

IACLETOP Student Area - Registration Form -

This form must be completed by the IACLE members planning to set up a Student Area on IACLETOP. Access to IACLETOP's Student Area is provided to IACLE members and their students only.

Please return this form to your [IACLE representative](#) or to iacle@iacle.org.

MEMBER INFORMATION

First name: _____ Surname: _____

Email: _____ Phone / Mobile No.: _____

Institute name (where you teach contact lens education to your students): _____

Country: _____ Date: _____

STUDENT INFORMATION

Total number of students to access your Student Area on IACLETOP: _____

What year(s) are your students in who will be accessing your Student Area: 3rd year 4th year
(Tick both boxes if both years will access your Student Area)

Select preferred language format:

English Bahasa Chinese Spanish Korean French

STUDENT TRIAL EXAM (STE) INFORMATION:

If you plan to conduct the Student Trial Exam (STE) please state your desired exam date options:

Date option 1: _____ Date option 2: _____

Please select from the following list the STE format(s) you plan to run for your students:
(Tick both boxes if required)

Original STE

- * This format tests overall contact lens knowledge and is designed for third or fourth year students
- * French version is only available in this format

Basic STE

- * Designed to be used at the start of the student learning experience, assess the basic knowledge for contact lenses and their fitting

COMMENTS/REQUESTS: _____
