



# HOSA Affiliation Guide

## 1

### Before you begin

Gather all the information you will need to enter. You will be asked to provide information about each member to include:

- Classification (grade or class in school)
- Organization and title (For professional members)
- Complete mailing address
- Phone and Fax
- E-mail address

## 2

### Main Menu

To begin entering members, select "Chapter Affiliation" from the main menu.

## 3

### Welcome to National HOSA's Online Chapter Affiliation

Take the time to read the information provided before you proceed. It is particularly important to understand a few unique features of online affiliation:

- You may exit the program at any time and finish the process later
- When your information is complete, you will click the "Done" button
- Once you submit an application, you will not be able to remove affiliated members for any reason

From the "Welcome" screen, click Home to return to the main menu or Next to continue with the affiliation process.

## Chapter Information

This screen collects important chapter information. If your chapter has previously affiliated online, much of the information will already be complete. You will provide:

- National Charter number
- State Charter number (if your state has one)
- School
- Name of Advisor (Please enter one name. You will have an opportunity to identify other chapter advisors when you enter their membership information.)
- Name of Principal, Dean, or Administrator
- CIP Number
- Program type (If the chapter contains a mixture of members, to what division to most members belong?)
- HOSA 100 Club (Check this box if affiliation is submitted on or before October 15)
- 100% Affiliation (Check this box if all students enrolled in the Health Science Technology Education program are members of HOSA.)
- New Chapter (Check this box if this chapter has not been previously assigned a charter number.)
- National Technical Honor Society (Check this box if this chapter is a member of the National Technical Honor Society.)

## Billing Information - Shipping Information

These are two separate screens to accommodate schools' individual chapter needs. Please be sure to fill out the correct billing and shipping information on the appropriate screen.

When you finish, click on Next.

# 6

## **Chapter Demographics**

**Often, government agencies and healthcare groups request information about the characteristics of the members of our organization. On occasion, special scholarships or opportunities are available to members of a certain group.**

**This page provides information for the National Organization regarding the demographics of your chapter. Once you have completed the demographic data, select "Next" to begin entering member information.**

# 7

## **Returning Members**

**If your chapter affiliated members last year, you should now see a list of those members with a checkbox to the left of each member. If a member in the list is affiliating again this year, click the checkbox to place a check next to their name.**

**Once all returning members have been checked, click "Next". You will have the opportunity to update the contact information on the subsequent screen.**

## Returning Members

This screen shows all of the members on this affiliation application. If you have already completed the affiliation process for other members, they will not be shown here.

If you selected members from last year, you should see them listed. For the 2013-14 school year, the Gender and Race fields will be incomplete for any returning members. Both fields must be completed to submit your affiliation application.

The first row of the list of members will always be blank. Enter new members in this row and click the "+" button at the end of the row to add the member. Member information requested includes:

- **Member Type:** Select the appropriate member type. Membership categories are described later in this section under "Additional Information".
- **Gender**
- **Race**
- **Classification:** Current level of educational enrollment. Professional members may be classified as "Not Applicable."
- **Name**
- **Cell Phone:** Include area code.
- **E-mail:** Provide E-mail address if available.

Use the "-" button on any row to remove a member.

If you see any errors above the membership list or fields outlined in red, you must correct the errors for the system to save your members. Leaving the browser without correcting the errors will result in data being lost.

Use "Save All Changes" to save any changes you make to member information.

When all members are complete and no errors are present, click "Next" to continue.

**9**

## **Application Fee Schedule**

**This screen will show how many members are on your affiliation application and what the state and national association dues total will be. If you agree, select "Next."**

**10**

## **Agreement Page**

**This screen provides one final opportunity for you to confirm that the membership information being submitted is completely correct.**

**If you have not completed the initial application and are going to resume at another time to add more names before forwarding, select "Home."  
If you have completed the application and have verified it for accuracy, select "Done."**

**If you select done, you may add supplemental members at another time by selecting "Chapter Affiliation" from the Main Menu.**

**11**

## **View Account Statement**

**After you submit your application by selecting "Done", you may print out an invoice for your chapter dues by selecting "View Account Statement" from the main menu.**

**12**

## **View Account Statement**

**Select this option from the main menu to print out a chapter membership list.**

# Additional Information

## Membership Categories

**SECONDARY** - These shall be secondary students who are enrolled in a vocational Health Science Technology Education program or an organized pre-vocational Health Science Technology Education program. They shall pay affiliation fees as established by the local, state, and national organizations, and shall be eligible to hold national office, participate in national activities, and, if chosen, serve as voting delegates, and represent their chapter and state in national affairs.

**POSTSECONDARY** - These shall be students enrolled in a postsecondary Health Occupations Education program at less than the baccalaureate level. They shall pay affiliation fees as established by the local, state, and national organization, and shall be eligible to hold national office, participate in national activities, and, if chosen, serve as voting delegates, and represent their chapter and state in national affairs.

**COLLEGIATE** - These shall be students enrolled in a health career program in pursuit of a Baccalaureate degree. Active collegiate members shall be members of chapters in good standing as established by the local, state and national organization. Collegiate members shall be eligible to hold national office, participate in national activities, and, if chosen, serve as voting delegates and represent their chapter and state in national affairs.

**PROFESSIONAL** - These shall be health professionals and other adult members of the school and community who wish to assist and support the HOSA program of activities. They shall pay affiliation fees, but may not vote, hold office or compete for HOSA member awards.

**CHAPTER ADVISORS** are considered to be professional members.

**ALUMNI** - These shall be former active members who have legitimately separated from a Health Occupations Education program, in good standing with their chapter, and who have paid their local, state, and national fees. They have the rights and privileges of active members except the rights to vote, to hold elective office, or enter competitive events.