



International Association of Contact Lens Educators - FIACLE APPLICATION -

Name	
Institution/Company Name	
Postal Address	
Telephone	
Email	

<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 / /20__
<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 submit regular activity reports to my national or regional IACLE office. <i>Activity includes presentation of lectures and/or workshops at educational meetings, publication of journal articles/book chapters, attendance at continuing education meetings, development of educational resources and other activities that promote contact lens awareness.</i>	

SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY

Approved/Declined

IACLE Staff: _____ Date: _____

