

Addendum

**Removal of Alternate or Additional Supervisor
Physician 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 _____, Physician 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 (<i>print</i>)	Name (<i>sign</i>)

Date	
_____	_____
Primary Supervisor (<i>print</i>)	Primary Supervisor(<i>sign</i>)

Date	
_____	_____
Physician Assistant (<i>print</i>)	Physician Assistant (<i>sign</i>)

Date	

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

APPROVED AT WINNIPEG, MANITOBA, ON _____