



**IIPA**

International Iridology Practitioners Association

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**AFFIDAVIT**

**for**

**Iridology Practice**

I hereby attest that I have a practice of 2 or more years of Iridology experience having conducted a minimum of 50 Iridology Consultations.

I have attached to this signed statement a type written narrative of what an Iridology consultation with me consists of during the session.

Dates of Practice:

From \_\_\_\_\_ To \_\_\_\_\_

Dates of Iridology Classes or Equivalency Test I have taken:

From \_\_\_\_\_ To \_\_\_\_\_

Grade: \_\_\_\_\_%

**Affidavit:**

My signature below is a confirmation that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

*(Seal)*

By: \_\_\_\_\_