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__/__14__/__19__

Agency Name: Momentum Physical Therapy & Sports Rehab

Address: WEBSITE http://www.WeGetYouHealthy.com

Phone Number: 210-782-8555

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

Outpatient physical therapy services, mainly orthopedic setting.
WEBSITE: http://www.WeGetYouHealthy.com

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

REFER TO THE WEBSITE & CONTACT EACH CLINIC DIRECTOR INDIVIDUALLY AT THE LOCATION YOU PREFER.

Name_________________Title/Responsibility______________________________
Phone # 210-782-8555 Office Address:
Email:_________________Type of Company (LLC, Non-profit, etc.): __________

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

Work with both Physical Therapists and Physical Therapy Assistants

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

No/Not paid

5. Is your organization a HIPPA covered agency? YES____X____ NO _______

6. Do you require background checks for the interns? Yes_______ NO_______

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