

## HOSA (Health Occupations Students of America)

I \_\_\_\_\_ am interested in joining the

**Health Occupations Students of America Club at Dr. John Long Middle School.**

HOSA is a National organization dedicated to students who are interested in health careers. Through regional competition in specific events, students meet others with shared interests and challenge each other to excel. HOSA does require dues for state and national affiliation of \$25.00 per year. This fee is required by November 15th. Checks can be made out to JLMS HOSA and a receipt will be provided. Regional competition is held in January or February for local area middle school students.

### Why Affiliate With HOSA?

- ` HOSA is the only career and technical student organization designed to exclusively serve the needs of students in health science training programs.
- ` HOSA is for ,and led by, **students.** .. HOSA is recognized by the U.S. Department of Education and the Health Science Education Division of the Association of Career and Technical Education (ACTE) as an integral part of such education.
- ` HOSA is the recognized Career and Technical Student Organization by the Florida Department of Education.
- ` HOSA promotes and develops a **respect** among students, teachers and the community for Health Science Education.
- ` HOSA provides opportunities for students to sharpen their **occupational awareness and skills** while developing valuable **leadership qualities.**

I plan to attend the meetings scheduled for the 2nd and 4th Thursdays of the month

from 3p.m. to 4p.m. in room 3-219. I understand that I must arrange for an adult to pick me up from the front parking area at JLMS promptly at 4p.m. or lose Club affiliation.

Also, annual dues are required for this club for state and national affiliation and total is \$25.00 due by Nov 15th.

Advisor: Ms. Livdal e-mail: [alivdal@pasco.k12.fl.us](mailto:alivdal@pasco.k12.fl.us). Room 3-219

Checks should be made out to "JLMS HOSA" and a receipt will be provided.

Student Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell phone # \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Check here \_\_\_\_\_ if you are willing to volunteer to help with HOSA events or help drive students