

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: _11_/_06_/_19__

Agency Name: Catalyst Physical Therapy

Address: 2010 NW Military Hwy, San Antonio, TX 78213

Phone Number: 210-308-5558

Email address: roxanne@catalystptsa.com

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

Advanced outpatient orthopedic clinic specialized in multidisciplinary Osteopractic techniques to achieve faster results for patients.

<https://catalystptsa.com/>

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

Name Roxanne Casiano Title/Responsibility Operations Manager

Phone # 210-308-5558 Office Address: 2010 NW Military Hwy, San Antonio, TX 78213

Email: roxanne@catalystptsa.com Type of Company (LLC, Non-for Profit, etc.): LLC

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

- Patient Interaction
- Comprehension of anatomy and physiology
- Assisting with therapeutic exercises
- Treatment modalities

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

There are no current restrictions. This is a paid position