

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: 07/24/18

Agency Name: Medical Center Physical Therapy, Inc.

Address: 10130 Huebner Rd. San Antonio, TX 78240

Phone Number: 210-692-7070

Email address: rubin@medcenter.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.
Provides physical therapy services to individuals seeking rehabilitation post-surgery or the prevention of surgery through treatment and strengthening exercises. Also administers work conditioning, work hardening, and chronic pain programs.
2. Indicate the most appropriate person(s) to contact within your facility/agency regarding internship possibilities.

Name: Larry Rubin

Title/Responsibility: Office Manager

Phone #: 210-692-7070

Office Address: 10130 Huebner Rd. San Antonio, TX 78240

Email: rubin@medcenter.com

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

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

Interns will learn the tasks and responsibilities of a physical therapy technician such as Administrative duties and various 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?
No/No
5. Is your organization a HIPPA covered agency? YES _____ NO _____
6. Are you available for Fall 20 hrs/wk ___ YES _____, Spring 20 hrs/wk ___ YES _____, and Summer 30 hrs/wk ___ YES _____?