



2023

FALL
LEADERSHIP
GUIDE



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Checklist for Fall Leadership Conference

- Determine the cost to attend different events with your chapter, including registration fees, meals, travel, lodging, etc.
- Set chapter deadlines for registration and payment
- Provide members with necessary conference information, including costs
- Send a letter to parents with event details
- Discuss dress code requirements with members
- Collect member payment before registration deadline
- Register all members, advisers, chaperones for the event by the deadline
- Print invoice and double-check for accuracy
- Submit invoice to business office for payment
- Mail conference payment to Iowa HOSA
- Review event tentative agenda with attendees
- Ensure all required forms are properly completed and submitted
- Complete assurance form
- Follow Iowa HOSA on social media for event updates, search for @IowaHOSA

Fall Event Timeline

Date	Item	Notes
August 23	FLC Registration Opens	apps.hosa.org
September 29	FLC Registration Closes	Deadline 5 PM
September 29	Accommodations Request Deadline	Email director@iowahosa.org
October 14	Payment Postmark Deadline	
October 30	Fall Leadership Conference	Drury Hotel



Tentative Schedule

Time	Activity
8:30 AM - 9:00 AM	Registration Opens
9:00 AM - 10:00 AM	Opening Session
10:00 AM - 10:15 AM	Morning Break
10:15 AM - 12:00 PM	Educational Workshops and Presentations <ul style="list-style-type: none"> ● Leadership Track ● HOSA Track ● Local Chapter Track
12:00 PM - 12:45 PM	Lunch
12:45 PM - 2:30 PM	Educational Workshops and Presentations <ul style="list-style-type: none"> ● Leadership Track ● HOSA Track ● Local Chapter Track
2:30 PM - 3:00 PM	Closing Session

Event Venue	Closest Hotel/Lodging
Drury Inn & Suites 5505 Mills Civic Parkway West Des Moines, IA 50266 515-457-9500	Drury Inn & Suites 5505 Mills Civic Parkway West Des Moines, IA 50266 515-457-9500



Conference Registration

Registration Deadline: September 29, 2023 at 5 PM

Registration Link: apps.hosa.org

Eligibility

Affiliated chapters, unaffiliated chapters, prospective members, and members are able to register for the State Fall Conference. ALL ATTENDEES including members, advisors, parents, and chaperones who are actively participating in conference activities are REQUIRED to register.

Cost and Deadlines

Item	Cost	Deadline
Registration Opens	-	August 23
Registration Deadline	\$75.00	September 29
Payment Postmark Deadline	-	October 1

Registration after September 29 is not guaranteed, will have a late fee, and will be at a higher rate. On-site registrations are unavailable.

Information Needed to Register

- Member Information (Name, Email, Grade)
- Payment Method (check or credit card)
- Dietary Restrictions
- Special Accommodations (deadline - September 29)

Included in the \$75 Registration Cost

- Conference Registration
- Meal: Monday Lunch

Conference Registration Payment Information

- The \$75 event registration fee is non-refundable
- The number of participants registered by the registration deadline is the amount that the chapter will be expected to pay even if the chapter brings less attendees
- **NEW ADDRESS:** Check must be payable to Iowa HOSA and mailed to:
Iowa HOSA
% Career and Technical Education
Grimes Building



400 E 14th St
Des Moines, IA 50319

- If interested in paying by credit card, email director@iowahosa.org - a 1.5% transaction fee will apply
- A 10% late fee will be applied if payment is not postmarked by October 14 deadline

Lodging

Overnight lodging is not required or included in the conference fee for the 2023 Fall Leadership Conference. To secure a room at the Drury, please contact director@iowahosa.org to reserve.

Check-In: Sunday, October 29, 2023

Check-Out: Monday, October 30, 2023

Rate: Determined based on availability and not guaranteed.

Complimentary kick back from 5:30 - 7:00 PM with hot food daily

Free hot breakfast is offered from 6:00 - 9:30 AM on weekdays.

Required Forms to Turn In

The on-site advisor must complete **Appendix A: Advisor Assurance Form** and turn it in at registration at the start of the event. These forms must be completed for both one day and multi-day events (overnight lodging). A separate form should be completed for each event. All members must complete **Appendix B: Comprehensive Consent Form** prior to the beginning of the event. Advisors must keep the required forms with the on-site advisor during the event.

Release Forms to Provide

All registered attendees must receive a copy of **Appendix C: FERPA Waiver**. The FERPA waiver informs attendees of their legal rights and privacy as it relates to personal and public information about their participation in the event.

Additional Questions

Contact Iowa HOSA:

director@iowahosa.org

515-523-0514



Appendix A: Advisor Assurance Form

Iowa HOSA Advisor Assurance Form

(for the Comprehensive Consent Form)

I, _____, Chapter Adviser for _____, verify that:
(Name of Advisor) (HOSA Chapter)

All conference-registered school representatives (including but not limited to students, instructors, advisers and observers) participating in Iowa HOSA sponsored conferences, have completed the **Comprehensive Consent Form**.

The **Comprehensive Consent Forms** of all conference-registered school representatives (including but not limited to instructors, advisers and observers) will remain in my possession at all times during any Iowa HOSA sanctioned conference.

I understand that, under no circumstances (other than those approved by the State Advisor and/or Executive Director) I may not leave the conference premises for the entire duration of the conference. I agree to be the responsible party for my students and their actions.

I recognize and understand that Iowa HOSA will NOT collect the **Comprehensive Consent Forms** of my conference-registered school representatives (including but not limited to students, instructors, advisers and observers). I also have communicated the complete contents of this signed Assurance page with all Conference-registered school representatives (including but not limited to students, instructors, advisers and observers).

(Signature of School Advisor) (Date) (E-mail)

(Signature of Principal/Director/Dean) (Date) (E-mail)



Appendix B: Comprehensive Consent Form

This is to certify the named **Member/Participant** listed below has my permission to attend all Iowa HOSA sponsored conference and event activities. I also release Iowa HOSA, the school officials, the chapter advisers, conference staff, and Iowa HOSA staff and volunteers from any claims for personal injuries/damages which might be sustained while they are traveling to and from an event or during an Iowa HOSA sponsored activity.

I authorize the below named **Educator/Advisor** or Iowa HOSA staff to secure the services of a doctor or hospital for the named **Member/Participant**. I will pay the expenses for necessary services in the event of accident or illness.

Member/Participant Name	Name:
Local Chapter (School) Name	Name:
Name of Educator/Advisor Supervising Member	Name:
Parent(s)/Guardian Name(s) & Phone	Name: Phone Number: Name: Phone Number:
Emergency Contact Name/Phone Number	Name: Phone Number:
Member/Participant Home Address	Address: City, State Zip:
Member/Participant Age/DOB/Gender	Age: DOB: Gender:
Swimming Permission	<input type="radio"/> Yes, my child can/may swim <input type="radio"/> No, my child cannot swim/isn't permitted to swim
Medical Information	Known Allergies: Current Medication: Chronic Conditions: Physical Restrictions:

I have read and completely understand the **Personal Liability**, the **Code of Conduct**, **FERPA Directory Information**, and the **Photography, Video**, and **Sound Release** agreements, and by signing, do hereby agree to abide by these in their entirety, accept the conditions of the agreements, and completely release Iowa HOSA's national, state, regional, and local associations. **NOTE:** All participants must sign this form.

Member/Participant Signature

Parent/Guardian Signature



Iowa HOSA Personal Liability

I hereby agree to release HOSA Inc. and Iowa HOSA, its representatives, agents, servants and employees from liability for any injury to the named person, resulting from any cause whatsoever occurring to the named person at any time while attending the Iowa HOSA event, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of representatives, agents, servants and employees.

Having read and understood completely the “Code of Conduct” of Iowa HOSA, I do hereby agree to follow the procedures and practices described. I fully understand that this is an educational activity and will, to the best of my ability, apply myself for the purpose of learning and will uphold at all times the finest qualities of a person representing Iowa HOSA.

NOTE: All persons under legal age must have a parent or guardian sign this form (see other side). Otherwise, this form will be returned for a parent or guardian signature. All participants must sign this form.

Code of Conduct Agreement

The Iowa HOSA Events and Conferences are designed to be an educational function and all plans are made with that objective. The Conferences represent Iowa HOSA’s most significant meetings of the year. Iowa HOSA wants every person to have an enjoyable experience with every attention paid to safety and comfort. All participants will be expected to conduct themselves in a manner best representing the nation’s greatest student organization. In order that everyone may receive the maximum benefits from their participation, the “Code of Conduct,” as established by the Iowa HOSA Board, must be followed at all times. Note that attendance is not mandatory. By voluntarily participating, you agree to follow the official conference rules and regulations or forfeit your personal rights to participate. We are proud of our students and know that by signing this “Code of Conduct” you are simply reaffirming your dedication to be the best possible representative of your school and chapter.

1. I will, at all times, respect all public and private property, including the hotel or motel in which I am housed.
2. I will spend each night in the room of the hotel or motel to which I am assigned.
3. I will strictly abide by the curfew established and shall respect the rights of others by being as quiet as possible after curfew.
4. I will not be in the sleeping room of the opposite sex.
5. I will not use alcoholic beverages. I will not use drugs unless I have been ordered to take certain prescription medications by a licensed physician. If I am required to take medication, I will, at all times, have the orders of the physician on my person.
6. I will not leave the hotel or motel without the express permission of my local chapter advisor.
7. My conduct shall be exemplary at all times.
8. I will keep my advisor informed of my whereabouts at all times.
9. I will, when required, wear my official identification badge.
10. I will respect official HOSA dress.
11. I will attend and be on time for, all general sessions and activities that I am assigned to and registered for.
12. I will adhere to the dress code at all required times



Violations and Penalties

I agree that if, for any reason, I am in violation of any of the rules of the conference I am attending, I may be brought before the appropriate discipline committee for an analysis of the violation. I also agree to accept the penalty imposed on me. I understand that any penalty and reasons for it will be explained to me before it is carried out. I further realize that the severity of the penalty may increase with the severity of the violation, even to the extent of being immediately sent home at my own expense.

1. Violations of Items 1 through 6 of the “Code of Conduct” will be grounds for disqualification, immediate removal from competition and relinquishment of awards and recognition. In addition, the violator will be sent home at their own expense. Notification of the violation and the action taken will be sent to the participant’s local school district and parents/guardians. The participant’s entire voting delegation could be unseated and the candidates or competitors from the participant’s local chapter could be disqualified as well.
2. Violations of Items 7 through 12 will result in a warning and reprimand. Notification of the violation and the action taken will be sent to the participant’s local school district administration and parents or guardians. Repeated violations of Items 7 through 12 may result in the participant being sent home at their own expense. It is within the spirit of being a proud and meaningful member of HOSA that I agree to these rules of conduct by signing my name on the Comprehensive Consent Form.

Photography, Video and Sound Release

I hereby grant the Iowa HOSA permission to make still or motion pictures and sound recordings, separately or in combination and also give a production company approved by the Iowa HOSA permission to use the finished silent or sound pictures and/or sound recordings as deemed necessary.

Further, I so hereby relinquish to the Iowa HOSA all rights, title, interest in and income from the finished sound or silent motion pictures, still pictures and/or sound recordings, negatives, prints, reproductions and copies of the originals, negatives, recording duplicates and prints and further grant the Iowa HOSA the right to give, sell, transfer and/or exhibit the same to any individual, business firm, publication, television station, radio station or network or governmental agency or to any of their assignees, without payment or other consideration to me. My agreement to perform under camera, lighting and stated conditions is voluntary and I do hereby waive all personal claims, causes of action or damages against the Iowa HOSA and the employees thereof, arising from a performance or appearance.

I hereby authorize Iowa HOSA to display my picture, school information (school, address and telephone number) and e-mail address on the Iowa HOSA website.



Appendix C: FERPA Waiver

Family Educational Rights and Privacy Act (FERPA)

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that **Iowa Health Occupations Students of America (Iowa HOSA)**, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child’s education records. However, **Iowa HOSA** may disclose appropriately designated “directory information” without written consent, unless you have advised the **Iowa HOSA** to the contrary in accordance with **Iowa HOSA** procedures. The primary purpose of directory information is to allow the **Iowa HOSA** to include information from your child’s education records to higher education institutions, the military and Iowa HOSA partners.

Who may receive directory information?	Purpose for which directory information may be used?
Higher Education Institutions	Scholarship opportunities, open house events, HOSA communications, admissions contact
Military Recruiters	Military opportunities, scholarship opportunities, ROTC programs
Additional Iowa HOSA Partners	Internship, apprenticeship and job opportunities

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent’s prior written consent. Outside organizations include, but are not limited to, companies that partner with **Iowa HOSA** for the promotion of college and career readiness. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965, as amended (ESEA) to provide military recruiters, upon request, with the following information – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student’s information disclosed without their prior written consent. [These laws are **Section 9528 of the ESEA (20 U.S.C. § 7908) and 10 U.S.C. § 503(c).**]

If you do not want **Iowa HOSA** to disclose any or all of the types of information designated below as directory information from your child’s education records without your prior written consent, you must notify the **Iowa HOSA** in writing 30 days before the event. **Iowa HOSA** has designated the following information as directory information:

- **Student’s name**
- **Telephone listing**
- **Electronic mail address**
- **Photograph**
- **Dates of participation**
- **Grade level**
- **The most recent educational agency or institution attended**
- **Student membership number used to communicate in electronic system**