360training.com Medical Transcription Jump Start Internship Disclosure and Acknowledgement Agreement

I wish to participate in the Jump	Start Internship Program under the following terms:	
	Medical Transcription Training program and have qualified to participage at least an average of 90% on my 2-part Medical Transcription: Theo	•
Intern's First and Last Name		
Street/Physical Address 1		
Street Address 2		
City State 7in		

General Terms and Conditions of Participation

- Upon program acceptance the student's name will move to the active waiting list.
- The process time includes the volume of students on the active waiting list and the availability of editors. This number is variable and an exact placement time cannot be given. When an opening becomes available you will be contacted.
- The Internship program duration ranges from 2 to 4 months in length. The completion date will be determined at the MTSO's (Medical Transcription Service Owner) discretion, but is typically concluded in close to 3 months.
- The internship is an unpaid one. The intern will transcribe reports for a client. The work will be proofed by QA and feedback will be provided on all reports. All feedback must be reviewed and applied to future transcription reports. If you do not meet these expectations, 360training.com and/or the MTSO client company reserve the right to cancel your participation in the program.
- The Internship requires a minimum participation of 20 hours per week, which may include weekends, as needed and as prescribed by the MTSO client. There is no obligation on the part of the MTSO client or 360training.com to employ, provide a contract, or referral to the student in conjunction with the Internship. During the Internship program, the MTSO company may terminate the student for failure to follow specific instructions, to comply with designated report formats, transfer protocols, and/or other transcription errors, and/or failure to meet prescribed turnaround requirements.

Other conditions:

Day Phone

Student's E-mail Address

 The student may be required to purchase a medical/pharmaceutical spell checker, medical dictionary, or AHDI Book of Style current edition. It is advisable to purchase the Stedman's Word book for whatever specialty you will be transcribing. It is also advisable to obtain a copy of the Quick Look Drug book in hard copy form or CD from Stedman's.

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Signature Page

ntern Student Participant Signature		Date	
Print Full Name:			
Physical Address:			
City:	State:	Zip Code:	
Home Phone:	ALT Phone:		
Email Address:			

360training.com 13801 North Mopac, Suite 100 Austin, Texas 78727

Phone: 801-771-1900/512-861-0209 or Toll Free: 877-335-4072

Fax: **512-628-7629**

Email: ctp.support@360training.com

If you have any questions, need more specifics, or are not sure if you qualify, please contact your instructor.

Please fax completed form to: 512-628-7629 or scan and email to ctp.support@360training.com (Include your name and email address with all faxed or scanned documents.)

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