

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

**Learner Profile  
PTA 240 Clinical Education III (Summer)**

<b>Name Printed</b>	
<b>Address where correspondence should be sent</b>	
<b>Home Telephone</b>	
<b>Cell Phone</b>	
<b>E-Mail address</b>	

By signing below, I agree to allow the personal information that I have filled out above to be sent to the clinical facilities in which I have been assigned for completion of the physical therapist assistant program. I am aware that the facility and/or my clinical instructor (CI) may use the information provided above to contact me prior to and during my clinical affiliation.

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Signature

Date

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1. What are my objectives for this clinical affiliation?
2. How do I learn best (ie. what is my learning style)?
3. How do I best receive feedback?
4. What previous experiences have I had that I would like my clinical instructor to know? (ie. as a patient, rehab aid, volunteer, previous clinical affiliations)
5. Is there anything else that I want my clinical instructor to know?