



Fellow Iridologist (F.Ir.) Program Application (A 5-Year Plan)

Name _____ Date _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Telephone _____ Fax _____

E-mail _____

Fellow Iridologist Program Eligibility Requirements

Applicant must complete the following requirements:

- be an active IIPA Certified member for the 5 consecutive years enrolled in this program
- complete five IIPA-approved Fellow Program classes (from the IIPA approved list included with application or posted on our website) and provide PROOF of each successfully completed course
- attend a minimum of 2 IIPA Symposiums during this 5-year application process and provide documentation of attendance

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

- write 10 articles on Iridology or other modalities of natural health to be approved and peer-reviewed (articles published in trade publications, magazines, i.e., *Insights into Health*)
- organize and complete a project approved by the IIPA Research Committee and present at Symposium or by webinar for the website
- serve 3 years on an IIPA Committee OR as a member of IIPA's Board of Directors
- bring in 10 or more new members to IIPA during the years you are enrolled in the Fellow Iridologist program
- submit 10 Case Studies with medical history, iris photos, sclera photos, your protocol and results over a minimum of 1 year

Fellow 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: _____