



## **Training Log**

### **MGD Part I Examination – Clinical Practice (CP) Training Modules**

Name of Mentor: .....

Name of Trainee: .....

Trainee No.: .....

This is to certify that the Trainee has presented his / her attendance certificates in the Membership in General Dentistry training program and fulfils the requirements of ..... lectures and ..... workshops on Clinical Practice Training Modules.

Signature of Mentor

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Date: ..... / ..... / 2019