

**Mercer County Community College
 Physical Therapist Assistant Program
 1200 Old Trenton Road
 West Windsor, NJ 08550
 Phone 609-570-3478**

**Clinical Education
 Attendance Verification Form**

**Clin Ed III (PTA 240)
 240 Hours Required**

Learner Name: _____

Clinical Instructor Name: _____

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours	Student Initials	CI Initials
19	20	21	22	23	24	25			
26	27 HOLIDAY	28	29	30	31	1			
2	3	4	5	6	7	8			
9	10	11	12	13	14	15			
16	17	18	19	20	21	22			
23	24	25	26	27	28	29			
30	1	2	3 Paperwork due today by noon	4	5	6			

When the affiliation is complete, please sign below:

Learner Signature: _____

Date: _____ **Total Hours:** _____

CI Signature, Title, Lic #: _____

Date: _____