

**Addendum**

**Removal of Alternate or Additional Supervisor  
Clinical Assistant (Full) Class - Contract of Supervision**

I am currently a signatory to the Contract of Supervision approved by the Registrar on \_\_\_\_\_ between \_\_\_\_\_ Primary Supervisor and \_\_\_\_\_, Clinical Assistant.

I hereby provide notice that I will be terminating my role as

- Alternate Supervisor**
- Additional Supervisor**

for \_\_\_\_\_ effective \_\_\_\_\_.

This is to serve as an addendum to the Contract of Supervision. As such, once this addendum is confirmed by the Registrar it shall form part of the Contract of Supervision.

\_\_\_\_\_  
**Name (*print*)**

\_\_\_\_\_  
**Name (*sign*)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Primary Supervisor (*print*)**

\_\_\_\_\_  
**Primary Supervisor(*sign*)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Clinical Assistant (*print*)**

\_\_\_\_\_  
**Clinical Assistant (*sign*)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

**ANNA M. ZIOMEK, M.D., REGISTRAR  
The College of Physicians & Surgeons  
of Manitoba**

**APPROVED AT WINNIPEG, MANITOBA, ON \_\_\_\_\_**