

Mercer County Community College  
Physical Therapist Assistant Program

**CONTACT SUMMARY**  
**PTA 224 PTA Clinical Education I**  
**Due Monday, November 5, 2018**

**Learner Information**

Learner Name	
Learner Address	
Learner Telephone(s)	
Learner E-mail	

**Clinical Site Information**

Facility Name	
Facility Address	
Clinical Instructor Name & Title	
Facility Phone Number where YOU will be:	
Hours	Mon: Tues: Wed: Thur: Fri: Sat: Sun:
Required Attire	
Directions to the Facility FROM YOUR HOUSE	Do you know how to get there? Is there a landmark your CI shared or special parking/entry instructions?
Other Special or pertinent information	

**MAKE A COPY OF THIS FORM AFTER YOU HAVE FILLED IT OUT. KEEP A COPY FOR YOURSELFL.**