



IIPA

International Iridology Practitioners Association

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Instructor Certification Application

Instructor Application Fee: \$175.00 U.S. dollars to be paid to IIPA

___ *Enclosed is my check in the amount of \$175.00.*

___ *Please charge my credit card (Visa / Mastercard) in the amount of \$175.00.*

Card No. _____ Expiration Date: _____ 3-Digit Code: _____
(on back of card)

Signature as on card: _____

Date: _____

Instructor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: (home) _____ (work): _____

FAX: _____ Email: _____

Instructor: _____

Health related – professional background:

Other Iridology training: