



## **PENN HOSA-Future Health Professionals CHAPTER AFFILIATION DIRECTIONS**

**ATTENTION ALL ADVISORS & RELATED SCHOOL PERSONNEL**

*Please be aware that the agreement at the end of the affiliation process and HOSA's Policy and Procedures Manual state that chapters will be expected to pay for all of the members affiliated and there are no substitutions for those members. No exceptions are allowed. For this reason we strongly encourage each local PENN HOSA-Future Health Professionals Advisor to complete the affiliation process CAREFULLY and ACCURATELY! Best practice = Print the roster before clicking "Done" and check that 1) you entered every member, 2) every name is spelled correctly and 3) you have no duplicate member names because you will be invoiced for every name on the roster.*

### **That was REMINDER WHEN SENDING PAYMENTS**



- **Chapter membership fees** - only payment sent to HOSA-Future Health Professionals
- **All other payments throughout the year** - sent to PENN HOSA-Future Health Professionals

### **BEFORE YOU BEGIN THE PROCESS MAKE CERTAIN THAT YOU HAVE:**

1. **your charter # and password**; contact PENN HOSA State Advisor Janet Nelson @ [janetnelsonhosa@gmail.com](mailto:janetnelsonhosa@gmail.com) or 717.273.8605 if you need this information
2. **a list of members and their email addresses if they will be registering volunteer hours for Barbara James Service Award or for donations to the National Service Project**

**NEED ASSISTANCE DURING THE CHAPTER AFFILIATION PROCESS?** Contact PENN HOSA State Advisor Janet Nelson at 717.273.8605 or [janetnelsonhosa@gmail.com](mailto:janetnelsonhosa@gmail.com)

### **DIRECTIONS FOR CHAPTER AFFILIATION:**

1. Access the National HOSA homepage @ [www.hosa.org](http://www.hosa.org)
2. In the blue area, upper right corner of screen, click on: LOGIN
3. In top right of next screen click on: Login
4. Under local chapter advisor fill in the fields of "Charter # and Password"
5. Click on "Log In" **NOTE:** a pop-up in the top left of the screen will ask to save your password; we strongly recommend clicking "yes"; this will prevent you from having to enter your password each time you enter the system
6. Click on "Click to Proceed to Chapter Membership and Conference Registration"
7. Under chapter affiliation click on either of the following statements:
  - a. "Read chapter affiliation instructions" for detailed instructions of the affiliation process
  - b. "Complete the application" to begin affiliation of your chapter members
8. After reading directions on next page click "Next"

9. On Chapter Information complete all fields
- a. Under “Program Type” click on each statement applicable to your chapter
    - i. An explanation is provided with each statement
    - ii. 100% Affiliation - should only be checked if **every student** enrolled in your program will be affiliated @ this time
      1. NOTE: PENN HOSA strongly encourages 100% participation so every student can participate in the many opportunities and benefits offered through HOSA membership
      2. Chapters achieving 100% membership affiliation will be recognized at our PENN HOSA-Future Health Professionals State Leadership Conference (SLC). Remember, an affiliated chapter must have a minimum of five (5) students and one (1) advisor.
  - b. Click “Next”
10. On Billing Information complete all fields **including cell phone** and then click “Next”
11. On Chapter Demographic Information complete appropriate field(s) for the members being affiliated
12. On Membership List – All additions and any deletions are made from this page
- a. At least one(1) advisor MUST be affiliated
    - i. if you are the advisor for more than one chapter **only affiliate with one of the chapters**, otherwise you will be charged the membership fee for each time you are affiliated
  - b. Each affiliated chapter MUST have a minimum of five (5) student members in addition to the advisor
  - c. Additional members may be affiliated at any time of the school year after this initial application
  - d. **To Add New Members** – follow directions in Bullet #1
    - i. Make additions and remember to click “Save All Changes”
  - e. **For continuing members** already listed on this screen, follow directions in Bullet #2
    - i. You may click on each returning members’ name before clicking “Next” in order to edit all returning members at one time
    - ii. **Gender and Race are required fields** for all members so update here as needed
    - iii. **National HOSA is requesting the members’ email addresses for use in registering for some of the Recognition Events, especially Barbara James Service Award and National Service Project**
    - iv. After making changes click “Save All Changes”
  - f. **To Delete a name** from this screen, follow directions in Bullet #3
    - i. Make deletions and remember to click “Save All Changes”



- g. After saving all additions/changes review the membership list to make certain it is correct
  - i. **REMEMBER** – chapters will be expected to pay for the total number of members they affiliate
- h. Carefully check the membership list and if it is exactly the way it is to be submitted for payment, click “Next”

13. Schedule of Affiliation Application Fees lists the total number of HOSA members affiliated for the local chapter and the amount owed for National and State fees (dues)
- a. If this is correct, click “Next”
  - b. If this is not correct, click “Back” and make necessary corrections

14. On the Chapter Affiliation Application Agreement screen are these important reminders:

- a. Double check names on the membership list to ensure that they are spelled correctly & accurate information has been listed
- b. **Make sure that you do not have any duplicate names on the roster** as you cannot delete names from your chapter after they are submitted. [See HOSA Bylaws]
  - i. If the same name appears twice on the roster, the invoice will reflect each name as a separate member and the chapter will be billed accordingly.
  - ii. If a name appears twice and you do not recognize the mistake until after the form has been transferred, please contact your State Advisor, Janet Nelson, @ [janetnelsonhosa@gmail.com](mailto:janetnelsonhosa@gmail.com). She will contact National HOSA on your behalf and request to have the duplicity corrected and the invoice information changed
- c. Verify that HOSA 100 has been checked only if you are affiliating on or before October 15 of the current affiliation year
- d. Verify that 100% Affiliation has been checked only if **all** of your HSE (Health Science Education) students have enrolled in HOSA-Future Health Professionals
- e. Verify that New Chapter has been checked only if your chapter has never previously been assigned a charter number
- f. Chapters may NOT substitute names on the Chapter Affiliation Application once it is submitted



15. After reading the Chapter Affiliation Application Agreement in its entirety, click “Done” one time only. **Please DO NOT click “Done” more than once; doing so will result in duplicate submissions meaning you will be charged more than once for membership fees.**

- a. If you have any questions and are unsure about continuing from this point, please contact your State Advisor at [janetnelsonhosa@gmail.com](mailto:janetnelsonhosa@gmail.com) or call 717.7.273.8605
- b. Clicking “Done” returns you to the Chapter Affiliation Screen

16. Print an invoice for your records **and** for submission to your Business Office

- a. On the Main Menu under Chapter Affiliation click on “View and Print Affiliation Account Statement”



- b. **Invoices are NOT issued by PENN HOSA** thus it becomes the advisor's responsibility to print this invoice for his/her use
- c. Total payment for membership fees of \$16.00 per person, including the Advisor, is **due within 30 days of submitting the membership affiliation** and should be handled as follows:



- i. Make check for **total fees payment payable to: HOSA-Future Health Professionals**
- ii. Include your **charter number, current year & membership fees** somewhere on the check to assist National HOSA in crediting the correct chapter for payment
  - 1. Example: #18000 2016-17 Membership Fees
- iii. **Send check to:** HOSA, Inc. | 548 Silicon Drive, Suite 101 | Southlake, TX 76092

**REMEMBER.....This is the only payment you will send to HOSA**

- 17. Print a list of all chapter members for your records by returning to the Main Menu Chapter Affiliation screen and clicking on "View and Print a Membership Directory"
  - a. Place a copy of this in your HOSA binder for quick reference when checking to see who is an affiliated member; this becomes critical when 1) registering a member for State Leadership Conference (SLC), 2) for an eligible member applying for a Penn HOSA scholarship and 3) for required PDE program re-approval
- 18. Return to Main Menu and click on "Logoff" in upper right hand corner of the screen

***CONGRATULATIONS...you just completed your on-line chapter affiliation process!***

**Thank you for affiliating your chapter with  
PENN HOSA-Future Health Professionals and  
HOSA-Future Health Professionals**