



KINESIO TAPING ASSOCIATION INTERNATIONAL

CKTI Application

Please complete this application form in full and submit with attached Application fee form, current CV/resume, Letters of Recommendations, etc.

Submit applications to ktai@kinesiotaping.com, fax to +1 505 856 2983 or mail to Kinesio Taping Association International, 4001 Masthead ST NE, Albuquerque, NM 87113, marked Attn: CKTI Applications.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Home Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Work Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Work Phone: _____

Profession: _____ License Number _____

Credentials: _____

Education

College: _____ Address: _____

From: _____ To: _____ Did you graduate? _____ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? _____ Degree: _____

Kinesio Taping Education/Experience

Kinesio Course Code _____

Kinesio Course Code _____

Kinesio Course Code _____

CKTP Since: _____ Current Membership Status _____

Kinesio Taping Lab Assistant Experience [optional]

Kinesio Course _____

Kinesio Course _____

Kinesio Course _____

References

Please list one (1) reference from a current CKTI and two (2) professional references, preferably one person who is familiar with your clinical experience and one who is familiar with your teaching.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Supplemental Questions/Information

1. Have you been in contact with the Kinesio® representative in your country or area?

2. How long have you been using the Kinesio Taping Method, and how often do you use the Kinesio Taping Method in your practice?



**CKTI Application Fee
Credit Card Authorization Form**

New CKTI \$50.00

Current CKTI \$25.00

Non- Refundable

First and Last Name: _____

Email: _____ **Phone Number:** _____

Card Holder Name: _____

Card Number: _____ **Expiration Date:** _____ **CVV:** _____

Billing Address: _____

City, State and Zip Code: _____

Total Fee: _____

Signature **Date**