

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: 4 / 7 / 2020

Agency Name: Kerrville Pediatrics

Address: 1331 Bandera Hwy, Suite 10 Kerrville, TX 78028

Phone Number: 830-257-1440

Email address: conniew56@msn.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.

Pediatric health care clinic.

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

Name: Connie Whiting

Title/Responsibility: Practice Manager

Phone #: _____

Office Address: 1331 Bandera Hwy, Suite 10 Kerrville, TX 78028

Email: conniew56@msn.com

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

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

- Vitals on patients
- Documenting clinic visits
- Medical record keeping
- Phone calls to parents

4. Do you want to be listed on the HCAP Internship website?

<https://hcap.utsa.edu/kinesiology/current-students/internships/>

Yes.

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

No.

6. Is your organization a HIPPA covered agency? YES X NO _____

7. Do you require background checks for the interns? Yes _____ NO X

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