

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

**CONTACT SUMMARY
PTA 240 PTA Clinical Education III
Due Friday, April 24, 2020**

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 | |
| Directions to the Facility FROM YOUR HOUSE | |
| Other Special or pertinent information | |

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

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