

Ohio HOSA Externship Award

Purpose: To recognize members who have gained successful employment in a Health Sciences Career Field.

Member Requirements:

1. Currently enrolled in a Health Sciences Program.
2. Affiliated member of the local, state, and National organization.
3. Candidates must submit a completed and signed application by the state deadline. (For 2022, the deadline will be February 28). Applications must be mailed or emailed to the state advisor – ohiohosa.14@gmail.com

Minimum Qualifications: (Hours are cumulative for all years the member is enrolled in Health Sciences).

Gold Level (Advanced) – 400 Paid hours or \$4,000 gross earnings

Silver Level (Intermediate) – 200 Paid hours or \$2,000 gross earnings

Bronze Level (Basic) – 100 Paid hours or \$1,000 gross earnings

Recognition:

Gold Level – Special Pin or comparable item and a Specially designed certificate*#

Silver Level – Special Pin or comparable item and a Specially designed certificate#

Bronze level – Specially designed certificate#

*Additionally, the top three Gold Level recipients will each receive a plaque, be recognized on stage at the State Leadership Conference and a cash award of \$400 for first; \$200 for second; and \$100 for third.

Bronze, Silver and Gold award winners will be recognized at the State Leadership Conference. Specific recognition details will be announced.

Ohio HOSA Employment Award Application

Applicant's Name: _____

Chapter Number: _____ Chapter Name: _____

School Year	Business or Organization Name (List two skills you performed as a part of your position)	Paid Hours	Gross Earnings
Freshman: March 1, 2018 to February 28, 2019			
Sophomore: March 1, 2019 to February 28, 2020			
Junior: March 1, 2020 to February 28, 2021			
Senior: March 1, 2021 to February 28, 2022			
Grand Totals	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		

My signature below attests the above information is accurate and reflects my record of employment in the above mentioned health science businesses/organizations.

Student Signature

Date

My signature below attests the above information accurately reflects this student's record of employment in the above mentioned health science businesses/organizations.

Advisor Signature

Date