



Intern Request Form

Please complete and sign, then fax to OSC at 916-363-7432

EXTERNSHIP LOCATION INFORMATION
Manager/Owner Name
Company Name
Location/Address

PROJECT DEFINITION	
<i>Estimated Project Duration Period:</i>	<i>Desired Start Date:</i>

SKILLS REQUIRED					
		Necessary	Preferred		
<u>General Office</u>				<u>Medical</u>	
Customer Service		<input type="checkbox"/>	<input type="checkbox"/>	Billing	<input type="checkbox"/>
Phones (Incoming/Outgoing)		<input type="checkbox"/>	<input type="checkbox"/>	Claims Coding	<input type="checkbox"/>
Typing/data entry		<input type="checkbox"/>	<input type="checkbox"/>	<u>Web/Graphics</u>	
Mailing/mass emailing		<input type="checkbox"/>	<input type="checkbox"/>	PhotoShop	<input type="checkbox"/>
<u>Mailing/mass emailing</u>				InDesign	<input type="checkbox"/>
Word		<input type="checkbox"/>	<input type="checkbox"/>	Dreamweaver	<input type="checkbox"/>
Excel		<input type="checkbox"/>	<input type="checkbox"/>	Macromedia Flash	<input type="checkbox"/>
Access		<input type="checkbox"/>	<input type="checkbox"/>	MS Publisher	<input type="checkbox"/>
Power Point		<input type="checkbox"/>	<input type="checkbox"/>	QuarkXpress	<input type="checkbox"/>
Outlook		<input type="checkbox"/>	<input type="checkbox"/>	<u>IT Technical</u>	
<u>Accounting</u>				System Upgrades	<input type="checkbox"/>
QuickBooks		<input type="checkbox"/>	<input type="checkbox"/>	Troubleshooting	<input type="checkbox"/>
Accounts Payable		<input type="checkbox"/>	<input type="checkbox"/>	Networking	<input type="checkbox"/>
Accounts Receivable		<input type="checkbox"/>	<input type="checkbox"/>	Asset Management	<input type="checkbox"/>
Additional Comments/ qualifications needed:					

VERIFICATION OF REVIEW	
<i>By signing this form, you confirm that you are interested in accepting an intern from OSC. Signing this form does not necessarily indicate that you will employ an intern in the future.</i>	
Manager Signature	Date