

**Mercer County Community College  
Physical Therapist Assistant Program  
Clinical Instructor Survey**

Information from this brief survey assists us in assessing clinical education experiences, identifying trends, and responding to the Commission on Accreditation in Physical Therapy Education. Please complete this form and return it with the student performance evaluation. Thank you.

**Clinical Instructor Data:**

Name:	
Date:	
Clinical Facility:	
Number of years in clinical practice:	
Number of years as a clinical instructor:	
Number of PT and PTA students supervised within the last 12 months:	

**Clinical Instructor Educational Profile:**

Highest Degree Earned (please circle)	AAS, BS, entry level MS, postprofessional MS, DPT, DScPT, PhD, EdD, Other:_____	
Are you an APTA Credentialed Clinical Instructor?	Yes / No	
Do you have ABPT Specialty Certification?	Yes / No	If yes, list area:
Have you earned other advanced certification?	Yes / No	If yes, list area:

**Professional Activities:**

**Please indicate which of the following you have been active in within the last 3 years.**

\_\_\_ Teaching (inservices, continuing education courses, community wellness/prevention)

Topic(s):\_\_\_\_\_

\_\_\_ Research. Area:\_\_\_\_\_

\_\_\_ Attendance at district/state/national meetings

**Educational Activities:**

\_\_\_ Continuing Education Courses

\_\_\_ I-services

\_\_\_ Graduate Education

\_\_\_ Case Studies

\_\_\_ Literature Reviews

\_\_\_ other\_\_\_\_\_

(2 sided)

**Feedback for ACCE:**

1. Is the communication with the ACCE and PTA Program at Mercer County Community College sufficient?  
\_\_\_\_\_yes \_\_\_\_\_no
2. Is the communication with the ACCE and PTA Program at Mercer County Community College effective?  
\_\_\_\_\_yes \_\_\_\_\_no
3. Did the student packet(s) sent prior to this clinical affiliation contain adequate and appropriate information to fulfill the role of Clinical Instructor effectively? \_\_\_\_\_yes \_\_\_\_\_no
4. Did the ACCE provide sufficient and appropriate support for any questions/concerns prior to and during this clinical affiliation? \_\_\_\_\_yes \_\_\_\_\_no \_\_\_\_\_n/a

**THANK YOU SO MUCH FOR YOUR FEEDBACK. THIS INFORMATION WILL BE USED TO  
IMPROVE THE CLINICAL EDUCATION PORTION OF THE PTA PROGRAM!!**