



Training Log

MGD Part II Examination - Essential of Dental Practice Modules and Supervised Dental Practice Program 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 Essential of Dental Practice Modules and Supervised Dental Practice Program Modules.

Signature of Mentor

Date: / /