



Area 7 CONFERENCE INFORMATION

TO: Area 7

FROM: Glenda Espinoza, La Joya High School

DATE: December 10, 2015

SUBJECT: HOSA Area 7 Spring Leadership Conference, *January 22-23, 2016*

The HOSA Area 7 Spring Leadership Conference will be held at *McAllen Convention Center, 700 Convention Center Blvd* address in *McAllen, Texas*, beginning *Friday, January 22, 2016*, with officer candidate interviews at *Doubletree Suites by Hilton McAllen* (formally the Embassy Suites) at *8:00 a.m.* and ending *Saturday, January 23, 2016* at approximately *3:00pm* at the close of the awards ceremony at *5pm*.

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 Wednesday, January 6, 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 on-line registration. No deletions or refunds will be made after the conference registration deadline.

ONSITE CHECK-IN

Onsite check-in will be from 1:30pm to 2:30pm on *Friday, January 22, 2016* date at *Main Lobby at McAllen Convention Center* location. 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 *Parking Lot West side of the Convention Center*

HOTEL RESERVATIONS

Doubletree Suites by Hilton McAllen
1800 South Second St. McAllen, TX. 78503
(956) 686-3000 / (956) 631-8362 (Fax)

Deadline for Hotel Reservations: **January 6, 2016**

Remember to present your School Tax Exemption

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. Flat rate is \$114 **plus 6% city tax**. State tax is **an additional 9%**, unless you present a state tax exempt form at the time of check-in.

Reservations must be made by **January 6, 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 7 Officers have planned a fun-filled evening for Friday night.

Opening and Closing Ceremony HOSA Dress Code

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, Texas Officer Coordinator, 201 Cullen Ct., La Porte, TX 77571. Applications **MUST** be post marked on or before the Area Conference Registration Deadline

OFFICER PACKETS

All officer applications and forms **MUST** be mailed to Kelly Cowan, Texas Officer Coordinator, 201 Cullen Ct., La Porte, TX 77571. All applications **MUST** be posted marked on or before the Area Conference Registration 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: Glenda Espinoza, La Joya High School

Email: gyespinoza70@yahoo.com

Phone: 956-330-4047

Executive Director/State Advisor

Janet E. Villarreal

texashosa@stx.rr.com

877.728.0150

AREA 7 SPRING LEADERSHIP CONFERENCE DIRECTIONS

Directions:

FROM LAREDO

Get on TX-20 Loop S/Bob Bullock Loop/Owk Dr from E Saunders St

1. Head east on E Saunders St toward N Buena Vista Ave
2. Turn right to merge onto TX-20 Loop S/Bob Bullock Loop/Owk Dr

Take US-83 S to E Expy 83/E Frontage Rd in Mission. Take the exit toward Farm to Market Rd 2220/Ware Rd from I-2

3. Merge onto TX-20 Loop S/Bob Bullock Loop/Owk Dr
-Continue to follow TX-20 Loop S
4. Merge onto Mangana-Hein Rd
5. Turn left onto US-83 S
6. Continue onto I-2/US-83 E
7. Take the next exit toward Farm to Market Rd 2220/Ware Rd

Continue on E Expy 83/E Frontage Rd to your destination in McAllen

8. Merge onto E Expy 83/E Frontage Rd
9. Turn left onto S Ware Rd
10. Turn right
11. Turn left at the 1st cross street
12. Enter the traffic circle
-Destination will be on the right

FROM CORPUS CHRISTI

Head southwest toward I-37 N

Continue on I-37 N. Take US-77 S, TX-285 W, US-281 and I-69C S to W Expy 83/W Frontage Rd in McAllen. Take the exit toward Farm to Market Rd 2220/Ware Rd from I-2/US-83 W

2. Continue onto I-37 N
3. Keep right to stay on I-37 N
4. Take exit 14A for U.S. 77 S toward Robstown/Kingsville
5. Continue onto I-69E S/US-77 S
6. Continue onto US-77
7. Turn right onto TX-285 W
8. Turn left onto S Railroad St
9. Take the ramp on the left onto US-281
10. Continue onto I-69C S
11. Take the exit onto I-2/US-83 W toward McAllen
12. Take the exit toward Farm to Market Rd 2220/Ware Rd

Take S 29TH St/Rooth Rd to your destination

13. Merge onto W Expy 83/W Frontage Rd
14. Turn right onto S 29TH St / Rd
15. Turn left onto Galveston Ave
16. Turn left onto Houston Ave
17. Enter the traffic circle
-Destination will be on the right

FROM BROWNSVILLE

Get on I-69E N/US-83 N from E 13th St

1. Head northwest on E Washington St toward E 11th St
2. Turn right at the 1st cross street onto E 11th St
3. Turn right onto E Adams St
4. Turn left at the 2nd cross street onto E 13th St
5. Turn left onto N Frontage Rd
6. Take the ramp on the left onto I-69E N/US-77 N/US-83 N

Follow I-69E N/US-77 N/US-83 N and I-1 to W Expy 83/W Frontage Rd in McAllen. Take the exit toward Farm to Market Rd 2220/Ware Rd from I-2/US-83 W

7. Merge onto I-69E N/US-77 N/ US-83 N
8. Use the right 2 lanes to take the US-83 W exit toward McAllen
9. Continue onto I-2/US-83 W
10. Take the exit toward Farm to Market Rd 2220/Ware Rd

Take S 29th St/ Rooth Rd to your destination

11. Merge onto W Expy 83/W Frontage Rd
12. Turn right onto S 29th St/Rooth Rd
13. Turn left onto Galveston Avenue
14. Turn left onto Houston Ave
15. Enter the traffic circle
 - Destination will be on the right

**NO outside food is allowed inside the convention center.
Concession will be available**

HAMBURGER
QUARTER POUNDER
WITH CHIPS AND SODA \$7.00

HOTDOG
WITH CHIPS AND SODA \$6.00

CHICKEN NUGGETS
WITH CHIPS AND SODA \$6.00

Also available will be candy, nachos and drinks

Area 7 Spring Leadership Conference Tentative Agenda Friday January 22, 2015

7:30 AM	Area Officer Credentialing	Double Tree
9:00AM-10:00AM	On-site Check-in for the following Schools in the following Counties Cameron/Hidalgo ONLY.	
10:00AM-11:00AM	On-site Check-in for the following Schools in the listed Counties Duval, Jim Wells, Kleberg, Nueces, Starr, Webb and Zapata	
11:45AM	Doors open for Opening Ceremony	Exhibit Hall B
12:00PM	Opening Ceremony	
1:00PM	Voting Delegate Meeting	
1:00PM	Advisor Orientation	
2:15PM	All advisors who are event managers for 4:00PM events report to tabulations.	
2:30PM	Concessions will be available	
2:45PM	Event managers and assistants have rooms ready and Judges in place.	
	All Students will report the Exhibit Hall A for Holding with the exception of Health Career Display. Teams will report to the competition room	
3:00PM	Biomedical Debate Community Awareness Creative Problem Solving Extemporaneous Health Poster Extemporaneous Writing Forensic Medicine Health Education Parliamentary Procedure Medical Innovation Clinical Specialty	
3:15PM	All advisors who are event managers and event assistants for 3:45PM events, report to tabulations. Event managers and assistants have rooms ready and judges in place.	
3:45PM	Public Health (Round 1-Top ten will be posted outside event room) Health Career Display (Round 1-Top ten will be posted outside event room) Medical Photography (Round 1-Top ten will be posted outside event room)	

Public Service Announcement (Round 1-Top ten will be posted outside event room)

6:00PM	All advisors who are event managers and event assistants for 7:00PM events, report to tabulations
6:15PM	Event managers and assistants have rooms ready and judges in place.
6:30PM	Healthy Life Styles Interviewing Skill/ Job Seeking Skills Medical Spelling (Spell Down) MRC Partnership HOSA Chapter Reflections Prepared Speaking/Speaking Skills Research Persuasive Speaking HOSA Bowl Public Service Announcement (Round 2) Public Health (Round 2) Health Career Display (Round 2- displays not advancing to round two will remain in the room until all judging is done) Medical Photography (Round 2- medical photography folders not advancing to round two can be picked up from holding room)

Saturday January 23, 2016

7:00AM	All advisors, who are event managers and assistants for 8:30 events, report to the tabulation room (Light Breakfast available)
7:30AM	Event managers and assistants have rooms ready for event, judges in place.
8:15AM	Biomedical Laboratory Science
8:30AM	Clinical Nursing CPR/First Aid & Life Support Skills EMT CERT Skills Dental Science Home Health Aide Medical Assisting Nursing Assisting & Personal Care Physical Therapy Sports Medicine Veterinary Science
3:00PM	Closing Ceremonies

\sqrt	<u>Area Spring Conference Registration Check List</u>
	<p>1. Completed the online registration process by January 6, 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: January 6, 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, Texas Officer Coordinator, 201 Cullen Ct., La Porte, TX 77571. Applications MUST be post marked on or before the Area Conference Registration Deadline *Make sure that applicants are registered for conference.</p>
	<p>9. Mail officer applications to Kelly Cowan, Texas Officer Coordinator, 201 Cullen Ct., La Porte, TX 77571. Applications MUST be post marked on or before the Area Conference Registration Deadline * Make sure that applicants are registered for conference.</p>

<u>ON-SITE CHECK IN</u>	
√	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.

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 # _____

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 _____