



Training Log

MGD Part I Examination – Logs of Clinical Experience (LCE)

Name of Mentor:

Name of Trainee:

Trainee No.:

This is to certify that the Trainee has presented his / her Logs of Clinical Experience on

..... / / 2019 Case History 1 - Red

..... / / 2019 Case History 2 - Blue

..... / / 2019 Case History 3 - Green

..... / / 2019 Case History 4 - Black

and advice was given according to 'A Candidate Guide to MGD Examination'.

Signature of Mentor

Date: / / 2019