Date: .....

TO: Sue Gibbons, Administrator, NZSSD: nzssd101@gmail.com

I am a current member of The New Zealand Society for Anaesthesia and Sedation in Dentistry Inc, hold a certificate in intravenous sedation, and confirm that the following dentist has observed **three (3)** IV sedation cases with me as their mentor:

..... *(dentist's name)*

..... *(mentor's name)*

..... *(mentor's signature)*

Note: After we receive this letter we will email an SST login. Please email us once your dentist's SST is completed and we will send a certificate to the following address:

Address: .....

.....

City:* ..... Post Code:* .....

Dentist's email (for SST login): .....

Your email (for observing dentist's SST): .....

.....

Other Relevant Information: .....

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