

**Addendum to Remove an Addition 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

effective _____ (date).

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

Primary Supervisor (*print*)

Primary Supervisor(*sign*)

Date

Clinical Assistant (*print*)

Clinical Assistant (*sign*)

Date

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

APPROVED AT WINNIPEG, MANITOBA, ON _____