



Fellow of IACLE (FIACLE) APPLICATION

Name			
Institution			
Address			
Country/Region			
Email		Web Address	
Telephone		Fax	
Languages			

<input type="checkbox"/>	I continue to qualify as an IACLE member.	Membership Date ___/___/___
<input type="checkbox"/>	I am a member in good financial standing.	Current dues paid 31/03/200__
<input type="checkbox"/>	I have passed the Accreditation Exam.	Year _____
<input type="checkbox"/>	I agree to adhere to the Code of Conduct of IACLE.	
<input type="checkbox"/>	I agree to adhere to the conditions of use of IACLE resources and promote IACLE educational goals and objectives.	
<input type="checkbox"/>	I agree to continue to make a contribution to contact lens education and participate in programs that advance contact lens education.	
<input type="checkbox"/>	I am making my initial application for FIACLE status and agree to meet at least one of the criteria each year (as set out in Schedule A) to renew my FIACLE status in three years time.	
<input type="checkbox"/>	I am currently a FIACLE and each year, over the 3-year term, I have met at least one of the criteria set out in Schedule A to renew my FIACLE status. Please attach the completed Schedule A (FIACLE Declaration of Participation) to the application form.	
<input type="checkbox"/>	I am currently a FIACLE and have attached a copy of slides and/or handouts from lectures, articles/book chapters submitted and/or published and/or other supporting documents disclosed in Schedule A in support of this application. Please attach the completed Schedule A (FIACLE Declaration of Participation) to the application form.	

SIGNATURE: _____

DATE: _____

Return this form to your respective regional IACLE office or the IACLE Secretariat

OFFICE USE ONLY

Approved/Declined

Approving Officer : _____ Date: _____

The International Association of Contact Lens Educators (IACLE)

www.iacle.org