



INTERNATIONAL INSTITUTE FOR  
COMPLEMENTARY THERAPISTS  
*The Natural Choice*

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Student/Client/Peer Full Name  
Business Name (if applicable)  
Date  
Contact Number

To whom it may concern,

This testimonial should testify to the applicant's expertise in the corresponding modality(s) they are registering for IICT professional recognition and access to insurance. This must include the following information:

- **An official letterhead – Facebook/Google/LinkedIn reviews are not accepted**
- **Your relation to the applicant - are you a student/client/peer of the applicant?**
- **The length of time you have known the applicant to be practicing/teaching the modality(s) being applied for**
- **A detailed statement about the applicant's expertise in the modality(s) being applied for**

Kind Regards,  
Student/Client/Peer Full Name