

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: **08/15/18**

Agency Name: **Champion Pediatric Therapy**

Address: **20818 Gathering Oak Suite 106, San Antonio, TX 78260**

Phone Number: **210-858-5006** Email address: **natalie@championpediatrictherapy.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 Therapy Outpatient Clinic – OT, PT, ST, ABA

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

Name **Natalie Garcia** Title/Responsibility CEO Phone # **210-858-5006**
Office Address: **20818 Gathering Oak Suite 106, San Antonio, TX 78260**
Email: natalie@championpediatrictherapy.com
Type of Company (LLC, Non-for Profit, etc.): **LLC**

3. Briefly describe the internship experiences available with your facility/agency.
Run office/ Scheduling processes, direct interactions with patients and families; Assist therapists; Clinic maintenance

4. Are there any restrictions to an internship that the student or university should be aware of? Will this be a paid position? **No restrictions and No pay**

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

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

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