



Texas Osteopathic Postdoctoral Training Institutions

OMM TRAINING LETTER OF ATTESTATION

I attest that I have viewed the approved Texas OPTI OMM training DVDs. I will seek to incorporate osteopathic principles into my practice when appropriate, thereby fulfilling the Osteopathic Postdoctoral Training Institution requirements of my program.

Topics Covered / Date of Viewing

Institution / Name of Program

First and Last Name (Printed)

First and Last Name (Signed)

Please complete this form and mail or fax it to:

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