

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: 8/29/18

Agency Name: TSAOG Orthopedics

Address: 84 NE Loop 410, Ste #184; San Antonio, Texas 78216

Phone Number: 210-804-5400

Email address: srodriguez@tsaog.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.

Providing the highest quality orthopaedic, medical and surgical care to the San Antonio and South Texas community.

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

Name: Sara Rodriguez Title/Responsibility Talent Acquisition Specialist
Phone #: 210-804-5488 Office Address: 84 NE Loop 410, Ste #184; San Antonio, Texas 78216 Email: srodriguez@tsaog.com
Type of Company (LLC, Non-for Profit, etc.): Private, Physician Owned

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

Physical therapy, Medical Assistant, Radiology, MRI

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

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 X, Spring 20 hrs/wk X, and Summer 30 hrs/wk X?