

## State Leadership Chapter Certification Form

The HOSA members of \_\_\_\_\_ HOSA Chapter have read the HOSA Code of Conduct, Dress Code and completed the Multiple (Media and Medical) Release and Verification Forms.

\_\_\_\_\_  
(Adviser Printed Name)

\_\_\_\_\_  
(Adviser Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(School Administrator Printed Name)

\_\_\_\_\_  
(School Administrator Signature)

\_\_\_\_\_  
(Date)

This form is to be submitted with State Registration. Do not send individual forms with state registration. Individual forms must be in possession of the adviser. Local School district assumes all responsibility for student behavior and chapter conduct.