

Addendum

Addition of Alternate or Additional Supervisor Physician Assistant (Full) Class - Contract of Supervision

I, _____, a member of the College of Physicians and Surgeons of Manitoba ("the College") hereby acknowledge and agree that:

1. I have read and understand the Contract of Supervision between _____, Physician Assistant, and _____, Primary Supervisor, including the Practice Description referenced therein, all of which was approved by the Registrar on _____ (hereinafter the "Contract of Supervision").
2. This is to serve as an addendum to the Contract of Supervision. As such, once this addendum is approved by the Registrar it shall form part of the Contract of Supervision.
3. The purpose of this addendum is to add my name as a signatory to the Contract of Supervision such that I may act as an
 Alternate Supervisor
 Additional Supervisor
in accordance with the Contract of Supervision.

Name (*print*)

Name (*sign*)

Date

Primary Supervisor (*print*)

Primary Supervisor(*sign*)

Date

Physician Assistant (*print*)

Physician Assistant (*sign*)

Date

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

APPROVED AT WINNIPEG, MANITOBA, ON _____