

Form 2

CERTIFICATE OF SUPERVISING DENTURIST

I, \_\_\_\_\_, L.D., of the \_\_\_\_\_ of \_\_\_\_\_  
in the Province of Manitoba, certify that the applicant, \_\_\_\_\_,  
has been an intern employed by me since \_\_\_\_\_ and has  
satisfactorily completed the internship requirements set out in the *Denturists Regulation*.

Signature: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_