

HOSA Online Testing Registration Guide

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Before you begin

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

- Event(s) they want to test in.
- If they are competing in a team event, which members are on each team.

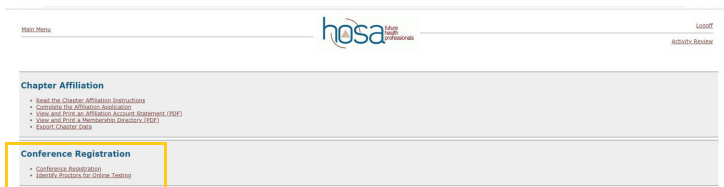
2

Click on the Local Chapter Advisors section

3

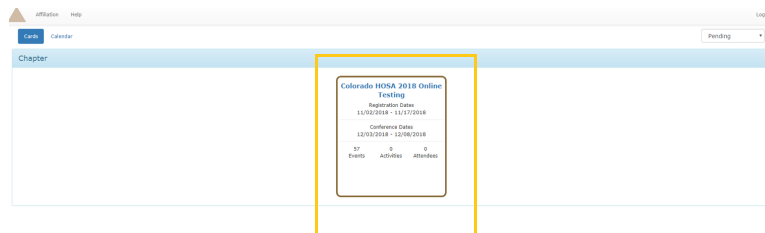
Enter in your charter number and password in the Local Chapter Advisors section

4



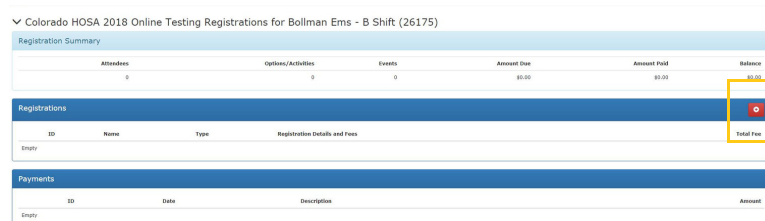
Click on the red "Conference Registration" link

5



Click on the "Colorado HOSA 2018 Online Testing" button

6



Click on the red button in the registration section.

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Stargate School

Members not Registered for Colorado HOSA 2018 Online Testing

	Member ID	Name	Type	Email
Register	182393	Adhikari, Simone	SS	simone.adhikari@stargateschool.org
Register	182394	Ahmedali, Faisal	SS	faisal.ahmedali@stargateschool.org
Register	182395	Ahmedali, Hanna	SS	hanna.ahmedali@stargateschool.org
Register	182396	Anandhi, Kushi	SS	kushi.anandhi@stargateschool.org
Register	182397	Bhattacharya, Portia	SS	portia.bhattacharya@stargateschool.org
Register	182398	Bradford, Rebecca	AV	rebecca.bradford@stargateschool.org
Register	182399	Burns, Caitlin	SS	caitlin.burns@stargateschool.org
Register	182399	Carlson, Jane	SS	jane.carlson@stargateschool.org
Register	182399	Chavira, Khalil	SS	khalil.chavira@stargateschool.org
Register	182399	Corio, Leah	SS	leah.corio@stargateschool.org
Register	182399	Gadgil, Devika	SS	devika.gadgil@stargateschool.org
Register	182399	Gardner, Faith	SS	faith.gardner@stargateschool.org
Register	182399	Gil, Vaidya	SS	vaidya.gil@stargateschool.org
Register	182399	Gowdraman, Sathish	SS	sathish.gowdraman@stargateschool.org
Register	182399	Grady, Anna	SS	anna.grady@stargateschool.org

[Register Members](#) [Register Family/Guest/Other](#)



Click on the "Registration" button next to student you are registering.

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Colorado HOSA 2018 Online Testing : Simone Adhikari, Stargate School, Colorado HOSA

Registration Type: Secondary, \$0.00

☐ Middle School
☒ Postsecondary/Collegiate
☐ Secondary

Registration Information

First Name: Last Name:

Email:

Organization:

Title:

Address:

City: State: Zip:

Gender: Home Phone: Mobile Phone:

Options/Activities [Add Options/Activities](#)

Options/Activity: Cost:

Competitive Events [Submit for Competitive Events](#)

Enter in the student's information



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Competitive Events

Competitive Event: Schedule:

[Register for Competitive Events](#)

- Arbara James Service Award
- Biomedical Debate
- Biomedical Laboratory Science
- CERT Skills
- Clinical Nursing
- Clinical Specialty
- Community Awareness
- CRP/First Aid
- Creative Problem Solving
- Dental Science
- Dental Terminology
- Emergency Medical Technician
- Epidemiology
- Existing Medical Innovation
- Extemporaneous Health Poster
- Extemporaneous Writing
- Forensic Science
- Health Career Display
- Health Career Photography
- Healthcare Issues Exam
- Health Education
- Healthy Lifestyle
- Home Health Aide
- HOSA Bowl
- HOSA Inventions
- HOSA Service Project
- Interviewing Skills
- Job Seeking Skills
- Knowledge Test: Behavioral Health
- Knowledge Tests: Human Growth & Development
- Knowledge Tests: Medical Law and Ethics
- Knowledge Tests: Nutrition



Scroll down to "Competitive Events" and click on the "Register for Competitive Events" drop-down menu

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Contact Information

First Name: Simone Last Name: Adhikari

Email: simone.adhikari@stargateschool.org

Organization: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: Female Home Phone: 720-561-9274 Mobile Phone: _____

Options/Activities Add Options/Activities +

Options/Activity: _____ Cost: _____

not registered for any Options/Activities

Competitive Events Register for Competitive Events +

Competitive Event: _____ Schedule: _____ Cost: _____

CEST Skills: _____ Select Team Members: _____ \$2.00

Choose the event the student wants to test for and it will show up under "Competitive Events"

Do this for each of the up to three events the students wishes to test for.



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Contact Information

First Name: Simone Last Name: Adhikari

Email: simone.adhikari@stargateschool.org

Organization: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: Female Home Phone: 720-561-9274 Mobile Phone: _____

Options/Activities Add Options/Activities +

Options/Activity: _____ Cost: _____

not registered for any Options/Activities

Competitive Events Register for Competitive Events +

Competitive Event: _____ Schedule: _____ Cost: _____

CEST Skills: _____ Select Team Members: _____ \$2.00

If the student is not competing in any team events press "Save" and this student is now registered!



Team Events

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Contact Information

First Name: Simone Last Name: Adhikari

Email: simone.adhikari@stargateschool.org

Organization: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: Female Home Phone: 720-561-9274 Mobile Phone: _____

Options/Activities Add Options/Activities +

Options/Activity: _____ Cost: _____

not registered for any Options/Activities

Competitive Events Register for Competitive Events +

Competitive Event: _____ Schedule: _____ Cost: _____

CEST Skills: _____ \$2.00

If the student is competing in team events enter the name of their teammate(s) in the highlighted box

