

**Addendum to Remove an 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**

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 (<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 _____