



## OUTSTANDING STATE LEADER

---

This event is designed to honor one Outstanding State Leader from each HOSA state association in recognition of the member's commitment to HOSA and outstanding leadership of his/her state association.

Each state will select one outstanding state leader to be recognized at the HOSA National Leadership Conference.

- a. Each state will be permitted to name one Outstanding State Leader.
- b. States will determine their own criteria/process for selecting the Outstanding State Leader. Please contact your state advisor to determine the selection procedures in your state.
- c. The state's Outstanding Leader is typically a recent or current state officer.
- d. The state's Outstanding Leader **MUST** attend the National Leadership Conference. The purpose of the event is to recognize a state leader who will be participating at the NLC and can serve as the state's representative at the NLC.
- e. IF you are your state's Outstanding State Leader you should register for this recognition event with your conference registration.
- f. IN ADDITION, the Outstanding State Leader is asked to e-mail summary information (page 2 of these guidelines) and a picture to [hosa@hosa.org](mailto:hosa@hosa.org) in the form of attachments by May 15 of the recognition year. The subject line of the e-mail should be: Outstanding State Leader from \_\_\_\_\_ (list state.) The attachments should include:
  - One page state summary (page 2) to include name, permanent mailing address, career goal and one paragraph statement about HOSA and how it has helped you.
  - Photo of honoree in HOSA uniform in electronic format.
- g. Each Outstanding State Leader will be presented with a plaque on stage at the National Recognition Session at the NLC.

# Outstanding State Leader Summary Page

If you are named your state's Outstanding State Leader, please create a page in Word with the information requested below, and e-mail it to [hosa@hosa.org](mailto:hosa@hosa.org) by May 15.

Name \_\_\_\_\_

Permanent Mailing address \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Career Goal: \_\_\_\_\_

In your own words, provide a statement about HOSA and what HOSA has done for you.