

Signatures in Support of Pursuing Specialization for Vestibular Rehabilitation

Printed Name & Credentials	Signature	Position Title	Address (Home or Work)	Place of Practice
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Instructions: Signatures must be done by hand – no electronic signatures. Send completed signature pages to Becky Olson-Kellogg by: 1. Fax: 612-625-4274, 2. Email: olso0184@umn.edu, or 3. Mail: University of Minnesota, Program in Physical Therapy, 420 Delaware St SE, MMC 388, Minneapolis, MN 55455