

**Mercer County Community College
Physical Therapist Assistant Program**

CLINICAL SITE INFORMATION FORM

Name of Clinical Site:	
If certified or accredited, by whom?	i.e. JCAHO, CARF, etc

	Director of Physical Therapy	Center Coordinator of Clinical Education (CCCE)
Name:		
Title: PT or PTA		
Phone:		
Fax:		
Email:		

PRIMARY CLINICAL SITE

Address:	
Phone:	
Fax:	
# of PTs / # of PTAs:	

Mark the category that best describes this location:

	Acute/inpatient hospital		Outpatient		School
	Subacute/SNF		Acute rehabilitation		Other:

If the health care practice has multiple sites, please complete the following table(s) for each of the sites. Where information is the same as the primary clinical site, indicate "SAME." If more than three sites, copy, and paste additional sections of this table before entering the requested information.

CLINICAL SITE #2

Address:	
Phone:	
Fax:	
# of PTs / # of PTAs:	

Mark the category that best describes this location:

<input type="checkbox"/>	Acute/inpatient hospital	<input type="checkbox"/>	Outpatient	<input type="checkbox"/>	School
<input type="checkbox"/>	Subacute/SNF	<input type="checkbox"/>	Acute rehabilitation	<input type="checkbox"/>	Other:

CLINICAL SITE #3

Address:	
Phone:	
Fax:	
# of PTs / # of PTAs:	

Mark the category that best describes this location:

<input type="checkbox"/>	Acute/inpatient hospital	<input type="checkbox"/>	Outpatient	<input type="checkbox"/>	School
<input type="checkbox"/>	Subacute/SNF	<input type="checkbox"/>	Acute rehabilitation	<input type="checkbox"/>	Other:

<p>What method of assignment is used to fill the role of clinical instructor? Assignment / Volunteer</p>			
<p>Does the facility provide an orientation for the student? If so, is it a formal orientation or informal?</p>			
<p>Is there a parking cost for the facility? If so, what is the cost to park?</p>			
<p>Is there a facility dress code for students?</p>			
<p>Are there any additional requirements that the facility has for students?</p>			
<p>Name of Person who completed this form:</p>		<p>Date:</p>	

<p>Reviewed By PTAP Faculty Member:</p>	<p>Date:</p>