

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: 03/23/19

Agency Name: Snowden Orthopedic and Occupational Rehabilitation

Address: 12758 Cimarron Path Suite 126 San Antonio, TX 78249

Phone Number: 210-615-8844

Fax: 210-615-6959

Email address: snowdenrehab@sbcglobal.net

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, musculoskeletal injuries, return to work evaluations/programs, & aquatic therapy. Entrepreneurial business owned & operated by our Physical Therapist with greater than 30 years of experience.

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

Name: Anne Armstrong/ Thomas Washington Title/Responsibility: Office Manager/ Owner

Phone #: email preferred**

Office Address: 12758 Cimarron Path Suite 126 San Antonio, TX 78249

Email: snowdenrehab@sbcglobal.net

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

Observe and participate with outpatient physical therapy treatment/services. Observation of physical therapy evaluations. Participation in administrative responsibilities – billing, collections, & marketing.

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

Unpaid position but we have hired some of the graduating interns for PRN work following completion of internship.

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

6. Do you require background checks for 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?