

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

**CONTACT SUMMARY  
PTA 235 PTA Clinical Education II  
Due Thursday, March 14, 2019**

**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	
Other Special or pertinent information	

*Notes: (from your conversation with the CCCE or CI)*

---

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