



## Ohio HOSA Externship Award

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

Member Requirements:

1. Currently enrolled in a Health Sciences Program.
2. Affiliated HOSA member of the local, state, and National organization.
3. Candidates must submit a completed and signed application by February 28, 2023. Applications must be mailed or emailed to the state advisor by the deadline.

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

Gold Level (Advanced) – 500 paid hours or \$5,000 gross earnings

Silver Level (Intermediate) – 300 paid hours or \$3,000 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 and recognized on stage at the State Leadership Conference.

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

# *Ohio HOSA Externship Award Application*

**Applicant's Name:** \_\_\_\_\_

**Chapter Number:** \_\_\_\_\_ **Chapter Name:** \_\_\_\_\_

School Year	Name of Employment Site: Business(es) or Organization(s) <small>(List two skills you performed as a part of your position)</small>	Paid Hours	Gross Earnings
Freshman: March 1, 2019 to February 28, 2020			
Sophomore: March 1, 2020 to February 28, 2021			
Junior: March 1, 2021 to February 28, 2022			
Senior: March 1, 2022 to February 28, 2023			
<b>Grand Totals</b>	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