Diplomate Iridologist (Di.Ir.) Program Application
(A 5-Year Plan)

Name_____Date_____

Address_____

City_____State/Province_____

Zip/Postal Code_____Country_____

Telephone_____Fax_____

E-mail_____

Diplomate Iridologist Program Eligibility Requirements

Applicant must complete the following requirements:

- completed the Fellow Iridologist Program
- an active IIPA Certified Iridologist for 5 consecutive years while enrolled in this program
- complete five IIPA-approved Diplomate program classes (from the IIPA approved list included with application or posted on our website) and provide PROOF of each successfully completed course (*Note:* Classes taken to earn Fellow Iridologist status DO NOT count as Diplomate Iridologist program class requirements.)
- attend a minimum of 3 IIPA Symposiums during this 5-year application process and provide documentation of attendance
- serve 3 years on an IIPA Committee OR as a member of IIPA's Board of Directors and provide a letter from the Committee Chair or the IIPA President as proof of your contribution and service to the organization

AND choose 3 out of 5 of the following additional requirements:

- write a 25-page minimum thesis (a pre-approved subject)
- submit 10 articles on Iridology or another modality of natural health to be approved and peer-reviewed (articles published in trade publications, magazines, i.e., *Insights into Health*)
- Bring in 15 new IIPA members during the years you are enrolled in the Diplomate Iridologist Program.
- Submit 25 Case Studies with medical history, iris photos, sclera photos, your protocol and results over a minimum of 1 year. (*Note:* Case Studies submitted for Fellow status DO NOT count as Diplomate Case Studies requirements.)
- Mentor 5 Iridology related Apprentices, once a week for six months. (*Note:* The apprentices must file a report about what they learned during this mentorship with IIPA for review.)

Diplomate Iridologist Program Non-Refundable Application Fee: $500.00
(Contact the IIPA Central Office for a 90-day payment plan option of $600 or $200 per month.)

Select method of payment:
Enclosed is my check in the amount of $_____.

Please charge my credit card (Visa / Mastercard) in the amount of $_____.

Card No. _____ Expiration Date:_____3- digit Code_____
(on back of card)

Signature as on card: _____

07/2021