

# THE UNIVERSITY OF TEXAS AT SAN ANTONIO

## PROSPECTIVE AFFILIATION AGREEMENT

### Agency / Facility Information Sheet

*This information collected on this sheet will be used to complete a formal agreement with your institution.*

Today's Date:   3   /   2   /   2020  

Agency Name: Applied Biomechanics Research Laboratory

Address: MS2.02.36

Phone Number: N/A

Email address: Sakiko.oyama@utsa.edu

1. Please briefly describe the scope of your facility/agency's work. Printed brochures or fact sheets explaining your organizational goals may be attached.

Applied Biomechanics Research Lab is a research lab located on UTSA campus. The lab is equipped with motion capture system, force plates, EMG, and dynamometers that are used for analysis of movement and physical characteristics.

2. Indicate the most appropriate person(s) to contact within your facility/agency regarding internship possibilities.

Name: Sakiko Oyama

Phone #210 458-5435

Email: [Sakiko.oyama@utsa.edu](mailto:Sakiko.oyama@utsa.edu)

Title/Responsibility: Lab director

Office Address: MB3.416

Type of Company (LLC, Non-for Profit, etc.):

3. Briefly describe the internship experiences available with your facility/agency.

Interns will assist Dr.Oyama with her research activity. The tasks may include data entry, data processing, data collection, literature review, and conducting pilot testing in the lab.

4. Are there any restrictions to an internship that the student or university should be aware of? Will this be a paid position?

Whether the interns get paid or not will vary from semester to semester, based on the availability of grant support.

5. Is your organization a HIPPA covered agency? YES \_\_\_\_\_ NO x

6. Do you require background checks for the interns? Yes \_\_\_\_\_ NO x

7. Are you available for Fall 20 hrs/wk X , Spring 20 hrs/wk X, and Summer 30 hrs/wk X?