

HOSA Area IV CONFERENCE INFORMATION

TO: *Area IV*

FROM: Linda Stanhope

DATE: November 30, 2009

SUBJECT: HOSA Spring Leadership Conference, February 19 & 20, 2010

The HOSA Area IV Spring Leadership Conference will be held at AACAL High School, 1100 N Forest Amarillo, Texas, beginning Friday, February 19th, with officer candidate interviews at the Holiday Inn at 8:00 a.m. and ending Saturday, 3:00 p.m. at the close of the awards ceremony at AACAL.

REGISTRATION

All participants (students, advisors, and chaperones) must be registered. Advisors **MUST** be registered as advisors. Follow the directions on the "How to complete the Online Registration" document to register your participants found at the end of this document.

Only HOSA members whose membership was entered using the online affiliation program may be registered as conference participants. Use the online conference registration program to register your Participants. Be sure to print 2 copies of your completed registration, one to keep for your records, one to send with your registration fees. Please direct your business department to include a copy of your registration with the payment for your fees. Complete your registration using the following link:

<http://www.registermychapter.com/hosa/tx/ac/>

Fees for this conference are:

Advisor \$25.00
Secondary Student \$25.00
Chaperone \$0

Registration deadline is January 27, 2010

Registration Fees Due by February 10, 2010

Make all registration fees checks payable to HOSA, TA.
No PO's will be accepted. Send registration fees to
Wanda Senning, CPA
P. O. Box 65364
Lubbock Texas 79464

You are required to pay a registration fee for every student and advisor on your online registration. No deletions or refunds will be made after the conference registration deadline.

ONSITE CHECK-IN

Onsite check-in will be at the Holiday Inn from 9:00am to 10:00 on February 19th. Each advisor will be issued their conference registration printout, nametags, programs, maps, etc. Team substitutions may be made **only** during onsite check-in. During onsite check-in the following items will be collected:

- Career Health Posters
- Student Eligibility forms
- Medical Liability/ Code of Conduct Forms

PARKING

Hotel- School buses may park in the gated side lot.

AACAL- Opening/Closing Session in front of school and street in front of school.

HOTEL RESERVATIONS

Holiday Inn
1911 I-40 East
Amarillo, Texas 79102
Phone: 806-372-8741
Fax: 806-372-704.

Flat Rate of \$69.00 plus Tax

Which is currently 15% per room, per night (\$79.35) without tax exempt form,

With Tax exempt form for State Tax (6%) for a rate of \$75.21 per room, per night.

Each advisor is to make his/her own room reservation with the Hotel. When making hotel reservations please identify your group as being part of Health Occupation Students of American and provide the name of your school and city.

Please be reminded that all Delegates must be housed in approved conference housing to be eligible for competition. If you encounter problems with your rooming please contact Janet Villarreal at 1-877-728-0150.

Hotel is offering a \$5.00 vouchers for full American breakfast in restaurant please indicate when making your reservation if you are interested in purchasing the vouchers.

Reservations must be made by **January 28, 2010** to get the conference rate. After the deadline date, any uncommitted rooms on the HOSA block will be released and additional reservations will be honored on a rate and space available basis, as would be for the case of early arrivals and late departures.

Each school will pay for their own block of rooms and any incidental charges upon check-in if paying in cash or upon departure if secured with a credit card.

Miscellaneous Room Information: Reservations are held until 6:00PM on the day of arrival, unless accompanied by a deposit or an individual's credit card. Check-in time is 3 p.m. and check-out time is 12:00 p.m. Upon request, the hotel will be happy to arrange for baggage storage for luggage until actual departure from the hotel.

Do not unload luggage until you have obtained room keys. This will avoid overcrowding in the lobby. Please remind your students of the following:

1. No phone calls from the rooms.
2. No room service/meals charged to the room.
3. No movies unless an advisor prepays at the front desk.
4. There will be other guests in the hotel - be courteous.

No students are to be left at the hotel without a designated advisor/chaperone.

FOOD: Some of the near-by restaurants are:
Wendy's, McDonald's, Burger King, Popeye's, Taco Bell, Sonic, La Fiesta,
Wienerschnitzel, Subway, Pancake House

SOCIAL

The Area IV Officers have planned a fun-filled evening for Friday night, at the hotel pool and game room from 8pm-10pm. Come make a new HOSA friend.

NAME TAGS

Conference nametags must be worn at all times during all HOSA activities.

VOTING DELEGATES

Each chapter may register two voting delegates for the area conference. It is best to select students that will not be competing. Voting delegates must wear their ribbon and sit in the reserved section during the business session.

COMPETITIVE EVENTS

Read carefully the HOSA, TA Advisor Handbook regarding competitive events. Please prepare students to have a positive attitude. They should understand that the true benefit of competition is in the preparation, participation, and networking - and not only winning.

COURTESY CORPS

Each advisor may but is not required to register two students to serve as courtesy corps. These students will be given an assignment. Courtesy Corp students will receive their assignment 2 weeks prior to the conference date via their advisor. Courtesy Corp students should not be involved in competitive events.

ADVISOR RESPONSIBILITY

All advisors must participate in conference management by sharing in conference duties.

CODE OF CONDUCT AND MEDICAL LIABILITY RELEASE FORMS

Advisors are responsible for having their students complete the HOSA Code of Conduct form and Medical Liability Release form. A parent or guardian's signature is required on both forms. Advisors should sign the Advisor's Code of Ethics form. Please place copies of these forms in brown envelope with your school name on the front of it to turn in at registration. Advisors need to have original forms in their possession during the conference.

SPECIAL NEEDS STUDENT EVENTS

Student Eligibility Forms for students participating in First Aid/Rescue Breathing, Personal Skills, Speaking Skills and Interviewing Skills must be turned in during onsite packet pickup. **If special accommodations need to be made for your special needs student, please email these needs to Janet Villarreal at texashosa@stx.rr.com .**

SCHOLARSHIPS

All scholarship applications must be **mailed** to the State Advisor Belinda Mahone, 155 Hunter's Glen, Waxahachie, Texas 75167. Applications **MUST** be post marked on or before the Conference Deadline

OFFICER PACKETS

All officer applications and forms **MUST** be mailed State Advisor Belinda Mahone, 155 Hunter's Glen, Waxahachie, Texas 75167. All applications **MUST** be posted marked on or before the Conference Deadline. All officer candidates must be registered for the conference.

AWARD PRESENTATION

All participants should plan to attend the closing ceremony. If a competitor is unable to attend the awards ceremony to receive his/her medal, the advisor should designate someone to receive the medal for the student.

CHAPERONES

The **required** ratio for adult supervision of students is **1 adult sponsor** (who is not a HOSA Board of Directors member) **per 10 students** for all HOSA activities.

LOST & FOUND

Any items (notebooks, purses, money, etc.) found should be taken to the Tabulation Room. Individuals having lost an item may claim said item from the Tabulation Room. Any items not claimed prior to the start of the closing ceremony will be discarded.

POSTER & NOTEBOOK PICK-UP

All Health Careers Posters, Extemporaneous Health Posters, Outstanding HOSA Chapter scrapbooks, must be picked up from the Tabulation Room **at least one hour prior** to the start of the closing ceremony. Any unclaimed posters or notebooks will be discarded.

REMINDER FROM THE AREA IV OFFICER TEAM:

Remember to bring donations for "Austism Speaks"

CONTACT NUMBERS:

Conference Chair: Linda Stanhope
Email linda.stanhope@amaisd.org
School Phone Number 806-326-2812

Executive Director Janet Villarreal
texashosa@stx.rr.com
956-728-0150
1-877-728-0150 (toll free)

Area IV

Tentative CONFERENCE SCHEDULE

February Friday 19, 2010

8:00	Area Officer Candidate	Holiday Inn- Executive Rm 202
9:00-10:00	Onsite Registration	Holiday Inn- Atrium
11:00-12:00	Medical Reading Written Exam	Holiday Inn- Angus
11:00-12:00	Advisor Meeting	Holiday Inn-Brahma
12:00-2:00	Lunch on your own	
2:10-3:45	First General Assembly Voting delegates meeting	AACAL
4:15	Begin loading shuttle buses to Amarillo College From AACAL	
5:00pm	at Amarillo College Health Professions Events Biotechnology Dental Assisting Clinical Nursing Home Health Aide Nursing Assisting Personal Care Medical Lab Assisting Physical Therapy Sports Medicine Emergency Preparedness Events CPR/First Aid Emergency Medical Technician First Aid/Rescue Breathing CERT	
5:00pm	at Holiday Inn Career Health Display Extemporaneous Health Poster Extemporaneous Writing	

5:00pm

at AACAL

Health Professions Events

Clinical Specialty
Medical Assisting
Vet Assisting

Teamwork Events

Forensic Medicine
Medical Reading Round 2
Biomedical Debate
HOSA Bowl

Health Science Events

Dental Spelling
Medical Spelling

Saturday 20, 2010

7:00am

Shuttle Bus will load at hotel for Contests at AACAL

7:00am

Tabulations opens

8:00am

Leadership Events

Extemporaneous Speaking
Job Seeking Skills
Interviewing Skills
Prepared Speaking
Speaking Skills
Research Persuasive Speaking

Teamwork Events

Creative Problem Solving
Parliamentary Procedure
Health Education
Medical Photography
Public Service Announcement
Community Awareness

Public Health Emergency Preparedness

Emergency Preparedness Events
Epidemiology
MRC Partnership

Recognition

Outstanding HOSA Chapter

1:30am

Closing Ceremonies at AACAL
Schools will need to provide transportation to closing

AREA IV SPRING LEADERSHIP CONFERENCE DIRECTIONS

Driving directions coming from Lubbock-Take I-27 from Lubbock and merge onto I-40 via exit 123B headed east. Exit 72A toward Nelson Street/ Quarter Horse Drive. Make a U-turn at the intersection under the Inter-state to enter the hotel.

Driving directions coming from El Paso- taking US-54 East towards Alamogordo continue on US 54 until it intersects with I-40 and head East to Amarillo. Exit 72A toward Nelson Street/ Quarter Horse Drive. Make a U-turn at the intersection under the Inter-state to enter the hotel.

Driving direction coming from Abilene- take US-83 N to US-287 N. 287 N will merge into I-40 headed West. Take exit 71 towards Ross-Osage.

Driving directions for Opening and Closing Ceremonies at AACAL- Start out going West on I-40 East towards S. Ross Street. Merge onto the I-40 headed West. Stay on I-40. Exit 67 towards Western Street. Turn Right on Western. Continue 2.3 miles down Western until you find NW 10th Ave. Turn right on NW 10th Ave. Go east 1 block and you will see AACAL.



Area Spring Conference Registration Check List

	<p>1. Completed the online registration process by January 27, 2010</p> <ul style="list-style-type: none">a. choose correct events for each participantb. Emailed any accommodations your special needs event competitor will need.c. Confirmed 1 adult chaperone for every 10 students
	<p>2. Made two Printouts of your online registration</p>
	<p>3. Mail printout of your online registration to Wanda Senning, CPA with a check made payable to HOSA TA by February 10,2010</p> <p style="text-align: center;">Wanda Senning, CPA P. O. Box 65364 :Lubbock, Texas 79464</p>
	<p>4. Make Hotel Reservations by: January 28, 2010 Make a copy of rooming list and tax exempt form for Hotel to help expedite Hotel check in</p>
	<p>5. Sign Advisor Code of Ethics and Medical Liability form</p>
	<p>6. Have students sign Code of Conduct, and Medical Liability make sure that forms are completely filled out (make sure to have a copy of these forms to turn in at registration table, Advisor must be in possession of the original forms while at the conference) Place forms in an envelope and write the name of your school and chapter number on the front.</p>
	<p>7. Mail Scholarship Applications to the State Advisor Belinda Mahone 155 Hunter's Glen Waxahachie, Texas 75167, on or before conference registration deadline. Make sure that applicants are registered for conference.</p>
	<p>8. Mail officer applications to the State Advisor Belinda Mahone 155 Hunter's Glen Waxahachie, Texas 75167, on or before conference registration deadline. Make sure that applicants are registered for conference.</p>

ON-SITE CHECK IN

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To expedite On-Site Check in please make sure that you have the following ready to turn in

	Student Code of Conduct and Medical Liability Forms (Place copies inside an envelope with your school name and chapter number on the front of envelope)
	Student Eligibility forms for Special Needs students
	Health Career Poster
	List of “No Shows”
	List of Substitutes

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 _____

Hotel Registration per Room

(Make copies of form if necessary.)

(Please bring copy of form with any changes upon check-in)

Hotel _____ Phone (_____) _____

Contact Person _____

Number of Rooms Reserved _____

Confirmation Number (s) _____

PERSON RESPONSIBLE FOR GROUP _____ **ESTIMATED TIME OF ARRIVAL:** _____

Persons in Room # _____

Persons in Room # _____

Persons in Room # _____

Persons in Room # _____

Persons in Room # _____

Persons in Room # _____

Persons in Room # _____

Persons in Room # _____

Persons in Room # _____

Persons in Room # _____

HOSA Online 2010 Spring Conference Registration and Instructions

<http://www.registermychapter.com/hosa/tx/ac/>

1. Click on the link above for registration.
2. Please read all directions carefully



3. Click the **CONFERENCE REGISTRATION** button to begin registration. You will be brought to the log in screen, but if you have never registered before, you'll notice text that says, "If you have never registered **this chapter** before, please click [here](#) to add your school". Click the **here** link to add your school to our database. *If you have registered before, please log in with your previous User Name and Password.* If you add a duplicate school record to the database it could cause additional work for yourself and possibly your state advisor. If you have forgotten your user name and/or password, type in your e-mail address in the blank provided at the bottom of the screen, and click **Submit**. Your user name and password will be e-mailed to you.
4. Click the **ADD NEW NAME** button to add a new name to the list. Provide the participant's last name, first name, and select their status from the drop down list. Click the Submit button (either of them), and the name will be added for you.
5. Continue adding names until you have entered all of your participants. At any point, you may press the **VIEW REGISTRATION** button to get an idea of your total invoice amount, and a better understanding of who is registered.
6. When you are finished, press the **SUBMIT TO HOSA** button at the bottom. You may be presented with a red error message. For instance, if you forgot to enter an Advisor, a message will appear letting you know that. Click the **Back to Registration** link to go back and add an advisor to the invoice. Once you have done that, click the **SUBMIT TO HOSA** button again.
7. Be sure to **Print** a copy of this invoice to send in with your payment. Next, press the **CONFIRM** button at the bottom to confirm that the invoice is correct. A copy of the invoice

will be e-mailed to you, and to the administrator.

8. If you need to edit your registration, you may come back to this web site as you did above and make changes up until the registration deadline. In order to make changes, click on the **CONFERENCE REGISTRATION** link at the left, and log in using your user name and password. The list of registered individuals will appear. Simply click the **Edit** link, and make any changes you need. When you do this, remember to press the **SUBMIT TO HOSA** button to check for problems, and to resubmit the invoice.
9. Once you are finished with your registration, be sure to either click the **LOG OUT** button to make sure that the connection is securely closed, or exit your browser. This will ensure that no one can get in and make changes to your registration.