

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

**PTA 224: PTA Clinical Education I
Learner Profile**

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

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.

Signature

Date

