

This is to certify that

## Test Sallie, CKTI, Other/Non-professional

Has successfully completed the course requirements of the  
CKTT™ program in the Kinesio Taping® Method.

---

TAUGHT BY

---

DATE

---

CITY

---

STATE

---

COUNTRY

---

DATE

---

KINESIO UNIVERSITY™

Information provided should be used within the scope of practice.