

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: 3 / 23 / 19

Agency Name: Specialized Fitness Inc.

Address: 210 E Ramsey Rd, San Antonio, TX 78216

Phone Number: (210) 745-0700

Email address: specializedfit@mindspring.com

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

Personal Training Studios
Programs
Evaluation of individuals
Instruction

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

NAME: Damian Cortez
TITLE/RESPONSIBILITY: Owner/Director
PHONE#: 210-745-0700
Office Address: 210 E Ramsey Rd. San Antonio TX 78216

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

Assessment, evaluation, and instruction for personal training.

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. No compensation

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

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?