socks
- Cameras
- Avoid flip flops and sandals
- Swim suit with cover up
- Officers HOSA uniform for pictures
- Advisors, conference chairs and board of directors- business attire for pictures

Transportation from Airport to Hotel:

City of Austin offers a bus service from the airport to the downtown area at the price of \$1.00 each way. This bus stops on the corner of 15th and Guadalupe Streets. When riding on this bus, please let the bus driver know that you want to stop at the Double Tree Guest Suites Hotel.

At the airport this bus can be found outside on the lower level baggage claim area. Make sure you get on the bus marked **Airport Flyer Route 100 inbound** to downtown.

For more information visit Capital Metro website

<http://www.capmetro.org/riding/schedulesandmaps.asp>

LDI Tentative Agenda

Sunday, August 8, 2010

Pre-conference participants include area and state conference chairs, HOSA TA BOD President, Past president, state advisor and executive director

3:30-4:00 PM	Conference Chair Registration
4:00-6:00 PM	Area and State conference chair training
6:00-7:00 PM	Dinner
7:30-10:30 PM	Area and State conference Chair Training
11:00 PM	Curfew.....ZZZZ

Monday, August 9, 2010

12:30-1:45PM	Registration and Lunch (All Participants)
2:00- 4:00PM	General Sessions (All participants)
4:00-6:00PM	Fall Conference Program of Works
4:00-6:00PM	Board of Directors Meeting
6:00- 7:00PM	Dinner
7:00-10:00PM	Area Conference Program of Work
7:00- 10:00 PM	Board of Directors Meeting
11:00 PM	Curfew....ZZZZZ

Tuesday, August 10 2010

8:00-9:00 AM	Breakfast
9:00-12:00PM	Walking Tour of Capital in HOSA uniform
9:00-12:00PM	Board of Directors Meeting
12:30-1:30PM	Lunch
2:00- 4:00PM	Leadership Training
2:00-4:00PM	Board of Directors Meeting
4:00-5:00PM	Finishing touches on Program of Works

5:00- 6:00PM	Completed Program of Work Presentations to Board of Directors
6:00-7:00PM	Social and Poolside dinner
7:00- 10:00PM	Board of Directors Meeting
7:00- 9:00PM	Leadership Training at Poolside
11:00 PM	Curfew...ZZZZZ

Wednesday, August 11 2010

9:00-10:00AM	Officer and Board of Director Pictures
10:00-11:30AM	Brunch
12:00PM	Departure

HOSA CODE OF CONDUCT

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. **HOSA Conference participants are AWARE THAT:**

1. HOSA follows the UIL rules and regulations established for secondary high schools.
2. STUDENTS, your behavior should at all times be a positive reflection of your school, state and HOSA, Texas.
3. Student conduct is the responsibility of the student in the local chapter and their advisor.
4. STUDENTS will abide by the HOSA Conference Attire Policy at all business sessions, general sessions, competitive events, and other conference activities. HOSA conference name badges shall be worn at all times.
5. STUDENTS 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.
6. STUDENTS shall keep their advisors informed of their activities and whereabouts at all times.
7. STUDENTS who disregard the rules will be subject to disciplinary action and will be sent home at their own expense. Parents will be notified. The Board of Directors will determine the disciplinary action to be taken according to the disregarded rules.
8. STUDENTS may not purchase, consume, or be under the influence of alcohol or drugs; smoking or using tobacco products at a school-related or school-sanctioned activity on or off school property is prohibited at any time.
9. STUDENTS are to report any incidents, injuries or illness to their local or state advisor immediately.
10. STUDENTS are expected to observe the designated curfew. (Curfew is defined as being quietly in your own assigned room by the designated hour.)
11. The student and his/her parents will be expected to pay for any and all damage relating to student behavior that results in loss or damage to property.
12. Any long distance phone calls, charges to the room, etc., will be the responsibility of the individual student and/or their parents.
13. **I have read the above Code of Conduct for HOSA Conferences and agree to abide by the rules.**

I, _____, hereby grant Texas HOSA permission to make photographs, videotapes, broadcasts, and/or sound recordings, separately or in combination, of me and permission to use the said photographs, videotapes, broadcasts, and/or sound recordings for educational and promotional purposes on any delivery system.

Printed Name of Parent / Guardian Parent / Guardian Signature Date

Printed Name of Student Student's Signature Date

HOSA, TA

Advisor's and Chaperone's CODE OF ETHICS

HOSA ADVISORS ARE EXPECTED TO:

1. Project a positive and professional image of Texas HOSA to all those with whom they interact.
2. Promote HOSA as a positive student experience; therefore, will act as a positive role model for students in dress, voice, attitude, actions, and demeanor.
3. Be accountable to and for their students in all HOSA-related activities.
4. Understand and follow established processes within the HOSA organization that protect the rights of all members.
5. PERFORM all assigned duties. Failure of an advisor to perform their duties may result in their chapter being disqualified from conference activities by the Board of Directors.

HOSA advisors are proud of the standard of excellence they maintain for themselves and their students. Attendance at any HOSA function implies acceptance and practice of these standards.

I have read the above Code of Ethics for HOSA Advisors and agree to accept and practice these standards.

Advisor Signature

Chapter number

Date

Plan of Action: For failure to follow the Advisor's Code of Ethics.

- Conference with the Board of Directors.
- Consequences to be determined by the Board of Directors, up to notification sent to the appropriate administrators.

I, _____, hereby grant Texas HOSA permission to make photographs, videotapes, broadcasts, and/or sound recording, separately or in combination, of me and permission to use the said photographs, videotapes, broadcasts, and /or sound recordings for educational and promotional purposes on any delivery system

Advisor signature/date

MEDICAL LIABILITY RELEASE FORM

DIRECTIONS: Due to legal restrictions, it is necessary that all delegates, Chaperons, guest and HOSA advisors complete this form as a prerequisite for eligibility to attend any HOSA Leadership Conference. The HOSA chapter advisor should keep the original copy for Area and State Conferences. For National Conference, the original forms are sent to the State Advisor who forwards them to National HOSA.

PLEASE TYPE OR PRINT ALL INFORMATION

Delegate's Name: _____

Parent/Guardian's Name: _____

Home Address: _____

Parent/Guardian Telephone: Home: _____ Work: _____

Delegate's Physician: _____ Phone Number: _____

Physician's Address: _____

Alternate Contact: _____

Telephone Number: Home: _____ Work: _____

Local Advisor: _____

School Name: _____

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. Allergy: _____

b. Physical Handicap: _____

c. Convulsions: _____

d. Medicine Reactions: _____

e. Blackouts: _____

f. Disease of any kind: _____

g. Heart or lung problems: _____

h. Other (Be Specific): _____

If currently taking medication, please provide the following information:

* Name of medication: _____

* Prescribing Physician and 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 HOSA Board of Directors, the National 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 _____

(the above line is applicable for delegates under the age of 18 and must be signed by the parent or legal guardian.)

Delegate's Signature _____

Date _____

Map & Directions

Doubletree Guest Suites
303 W. 15th St.
Austin, Texas

Traveling on I-35 exit 235A, toward University of Texas / State Capitol / 15th & MLK Blvd 0.2 miles

Turn left onto E 15th St 0.5 miles

Keep straight onto W 15th St 0.2 miles

Make a U-turn at Guadalupe St 0.0 miles

Arrive at 303 W 15th St, Austin, TX 78701, The last intersection is Guadalupe Street If you reach Lavaca St, you've gone too far

