

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-for 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 ?