



2019 **HOSA** 2020

Diagnose Your Destiny

Idaho HOSA Heroes 2020

Person Making Nomination: _____

Contact Info: _____

Email: _____

Name of Nominee: _____

Contact Info: _____

Email: _____

Please include a brief bio of nominee, and a headshot

Contributions, Affiliations & Recognitions:

Signature of local HOSA Advisor: _____

Approved by Idaho Board of Directors: YES NO **Date:** _____

Signature of State HOSA President: _____

