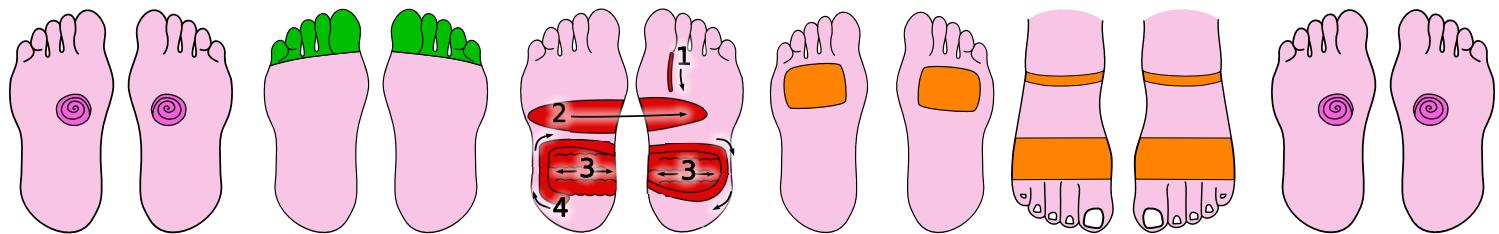


 The Children's Reflexology Programme

This is to certify that

*has completed the required
continuing professional development for*

Membership

of The Children's Reflexology Programme

Signed _____ Date _____

Susan Quayle - Founder of The Children's Reflexology Programme

