



# International Association of Contact Lens Educators - FIACLE APPLICATION -

## IACLE

International Association  
of Contact Lens Educators

<b>Name</b>	
<b>Institution/Company Name</b>	
<b>Postal Address</b>	
<b>Telephone</b>	
<b>Email</b>	

<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:** \_\_\_\_\_

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OFFICE USE ONLY

Approved/Declined

IACLE Staff: \_\_\_\_\_ Date: \_\_\_\_\_