



# **Executive Council Candidate Application**

## **North Dakota HOSA 2026-2027**

**Read and complete the following applications pages.**

If you have any questions, please call the North Dakota HOSA State Advisor 701-788-5231.

**LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

### **Eligibility**

- Candidates **MUST** be currently classified as freshman, sophomore, junior, for consideration. Seniors & post-secondary applicants are eligible to apply for the Post-Secondary Vice President representative position ***only***.
- Middle school students are not eligible to run for state office.
- **Must** have a 2.5 or greater GPA on a 4.0 scale.
- **Must** be endorsed by your chapter advisor, school principal, parent/guardian, and if applicable, employer.
- **Must** be willing to put their duties as a state officer before any other extracurricular activities.
- **Must** be able to provide own reliable transportation.
- It is to the candidates' advantage to have had local officer experience, although it is not required.

### **Elected Positions**

- President
- Secondary Vice-President
- Post-Secondary Vice President
- State Secretary
- State Historian

Congratulations on making the decision to run for a position on the North Dakota HOSA State Officer team! Serving as a State Officer is an incredible experience that includes creating lasting bonds with your teammates, making connections with industry partners, expanding your leadership skills, and serving as an ambassador for North Dakota HOSA.

The memories that you will make as a State Officer will last a lifetime, and the skills that you learn will benefit you in college and beyond. While an amazing opportunity, serving as a State Officer is a commitment to bettering yourself and North Dakota HOSA. Please read through the guidelines and expectations for State Officers included in this packet and in the State Officer Handbook. Please visit with your advisor and family to make sure that you can meet these obligations and those for other extracurricular or school activities before applying for office. Applications must be submitted by **January 27th**. If you have any questions regarding what it means to serve as a State Officer, I encourage you to contact a current State Officer or State Officer Coach, **Kyan Woodruff at [kyan.woodruff@mayvillestate.edu](mailto:kyan.woodruff@mayvillestate.edu)**



**Duties of State Officers**

- Provide guidance, leadership and inspiration and build enthusiasm of all members (students and advisors)
- Work as a team to create and implement the State Program of Work for the year
- Maintain communication between State Officer team and ND HOSA staff
- Organize and actively participate in statewide events such as Fall Leadership Conference and State Leadership Conference, CTSO State Officer Training, and other events as needed
- Market and promote North Dakota HOSA through various social media outlets
- Serve as the ambassadors for more than 1000 HOSA members in North Dakota

**Officer Travel Obligations**

- To have a successful State Officer year, a **few in-person trainings and meetings are required.** Attendance at these events is **mandatory** except in the case of unforeseeable and unavoidable circumstances.
- Travel to these events **is the responsibility** of the officer with financial and logistical assistance from North Dakota HOSA when possible. **ATTENDANCE and COMMITMENT to these obligations are of the utmost importance.**
  - **Mandatory and Optional Dates to Consider when applying:**
    - ND Career & Technical Student Organization Officer Training (3 overnights): June 7-10, 2026 in Bismarck, ND; attendance is **mandatory**.
    - International Leadership Conference: June 17-20, 2026 in Indianapolis, IN attendance **is not** required, but **highly** encouraged. Dependent on available funding, stipends may be awarded.
    - Washington Leadership Academy (WLA) for State Officers: **September 19-22, 2026** attendance **is not** mandatory, but **highly** encouraged. All officers are welcome, but each officer is responsible for the cost of registration, airfare and lodging while at WLA. (Approximate costs: Registration \$600; Airfare \$500-\$700; lodging \$205/night for 3 nights, which can be divided by up to 4 people if sharing rooms). ND HOSA **may have** stipends available for State Officers to attend.
    - Fall Leadership Conference: October 19, 2026, in Bismarck, ND; 1 overnight attendance is **mandatory**. Registration fee is waived. ND HOSA will provide lodging and meals.
    - CTE in Memorial Hall: First week of February in Bismarck, ND. Attendance is not required, but highly encouraged especially for local State Officers. Meal is provided.
    - State Leadership Conference: April 4-6, 2027, in Grand Forks, ND; attendance is **mandatory**. ND HOSA will provide lodging and meals. State Officer is **required** to pay for registration.
    - Monthly conference calls throughout the year and any additional meetings scheduled.

### **Election Procedures**

- Students must upload their application and required documents to the liquid file upload link by **January 27<sup>th</sup>, 2026**.
- Upon review of applications by the State Officer Selection Committee, candidates will be given an opportunity to be remotely interviewed by the committee. The committee will then make recommendations on candidates who will move forward to the next step of the election process. It may be that ***not all applicants*** will move forward.
- State Officer Candidates will participate in speeches at SLC Opening Session and a Candidate Q & A Panel during lunch the second day of conference. This provides the chapters and voting delegates an opportunity to get to know the candidates better so they can make an informed decision on elected state officers.
- Voting delegates will consist of members of local chapters and are determined by membership numbers after registration. Candidates will not choose their office but can include their preferences in the application. Instead, their application and responses will be used by the Selection Committee to determine the position that the state officer candidates are best suited for.
- Those students who are elected will be announced during a formal process at SLC Closing Ceremony. They will hold co-positions with current officers through ILC for a transition period into their new roles.
- **Important Dates:**
  - January 27<sup>th</sup>, 2026: State Officer Candidate Applications Due
  - January 31, 2026: Notification of Interview
  - February 17-February 28, 2026: Interviews with Selection Committee
  - March 3, 2026: Notification of Selection to SLC Candidate Panel
  - March 22, 2026: Speeches at Opening Session
  - March 23, 2026: Q&A Panel with Voting Delegates Over Lunch
  - March 23, 2026: Voting of Candidates by Voting Delegates
  - March 24, 2026: Announcement of 2025-2026 ND HOSA State Officers at Closing Session



## Candidate Application Cover Page

### Application Deadline

**Tuesday, January 27, 2026**

The chapter advisor must complete and sign the Candidate Application Cover Page to verify the application is complete before the application is submitted.

Candidates must submit their application via the liquid files upload link provided no later than 5:00 pm on **Tuesday, January 27, 2026. Late or incomplete applications will not be accepted or considered.**

### Application Checklist

- Completed/Signed Cover Page
- Candidate Information Sheet (Pages 1 & 2)
- Verification of HOSA Involvement
- Candidate Questionnaire
- Statement of Responsibility
- State Officer Permission Form
- State Officer Code of Conduct & Liability of Release
- Permission to use Photography/Photo Release
- Medical Information Form
- School Administrator Affidavit of Support
- Chapter Advisor Affidavit of Support
- Employer Notification and Memorandum of Understanding Form
- Candidate Resume
- Candidate Picture (4x6 glossy color or black/white headshot)
- Advisor Recommendation Form\*

### Application Verification

I, \_\_\_\_\_, verify this candidate's application is complete and completed to the best of the candidate's ability. This candidate has my approval to send in their application to the North Dakota HOSA State Headquarters for evaluation.

\_\_\_\_\_  
Chapter Advisor Signature

\_\_\_\_\_  
Date

*\*Recommendation Forms should be submitted directly to the State Advisor by the Local Chapter Advisor.*



# Candidate Information Sheet 1

## Officer Position Information

Check your current Grade Level:  Freshman  Sophomore  Junior  Senior  
 Collegiate/PS Classification: \_\_\_\_\_

North Dakota HOSA Local Chapter: \_\_\_\_\_

Please indicate the officer position you are interested in\*:

President  Secondary Vice- President  Post-Secondary Vice President  Secretary  Historian

\*The Nominating Committee will slate you for a position based on your application and your preferred officer position.

## Candidate Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_  
House/Apt. Number & Street Name

\_\_\_\_\_ City \_\_\_\_\_ Zip Code

Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail (Personal): \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month, Day, Year)

Do You Have a Driver's License?  Yes  No

If so, would you be permitted to drive to an out-of-town officer meeting upon occasion?

Yes  No \_\_\_\_\_ Parent/Guardian initials

Check your shirt size:  S  M  L  XL  XXL  XXXL

## Parent(s)/Guardian(s) Information

### Guardian 1

Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Guardian 2

Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_



## Candidate Information Sheet 2

### Chapter Information

Name of Newspaper in Your City: \_\_\_\_\_

School Principal: \_\_\_\_\_

Principal Email: \_\_\_\_\_

Chapter Advisor: \_\_\_\_\_

Advisor E-mail: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Number & Street Name

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

School Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_

Relation to Candidate: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_



## **Verification of HOSA Involvement**

To be recognized for satisfactorily participating in your local HOSA chapter, ask your HOSA advisor to initial it in the space to the right of the skills/tasks completed.

1. Attended three HOSA chapter meetings, listed below.

a. \_\_\_\_\_ Initial \_\_\_\_\_  
(Date)

b. \_\_\_\_\_ Initial \_\_\_\_\_  
(Date)

c. \_\_\_\_\_ Initial \_\_\_\_\_  
(Date)

2. Participated in three other chapter activities. Identify the activities:

a. \_\_\_\_\_ Initial \_\_\_\_\_

b. \_\_\_\_\_ Initial \_\_\_\_\_

c. \_\_\_\_\_ Initial \_\_\_\_\_



## **Candidate Questionnaire**

**Please answer these questions to the best of your ability. All answers must be typed, numbered, and double-spaced on a separate sheet of paper. Your name should be at the top of each page. Please type the question with the answer following.**

1. List 2-3 goals you would you like to accomplish at the state level if you are elected as a State Officer (one goal must include or focus on your plan to grow HOSA as a state organization and increase membership).
2. What personal achievement are you most proud of and why?
3. What are your future career goals, and how will your experiences with HOSA help you achieve those goals?





## **Statement of Responsibility**

**The following statement must be hand-copied below, by the State Officer Candidate.  
(Re-typing it is not acceptable.)**

“I have read the Candidate Application Packet and the State Officer Handbook. I fully understand the responsibilities and obligations of the position I seek and, if elected, will carry them out to the very best of my abilities. If elected, I will attend and participate in all meetings (including, but not limited to, state officer meetings, CTSO state officer training, the Fall Leadership Conference, and the State Leadership Conference). If I fail to fulfill my responsibilities and obligations of the office, and/or I violate the North Dakota HOSA Code of Conduct from the time that I am a candidate through my term of office, I can be removed.”



## Permission to Use Photograph/Photo Release

I hereby grant North Dakota HOSA, National HOSA, and North Dakota AHEC (ND AHEC) permission to use my likeness in any photograph, video or other digital or print reproduction (the "Materials") in any and all of its publications, including websites, without payment or any other consideration. I understand and agree that the Materials will become the property of North Dakota HOSA or National HOSA and will not be returned. I hereby irrevocably authorize HOSA to edit, alter, copy, exhibit, publish or distribute the Materials for purposes of publicizing its programs or for any other lawful purpose.

In addition, I waive the right to inspect or approve the Materials and to receive any royalties or other compensation arising or related to the use of the Materials. I hereby hold harmless and release North Dakota HOSA, National HOSA, ND AHEC and its representatives from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Check one:

\_\_\_\_\_ I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

\_\_\_\_\_ If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Printed Name



### MEDICAL INFORMATION FORM

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Mother's Workplace: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Father's Workplace: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medical Information (Please indicate below if the condition is present or recurring)

- |                              |                   |                              |
|------------------------------|-------------------|------------------------------|
| _____ Diabetes               | _____ Asthma      | _____ Heart Condition        |
| _____ Hemophiliac            | _____ Hearing Aid | _____ Wears Glasses/Contacts |
| _____ Neuro/Muscular Problem | _____ Allergy     | _____ Other                  |

If any are checked, please explain \_\_\_\_\_

\_\_\_\_\_

Is student on any type of medication? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what type and dosage?

\_\_\_\_\_

May this student self-administer their medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

I understand that if this form is not received by the deadline, the student will not be eligible to participate in any HOSA activity or event. In case of an accident, a serious health problem or any health injury during a HOSA event, I hereby authorize hospital officials to make whatever arrangements necessary and to contact me immediately. I understand that it remains my responsibility to make any future information changes on this medical form as the need arises, by contacting Brandy Madrigal 701-788-5231. Otherwise, this authorization will remain in effect, as of this date, through July 2026. Neither North Dakota Area Health Education Center, North Dakota HOSA, International HOSA Inc., nor any venue where attending a HOSA event, assumes responsibility for any medical charges. Any medical charges incurred during any HOSA trips or any HOSA activities will be the sole responsibility of the parent/guardian, or student if student is an adult.

**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 or Guardian Signature**

\_\_\_\_\_  
**Date**



## **SCHOOL ADMINISTRATOR AFFIDAVIT OF SUPPORT FOR NORTH DAKOTA HOSA STATE OFFICER 2026-2027**

As the administrator of the school/district this HOSA State Officer Candidate attends, I agree to the following if \_\_\_\_\_ is elected to serve as a HOSA State Officer:

1. Support the state officer and chapter advisor in fulfilling their responsibilities including:
  - Attendance at the North Dakota HOSA Fall Leadership Conference
  - North Dakota HOSA State Leadership Conference
  - Other state planning meetings as determined by their state office
  - Allow state officers to be excused from school for the following activities:
    - ND CTE CTSO State Officer Training (June 7-10, 2026)
    - Washington Leadership Academy (September 2026)  
\* highly encouraged to attend\*
    - Fall Leadership Conference (October 19, 2026)
    - State Leadership Conference (April 4-6, 2027)
  
2. Support the state officer and chapter advisor in obtaining financial support for local, state, and national travel.
  - Provide state officer and chapter advisor transportation and expenses, when possible.
  - If financial support cannot be provided, write a letter/email to the HOSA State Advisor stating why financial support cannot be given and requesting assistance in doing so.
  
3. Become familiar with the duties of the HOSA state officer and HOSA chapter advisor.

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Title



# **Chapter Advisor Affidavit of Support**

## **FOR NORTH DAKOTA HOSA STATE OFFICER 2026-2027**

If my HOSA student member, \_\_\_\_\_, is elected to

State Office, I agree to:

1. work with the state officer and state HOSA office to assure that all responsibilities are performed professionally;
2. assist the state officer in completing activities by the due date;
3. assist the state officer in making travel arrangements and obtaining financial support for travel; If financial support is required, approval must be obtained from the ND HOSA State Advisor; (depending on funds available by state office)
4. assist the state officer in completing speeches, newsletters, and other correspondence;
5. serve as chaperone to the state officer during travel and stay at the same conference hotel as the state officer; if unable to chaperone an event, state advisor must be notified and other arrangements made;
6. serve as the state officer’s chaperone during state and national planning meetings, conferences, and other activities when required;
7. and, assist the state officer in conducting conference business and leading fall leadership workshops.

\_\_\_\_\_  
Advisor’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Advisor’s Name

\_\_\_\_\_  
School



# Employer Notification and Memorandum of Understanding Form (if applicable)

It is understood that many students are employed. However, in order to be a state officer, your employer must understand that, if elected, you have responsibilities to ND HOSA. There are days that you will need to be off as a requirement for your position.

Have your current employer complete the Memorandum of Understanding below.

**\*\*\*\*\*If you change jobs or become employed during your term as ND HOSA State Officer, you will need to complete this form and submit it to the ND HOSA office prior to accepting the position.**

Employee's Name \_\_\_\_\_

School \_\_\_\_\_

HOSA Office Choice \_\_\_\_\_

The above named student (employee) has displayed punctuality, good communication skills, good attendance, responsibility and overall good citizenship during employment with

\_\_\_\_\_  
(Name of Business)

I endorse \_\_\_\_\_ as a candidate for the North Dakota HOSA (ND HOSA) Executive Council. I understand the responsibilities and time commitment associated with being an ND HOSA State Officer. I understand that the officer (employee) will not be able to work on certain days throughout the year due to officer responsibilities. I understand I will be notified by the employee at least one month in advance of those dates, and will allow the student to be off work on those dates.

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

## Required Resume and Picture

### Resume Information

**All State Officer Candidates are required to create a resume. All resumes must be turned in with your application.**

Paper Size: 8½ x 11 format

Type of Paper: Plain white paper only with black type (typewriter or computer generated) Resumes with the use of color paper, color pictures or color type **will NOT** be distributed.

What **MUST** Be Included on Your Resume [In any order]:

- Your full name, school, and current grade level. [Do **not** use home address or phone numbers.]
- HOSA Achievements: i.e. Offices Held [Local, State and National]
- Number of Years You Have Been in HOSA
- Other Achievements: i.e. Honors, Awards, and Offices Held in Other Organizations
- Summary Statement explaining: “Why You Want to Be A HOSA State Officer”

Your **one-page** resume must include the above information but is not limited to only those topics. It is acceptable but not required to use a photo on your resume, but the photo also must be black and white.

The resume must be in a professional business format (not in a campaign flyer format). Any resume not in compliance with the above guidelines will not be distributed.

### Picture Information

**All Candidates are required to submit a professional photo. Please use the following photos as an example.**





## Advisor Recommendation Form

Candidate's Name: \_\_\_\_\_ Chapter: \_\_\_\_\_

Recommended by: \_\_\_\_\_ Relation to Candidate: \_\_\_\_\_

The above named student has applied to be a North Dakota HOSA State Officer Candidate and has been asked to submit this form for reference.

Please complete this recommendation form and submit through the liquid file link posted on the website.

This form is confidential and will not be shared with the candidate. Your open and honest communication is critical as we are selecting our 2026 - 2027 North Dakota HOSA Executive Council.

	Excellent	Good	Fair	Poor	NA
<b>Dependability</b> – prompt, sincere, consistent, truthful, follows directions					
<b>Leadership</b> – assertive, able to inspire others, listens, uses good judgement					
<b>Industrious</b> – persistent, good work habits, makes good use of time, hard working					
<b>Mental Alertness</b> – attentive, interested, eager to learn					
<b>Initiative</b> – accepts responsibility, able to work without supervision, works at a steady pace, starts work without instruction.					
<b>Ability to Get Along with Others</b> – adaptable, friendly, tactful, respectful of others, sense of humor					
<b>Personal Appearance and Grooming</b>					
<b>Attitude</b> – positive, honest, practices self-discipline, enthusiastic, motivated.					

**Please check one.**

*Overall Recommendation:*

Highly Recommended \_\_\_\_\_

Recommended \_\_\_\_\_

Recommended with Reservations \_\_\_\_\_

Do NOT Recommend \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please use back to comment on your personal experience with the candidate as it will be used in the selection process.**