## CONTACT SUMMARY PTA 224 PTA Clinical Education I Due Monday, November 4, 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		uired Attire		
Directions to the Facility FROM YOUR HOUSE		1 YOUR	Do you know how to get there? Is there a landmark your shared or special parking/entry instructions?	CI
Oth	ner Special or pertinent i	nformation		

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