



Area 4 CONFERENCE INFORMATION

TO: *Area 4*

FROM: Sylvia Beste

DATE: December 17, 2015

SUBJECT: HOSA Spring Leadership Conference, March 4-5, 2016.

The HOSA Area 4 Spring Leadership Conference will be held at Socorro High School, 10150 Alameda Ave. in El Paso, Texas, beginning Friday, March 4, with officer candidate interviews at Hilton Garden Inn at 8:00 a.m. and ending Saturday, March 5 at approximately 5 p.m. at the close of the awards ceremony at Socorro High School.

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 **bring** with your registration fees. Please direct your business department to include **the Texas chapter numbers on the registration fee payment check**. Complete your registration using the following link:

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

Fees for this conference are:

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

Registration deadline is February 17, 2016

**Conference Registration Fees will be collected at Area
Conference On Site Check In**

Make all registration fees checks payable to HOSA, TA.
No PO's will be accepted.

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 from 12:00 PM to 1:00 PM on March 4 at Socorro High School auditorium. Each advisor will be issued their conference registration printout, nametags, programs, maps, etc. after conference registration fees have been paid. Team substitutions may be made **only** during onsite check-in. During onsite check-in the following items will be collected:

- **Conference Registration Fees**
- Medical Art Posters
- Student Eligibility forms
- Advisor & Student Code of Conduct & Medical Liability forms

PARKING

School buses may park in the back of the vocational building.

HOTEL RESERVATIONS

Hilton Garden Inn El Paso Airport, 6650 Gateway Blvd East, El Paso, TX 79915
Phone: 915-772-4722 Fax: 915-772-4720.

Each advisor is to make his/her own room reservation with the Hotel.

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.

When making hotel reservations please identify your group as being part of Health Occupations Students of America and the name of your school and city. Check in time is 3 p.m. Single room rate is \$99.00 plus 17.5% city tax. Double Room Rate for 2 to 4 person is

\$99.00 plus 17.5% city tax. State tax is an additional 6%, unless you present a state tax exempt form at the time of check-in.

Reservations must be made by February 11, 2016 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.

SOCIAL

The Area 4 Officers have planned a DJ and food truck social for Saturday afternoon, March 5, 2016.

Opening and Closing Ceremony Dress

It is the responsibility of each advisor to help ensure that EACH of their student delegates understands the conference dress policy PRIOR to arriving at the conference. Please remind your student delegates that they have signed a HOSA Conduct Code that states that they will adhere to the new dress code policy for all general sessions. There should be no misunderstanding that when the student delegate tries to seek admission to the general session and does not adhere to the new dress policy that he/she will not be admitted.

Dress Code

Remember, professional dress is required at opening and closing ceremony. Students are not to wear, denim, jeans, hats, flip flops, tennis shoes, spaghetti straps, strapless tops and dresses, leggings, short skirts, t-shirts, etc. This also applies to courtesy corps, and students wearing scrubs and EMT uniforms. Knowing that students participating in courtesy corps and certain skills events don't necessarily dress in professional business attire, those students will need to change into appropriate dress for opening and closing

ceremony. Students who manage to get in wearing inappropriate dress are not allowed on stage when their name is called. It is difficult to name every possible situation we may encounter when comes to inappropriate dress so please explain to your students what business attire entails

NAME TAGS

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

ID Requirements

All Competitors will be required to show proof of a picture ID upon check in for all competitive events. Failure to show an appropriate ID may result in in being disqualified.

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 have all of these forms in your 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 Kelly Cowan, 201 Cullen Ct., La Porte, TX 77571. Applications **MUST** be post marked on or before the Conference Deadline

OFFICER PACKETS

All officer applications and forms **MUST** be mailed to Kelly Cowan, 201 Cullen Ct., La Porte, TX 77571. 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 collect those medals at the close of the award ceremony.

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, etc. 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.

Contact Information

Conference Chair Information:

Name: Sylvia Beste

Email: sbeste@sisd.net

Phone: (915) 274-4447

Executive Director/State Advisor

Janet E. Villarreal

texashosa@stx.rr.com

877.728.0150

Area 4 Tentative CONFERENCE SCHEDULE

Friday, March 4, 2016

8:00 AM Area Officer Credentialing

12:00- On-site Check-in in front of auditorium
1:00 PM

1:15 PM Doors open for Opening Ceremony

1:45 PM Opening Ceremony

2:45 PM Voting Delegate Meeting

2:45 PM Advisor Orientation

3:45 PM All advisors who are event managers for
4:30 PM events report to tabulations in room
4400. After receiving event materials, pick
up judges from room 4102

4:00 PM Event managers and assistants have rooms
ready and Judges in place.

4:30 PM

1. Biomedical Debate
2. Community Awareness
3. Creative Problem Solving
4. Extemporaneous Health Poster
5. Forensic Medicine
6. Health Career Display (Round 1-Top ten will be posted outside event room)
7. Health Education

4:15 PM All advisors who are event managers for
5:00 PM events report to tabulations in room
4400. After receiving event materials, pick
up judges from room 4102

4:30PM Event managers and assistants have rooms ready and Judges in place.

5:00PM

8. HOSA Bowl
9. Medical Photography (Round 1-Top ten will be posted outside event room)
10. Parliamentary Procedure
11. Public Service Announcement (Round 1-Top ten will be posted outside event room)
12. EMT
13. CERT
14. Medical Innovation

4:45 PM All advisors who are event managers for 5:30 PM events report to tabulations in room 4400. After receiving event materials, pick up judges from room 4102

5:00 PM Event managers and assistants have rooms ready and Judges in place.

5:30PM

1. Biomedical Laboratory Science
2. Clinical Nursing
3. Clinical Specialty
4. CPR/First Aid & Life Support Skills
5. Dental Science
6. Extemporaneous Writing

5:30 PM Pick up T-shirts in room 4501

5:15PM All advisors who are event managers for 6:00 PM events report to tabulations in room 4400. After receiving event materials, pick up judges from room 4102

5:45PM Event managers and assistants have rooms ready and Judges in place.

6:00PM

7. Home Health Aide
8. Medical Assisting

9. Nursing Assisting & Personal Care
10. Physical Therapy
11. Public Health (round 1- Top 10 teams will be posted outside tabulation room)
12. Sports Medicine
13. Veterinary Science
14. Health Career Display (round 2- displays not advancing to round two will remain in the room until all judging is done)
15. Medical Photography (round 2- medical photography folders not advancing to round two can be picked up from holding room)
16. Public Service Announcement (round 2)

Saturday, March 5, 2016

- 7:00 AM Tabulation Room Opens. Room 4400
- 7:30 AM All advisors, who are event managers and assistants for 8:30 events, report to tabulations in room 4400. After receiving event materials, pick up judges in room 4102.
- 8:15 AM Event managers and assistants have rooms ready for event, judges in place.

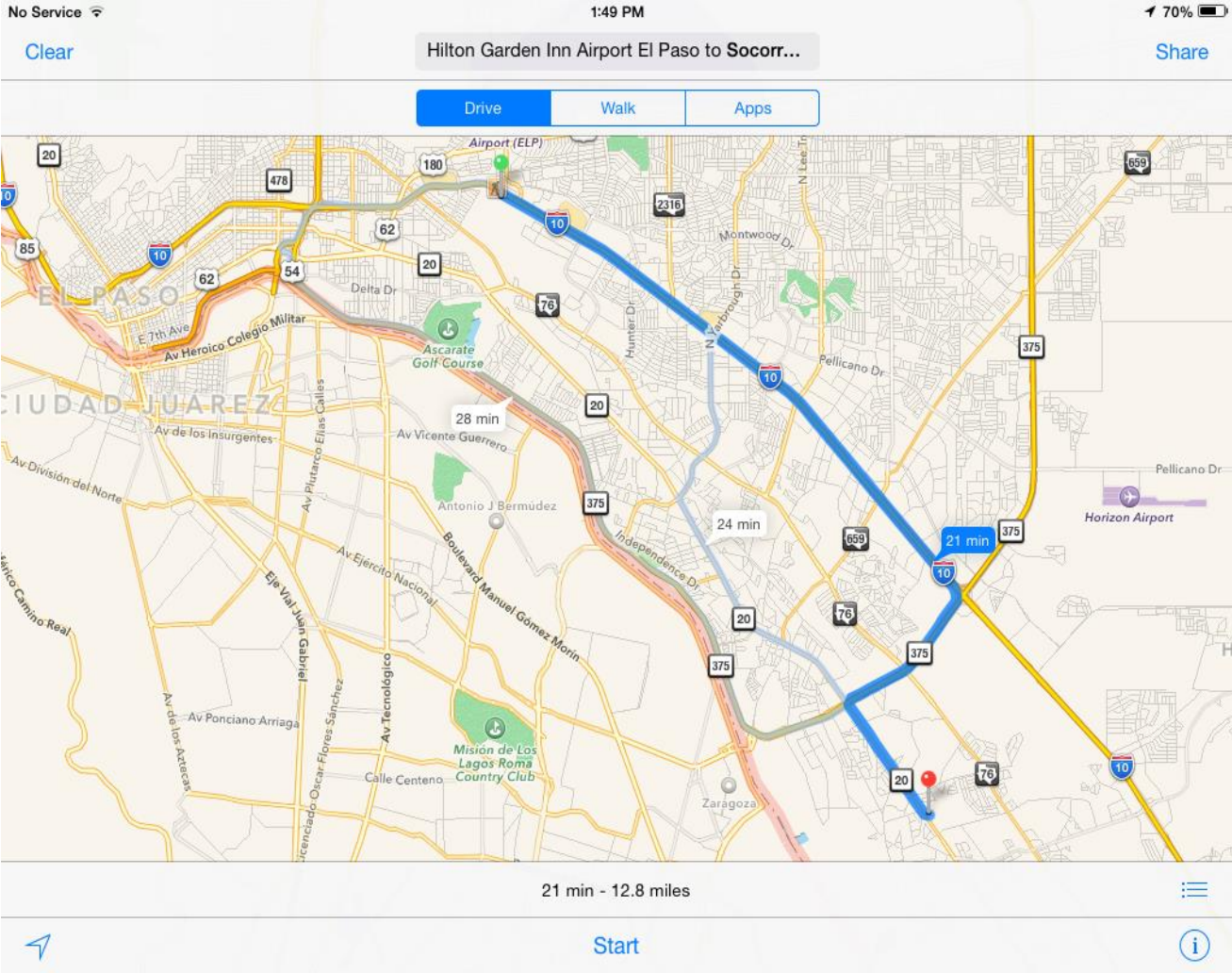
8:30AM

1. Healthy Life Styles
2. Interviewing Skills /Job Seeking Skills
3. Medical Art/Extemporaneous Health Poster judging
4. Medical Spelling (Spell down)
5. MRC Partnership
6. Outstanding HOSA Chapter
7. Prepared Speaking/ Speaking Skills
8. Public Health (round 2)
9. Researched Persuasive Speaking

12:00PM Food truck and DJ social

3:00 PM Awards Ceremony

AREA 4 SPRING LEADERSHIP CONFERENCE DIRECTIONS





A 6650 Gateway Blvd E, El Paso, TX 79915-1005 [Expand All](#)

Head toward Airway Blvd on Gateway Blvd E Go for 0.9 mi

↑ Take left ramp onto I-10 E Go for 7.3 mi

↘ Take exit 34B toward TX-375-LOOP S/Americas Ave/Joe Battle Blvd onto Gateway Blvd E Go for 0.3 mi

↑ Take ramp onto N Americas Ave (TX-375-LOOP S) toward Americas Ave Go for 0.5 mi

↑ Take left ramp onto TX-375-LOOP S Go for 1.6 mi

↘ Take the exit toward Alameda Ave/Socorro Rd/Pan American Dr/Zaragoza Rd onto N Americas Ave Go for 0.2 mi

↶ Turn left onto Alameda Ave (TX-20) Go for 1.7 mi

Your destination is on the left.

10150 Alameda Ave., El Paso, TX 79927

√	<u>Area Spring Conference Registration Check List</u>
	<p>1. Completed the online registration process by February 17, 2016</p> <ul style="list-style-type: none"> a. choose correct events for each participant b. 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. Conference Registration Fees will be collected at Area Conference On Site Check in. Texas chapter numbers should be included on the memo line of the payment check.</p>
	<p>4. Make Hotel Reservations by: February 11, 2016 Make a copy of rooming list and tax exempt form for Hotel to help expedite Hotel check in</p>
	<p>5. Sign Advisor/Chaperone 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>8. Mail Scholarship Applications to Kelly Cowan, 201 Cullen Ct., La Porte, TX 77571 on or before conference registration deadline. Make sure that applicants are registered for conference.</p>
	<p>9. Mail officer applications to Kelly Cowan, 201 Cullen Ct., La Porte, TX 77571 on or before conference registration deadline. Make sure that applicants are registered for conference.</p>

ON-SITE CHECK IN

√

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
	Medical Art Poster
	List of “No Shows”
	List of Substitutes
	Check for payment of conference registrations fees. Texas chapter numbers must be printed on the memo line of the check.

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. STUDENT behavior should at all times be a positive reflection of your school and Texas HOSA.
3. Student conduct is the responsibility of the student 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 when participating in HOSA conference activities.
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.
8. STUDENTS may not purchase, consume, or be under the influence of alcohol or drugs at any time. 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 damages relating to student behavior which results in loss or damage to property.
12. Students and/or parents will be responsible for any long distance phone calls, charges to the room, etc.
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 AND CHAPERONES 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/Chaperones and agree to accept and practice these standards.

Signature Please check one	Chapter number	Date
<input type="checkbox"/> Advisor	<input type="checkbox"/> Chaperone	

 Plan of Action: For failure to follow the Advisor/Chaperones 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 must be signed by the parent or legal guardian, regardless of applicant's age with the exception of post-secondary applicants.)

Delegate's Signature _____ Date _____

Hotel Rooming List

(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: _____

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 # _____
