Mercer County Community College Physical Therapist Assistant Program

CONTACT SUMMARY PTA 235 PTA Clinical Education II Due Tuesday, March 10, 2020

Learner Information

Learner Name

Learner Address

Motes: (from your conversation with the CCCE or CI)

	Learner Telephone(s)			
	Learner E-mail			
Clinical Site Information				
Facility Name				
Facility Address		acility Address		
Clinical Instructor Name & Title				
Facility Phone Number where YOU will be				
Hours		Hours	Mon:	
			Tues:	
			Wed:	
			Thur:	
			Fri:	
			Sat:	
			Sun:	
	R	equired Attire		
Dire	ctions to the Facility FROM	YOUR HOUSE		
	Other Special or pertine	nt information		

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