



# Health Career Photography Preliminary Round

- Purpose** To encourage HOSA members to analyze different health careers through the use of digital photography, and to use technology in editing and presenting digital pictures.
- Description** In this event, competitors will use digital photography to illustrate various health professions. Competitors will photograph three different health professionals performing an aspect of their job, edit the photos using computer software technology as needed, provide a written description of the career and then may present their three printed pictures to a panel of judges.
- Rules and Procedures**
1. Competitors in this event must be active members of HOSA in good standing in the division in which they are registered to compete (Secondary or Postsecondary/Collegiate).
  2. Competitors must be familiar with and adhere to the "General Rules and Regulations of the HOSA Competitive Events Program (GRR)."
- The Photos**
3. **SUBJECT OF PHOTO:** The main subject of each photo should be a health professional in action. For a sample list of health careers, visit the National Consortium for Health Science Education and Explore Health Careers websites. The health professional needs to be visible and identifiable in the photo and the photos should portray something about the profession or the skills of the professional. By looking at the photo, an observer should be able to clearly tell which health profession is being portrayed. Photos of only medical "procedures" or "body parts" with no supporting career reference, and photos including the competitor **DO NOT** meet the guideline requirements. All photos must be HIPAA compliant.
  4. The selection of the three (3) health professionals to be photographed is at the discretion of the competitor. The pictures must be of three *different* health professionals in three *different* career pathways/clusters (ie, nursing/emergency services/physical therapy instead of dentist/dental technician/dental lab tech). The selected professionals must be willing to share information about their career with the competitor.
  5. Competitors may use software to edit and enhance the digital photographs. Editing and cropping of the pictures is permitted, but adding graphics, backgrounds, photo collages, and other elements to the photo is not permitted.

6. The competitor must submit the photos as a PDF to Illinois HOSA at [illinoishosa32+healthcareerphotography@gmail.com](mailto:illinoishosa32+healthcareerphotography@gmail.com) :
  - a. Page 1 - A cover sheet (a plain, white 8 x 11 sheet of paper) must include the event name, competitor's name, HOSA division, chapter, school and state.
  - b. Page 2 - Photo #1. Photo must be 8" X 10". Competitors may write the photo number (#1) in the corner of the photo and/or label the front of the sheet protector.
  - c. Page 3 - Photo #1 Narrative Description. One-page typed, narrative description about the professional in the photo, career pathway/cluster involved, and labeled with the competitor's name, photo number, division, chapter, and state.
  - d. Page 4-5 - Photo #1 Permission Forms. The permission forms found at the end of these guidelines need to be included specific to photo #1. A facility permission form AND a patient/subject permission form must be included behind each photo's narrative description. If photos are taken in same facility, copies should be placed behind each photo narrative.
  - e. Pages 6-9 - Photo #2, Narrative & Permission forms (or copies), following rules d-f above.
  - f. Pages 10-13 - Photo #3, Narrative & Permission forms (or copies), following rules d-f above.
  - g. 2state and international competition. At each level of competition, you must follow the guidelines and turn in the materials indicated. They will NOT be mailed from State to International competition.
  - h. The portfolio must be submitted in English for judging.
7. In the event of a tie in round one, a tie- breaker will be determined by the highest score on items listed, in order, on the rating sheet. In the event of a tie in round two, a tie breaker will be determined by the areas on the rating sheet section(s) with the highest point value in descending order.

## HEALTH CAREER PHOTOGRAPHY PERMISSION FORMS

### Instructions

The facility and subject permission forms should be included in the photo notebook/portfolio as described in step #6 of these guidelines. A separate facility permission form should be included for each photo. If there is more than one subject in a photo, each subject needs to sign the permission form on page 11 of these guidelines. These forms should follow each photo narrative.

Before taking any photos, the competitor should contact the communications and marketing department of the facility in which they plan to take the photo(s). The competitor should seek permission to take photographs at the facility, explaining the purpose and showing the Health Career Photography event guidelines. Some facilities may require the HOSA member to complete their own permission form, which will remain with the facility, but a copy should be obtained and submitted with HOSA event documents. If photos taken in same facility, original should be placed behind 1<sup>st</sup> photo used, with copy of form placed behind additional photos.

Once permission has been granted by the facility, competitors must then obtain permission from all people (subjects) visible in the photo, in accordance with HIPAA.

Pages 10-11 of these guidelines contain the permission forms for the facility and the patient/subject(s).

## HEALTH CAREER PHOTOGRAPHY - PERMISSION FORMS

Photo #(s) \_\_\_\_\_ Competitor Name \_\_\_\_\_

*If multiple facilities are used for the three photos, each facility needs a permission form completed.*

### Facility Photo Permission Form

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Date(s) Photos Were Taken at the Facility: \_\_\_\_\_

Did this facility have their own permission forms they required the competitor to complete:

YES or NO? (*circle one*) If yes, attach a copy of that permission form to this page.

Name of Authorized Representative from Facility, stating permission was granted for the competitor to take photos at the facility:

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature of Authorized Facility representative: \_\_\_\_\_

Date signed: \_\_\_\_\_

## HEALTH CAREER PHOTOGRAPHY - PERMISSION FORMS

### Patient/Subject Photo Release Form

*Each photo, and each patient/subject needs a permission form completed.*

Photo # \_\_\_\_\_ Competitor Name \_\_\_\_\_

I understand that, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I have received, read, and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information.

I hereby authorize HOSA-Future Health Professionals and those acting pursuant to its authority to:

- (a) Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium.
- (b) Use my name in connection with these recordings.
- (c) Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD - ROM, Internet/www) these recordings for any purpose that HOSA-Future Health Professionals, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I will allow these photos to be shared with other professionals and patients strictly in an educational setting. HOSA-Future Health Professionals will have permission to use these photos in the manner described above unless I request it to no longer use them. I waive any right that I may have to inspect and approve the finished product that may be used or the use to which it may be applied now and/or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image or product.

A written request form is available to do so. I understand that by allowing HOSA-Future Health Professionals to use my photos, they are able to share "before and after" images to educate and explain procedures, possible results of the treatment, and career information. I understand that I have the option to decline this request, and am not obligated in any way to provide permission to use these photos.

I will allow HOSA-Future Health Professionals to share my digital patient photos with other professionals and students in an educational setting. I release and agree to hold harmless HOSA-Future Health Professionals and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of HOSA-Future Health Professionals. I have read and fully understand the terms of this release.

Please check one option below:

- Full Photo Series
- Close up photos only (no full face)

Subject Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## HEALTH CAREER PHOTOGRAPHY JUDGES ROUND 1 RATING SHEET - THE PHOTOS

Section \_\_\_\_\_

Division:      SS      PS/C

Competitor # \_\_\_\_\_

Signature: \_\_\_\_\_

Judge's \_\_\_\_\_

	Items Evaluated	Points Possible						Points
		_____						
	No partial points are given in Section A. All seven items <u>must</u> be completed to receive 45 points. If any portion is missing, Section A is scored a 0.							
A.	<p><b>POINTS FOR FOLLOWING GUIDELINES:</b></p> <ul style="list-style-type: none"> <li>* Photos DO NOT include graphics, backgrounds, or other elements added to them in accordance with rule #5.</li> <li>* Photos are of three <i>different</i> health professionals in three <i>different</i> health career pathways/clusters.</li> <li>* A .jpg copy of EACH photo was uploaded to STEM Premier by the published deadline.</li> <li>* Photos are numbered 1-3</li> <li>* Narrative description (one page only) is included after each photo.</li> <li>* Permission forms for facility/subject are included after each narrative.</li> <li>* Cover sheet contains competitor's name, division, chapter and state.</li> </ul>	45				0		
	<b>PHOTO #1</b>							
	A. Has a clear center of interest, a clearly defined subject (health professional) performing an aspect of their job. The health professional is clearly visible and identifiable in the photo.	10	4	3	2	1	0	
	B. Proper exposure (colors, brightness and lighting) and focus.	5	4	3	2	1	0	
	C. Photo is an action shot that is interesting and tells a story. It is NOT merely a "procedure" or "body part" - the health profession is clearly depicted.	5	4	3	2	1	0	
	D. Originality, creativity and emotion - there is something unique about the photo that makes it memorable.	10	4	3	2	1	0	
	E. Narrative Description -strong; contains few, if any, errors in grammar or spelling.	5	4	3	2	1	0	

PHOTO #2							
	A. Has a clear center of interest, a clearly defined subject (health professional) performing an aspect of their job. The health professional is clearly visible and identifiable in the photo.	10	4	3	2	1	0
	B. Proper exposure (colors, brightness and lighting) and focus.	5	4	3	2	1	0
	C. Photo is an action shot that is interesting and tells a story. It is NOT merely a "procedure" or "body part" - the health profession is clearly depicted.	5	4	3	2	1	0
	D. Originality, creativity and emotion - there is something unique about the photo that makes it memorable.	10	4	3	2	1	0
	E. Narrative Description -strong; contains few, if any, errors in grammar or spelling.	5	4	3	2	1	0
PHOTO #3							
	A. Has a clear center of interest, a clearly defined subject (health professional) performing an aspect of their job. The health professional is clearly visible and identifiable in the photo.	10	4	3	2	1	0
	B. Proper exposure (colors, brightness and lighting) and focus.	5	4	3	2	1	0
	C. Photo is an action shot that is interesting and tells a story. It is NOT merely a "procedure" or "body part" - the health profession is clearly depicted.	5	4	3	2	1	0
	D. Originality, creativity and emotion - there is something unique about the photo that makes it memorable.	10	4	3	2	1	0
	E. Narrative Description -strong; contains few, if any, errors in grammar or spelling.	5	4	3	2	1	0
<b>TOTAL POINTS</b>		<b>150</b>	-----				<b>0</b>