



## Treating Therapist Training Attestation

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By my dated signature below, I verify that I have completed the I-ACQUIRE Treating Therapist Training via one of the following mechanisms (select one):

- I received training at the I-ACQUIRE Treating Therapist Meeting
  - I have reviewed the I-ACQUIRE Treating Therapist Training slides/video
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PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

*After completion, upload this form to WebDCU™*