



**Community Pharmacies of Indiana  
McKesson Student Intern Assistance Program – Summer 2012  
Employer’s Request Form**

**Store Information**

Store Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Store Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website Address: \_\_\_\_\_

**Could you assist in finding housing for student if requested?**     Yes     No

Years in Business: \_\_\_\_\_ Number of Pharmacists on Staff: \_\_\_\_\_ Approximate Number of Scripts per Day: \_\_\_\_\_

Specialty of Practice at this Location:

Compounding       Disease Management (describe): \_\_\_\_\_

Other (explain): \_\_\_\_\_

**Request for Summer Intern Support**

Subsidy per worker/hr	x	Average hrs/wk	x	# of weeks	=	Amount of CPI support requested
\$3.00						

**Support may be granted for a maximum of 12 weeks at 40 hours per week (480 hours).**  
Employer is responsible for all withholding and other applicable taxes.

**HOUSING** *(optional)*

If needed, housing is available for the summer intern. Is the housing (*circle one*) *Free* *Affordable Rent*

**NOTICE:** This request must be signed and accepted by the CPI board before hiring the student. Student names and contact information will be sent to qualifying stores. The store is responsible for verifying student intern License status upon hiring the student.

Authorized Representative of the Employer: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE BE SURE TO THANK MCKESSON FOR THEIR GENEROUS  
SUPPORT OF THE SUMMER INTERN ASSISTANCE PROGRAM**

**Community Pharmacies of Indiana (CPI)**  
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