

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 / 7 / 2019

Agency Name: Diabetes and Metabolism Specialists

Address: 4118 Pond Hill Road, Bldg 3, Shavano park, TX 78231

Phone Number: 210-494-3739 ext 105

Email address: smcknight@diabetesandmetabolism.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.

This can be found on our website at www.diabetesandmetabolism.com

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

We only do case by case, this is not something we want to do ongoing.

Name Shila McKnight Title/Responsibility COO, Practice Manager
Phone # 210-494-3739 ext 105 Office Address: 4118 Pond Hill Road, Bldg 3, Shavano park, TX 78231

Email: smcknight@diabetesandmetabolism.com

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

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

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

No restriction, not a paid position

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

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

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

Again, this is a case by case, this is not something we want to do ongoing.