



NATIONAL HOSA WEEK

Purpose: To encourage Health Science students to become contributing members of their communities through activities conducted during HOSA week.

Description: HOSA week activities are designed to 1) provide school or community service, 2) promote opportunities in health care, and 3) show appreciation to the health care community. Activities are planned and implemented that support the mission of HOSA throughout the school and local community.

Rules and Procedures:

1. The HOSA chapter applying for this award must be a state and nationally affiliated HOSA chapter at the appropriate level (Secondary and Postsecondary/Collegiate).
2. Submissions for this award must include the three pages described in these guidelines, one goal area per page, with the application page found on page 4 of these guidelines as the cover page, and **MUST BE RECEIVED** in the state HOSA office by the state published deadline.
3. The HOSA Week documentation and cover page must be mailed to the state HOSA office.
4. HOSA Week applications will NOT be returned to the submitting chapter.
5. HOSA chapters who identify volunteer activities in three goal areas that serve the school and community during HOSA Week will receive certificates of recognition at the state level.
6. Certificate of Recognition winners in attendance at the National Leadership Conference will be recognized during the Recognition Session at the NLC.
7. HOSA Week applications should NOT be sent directly to National HOSA. All HOSA Week applications must go through a state screening process and be submitted to National HOSA by the state advisor by May 15.
8. A sampling of HOSA Week activities may be posted on the HOSA web site.
9. Recognition for this event may include listing in the NLC convention program, listing on HOSA's website, a recognition pin, and other recognition as listed in these event guidelines. Gold, silver and bronze medals are not awarded for this and other recognition events at the national level.
10. **The dates for HOSA Week will be the first full week (Sunday through Saturday) of November.**

Requirements

1. The HOSA Week report will consist of 4 pages ONLY. Page one will be the "HOSA Week Application" page. Each of the next three one-sided pages will be a narrative or outline of activities sponsored by the chapter to fulfill each of the three goal areas of HOSA week – one page for each goal area. The pages may be stapled together and submitted. A portfolio or binder is not required. The three areas to be addressed through HOSA week activities are:

1) School or community service

Description: *Volunteer hours in the school or community that provide a service.*

2) Opportunities in health care

Description: *Activities that promote career opportunities in health care, such as a career fair, healthcare speakers, talking to community/school groups about health careers, posters promoting health careers and HOSA, etc.*

3) Appreciation to the health care community

Description: *An appreciation activity sponsored by the HOSA chapter that shows gratitude to members of the local healthcare community. Activities can include thank you notes, an appreciation function, the partnership appreciation model in these guidelines, etc.*

2. It is up to the local chapter to plan and carry out activities of their choosing that meet the HOSA Week goals. In order to earn a HOSA Week certificate, the chapter must conduct at least one activity in each of the three goal areas during HOSA Week.
3. An example of an activity that meets the goal area "Appreciation to the health care community" follows.

EXAMPLE OF GOAL #3: Partnership Appreciation Model

Most of us are fortunate not to have a tragedy hit home, but if it did, the medical community would be ready to give their all in response. The model is for local HOSA chapters in providing recognition and appreciation to health care heroes in their community.

The components of the model include:

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|-------------------------|---|
| A Plaque | The HOSA Partnership Appreciation Model includes the presentation of a plaque to a local hospital, EMS, or other health agency. Plaques can be ordered from Awards Unlimited. The wording needs to fit your presentation and tell whom the plaque is from. |
| Why a plaque? | The plaque is a lasting memorial. Every time the people you honored walk by the plaque, they should be reminded that their efforts are appreciated. A large plaque is worth every penny because it has a significant impact on the recipient. |
| Album of Letters | This provides an opportunity for learning. Have students write a letter telling of themselves, their future dreams, and their gratitude for those who set an example for their future. Encourage them to be creative and colorful, using clip art or fancy stationery. Have them word-process the letter, and then exchange with a classmate to proofread. Then, allow them to make corrections BEFORE putting the letters in an album. To save money, you could put the letters in a 3-ring binder. Those clear sheet protectors work really well. |
| Why the album? | The album becomes a permanent part of their library and healthcare professionals love it. Also, it is a good classroom assignment - learning how to write a professional letter. If you can teach students to make it "perfect" before they turn it in, you will have done them a big favor. |

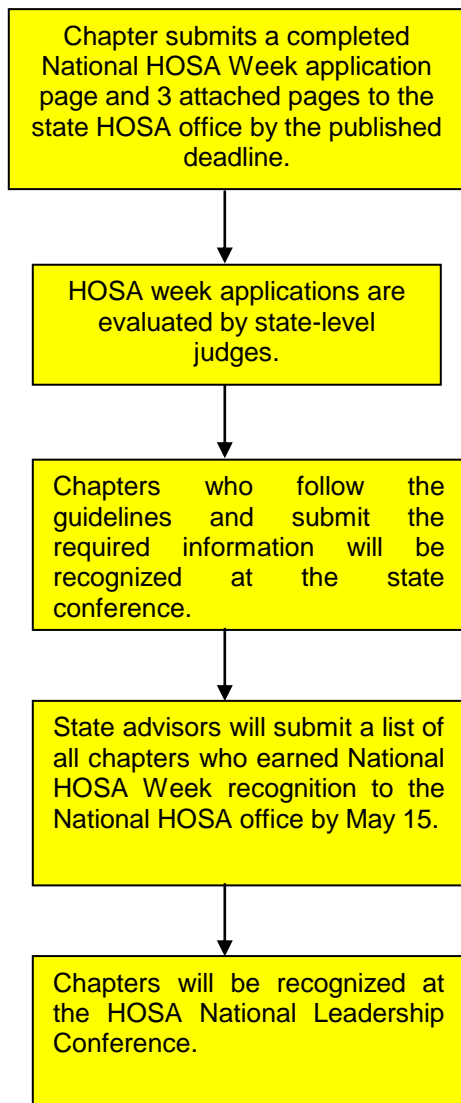
Media & VIPs

Invite the media and school, community and health care VIPs to your event. When you talk to the media about HOSA, be sure to talk about HOSA's mission. We are part of the answer to America's shortage of healthcare workers, because we are a major pipeline of healthcare professionals in the future.

HOSA Members

They are the key to the magic of this event. They should do ALL the talking. HOSA members who are practiced and prepared can do an awesome job in representing their organization, and in conducting the presentation of this partnership appreciation model. Help HOSA members take an active part in the planning and preparation, and then allow them the opportunity to make it work when the curtain goes up.

Event Flow Chart



Deadline to State HOSA - _____

NATIONAL HOSA WEEK APPLICATION

Chapter _____

Address _____

School _____ State Association _____

HOSA Member submitting application _____

HOSA's Member's E-mail address _____

Chapter Advisor _____ School phone _____

Level: ____ Secondary ____ Postsecondary/Collegiate

Attach 3 one-sided pages, 8 ½ x 11" white paper, one of three goal areas per page, with this application page as page 1. Additional pictures, articles and materials are not permitted.

- Page 2 School or community service
- Page 3 Opportunities in health care, and
- Page 4 Appreciation to the health care community.

Each page MUST include:

- Header = Goal area
- Description of activity (activities)
- Date, location of activity
- Number of chapter members involved
- Outcome of activity

We verify that the information contained in the attached report is complete and accurate.

Chapter President Date

Chapter Advisor Date

Principal or Dean Date