



**EUROPEAN BOARD OF OPHTHALMOLOGY
ENET PROGRAMME
(European Network for Education of Trainees)**

**APPLICATION FORM ENET
ACCREDITED COURSES
□□□□***

PLEASE COMPLETE THE APPLICATION FORM ELECTRONICALLY

Course Director _____

1. **Name:** Joseph Colin
2. **Address:** Service Ophtalmologie, Groupe Hospitalier Pellegrin, Place Amelie Raba-Leon 33076, Bordeaux, France 33000
3. **E-mail:** joseph.colin@chu-bordeaux.fr

Supportive society (in due order with UEMS accreditation) _____

4. **Society:** ESCRS
5. **Date/hour when this course will take place:** 15 / 09 / 2009, 14:30 – 16:30
6. **Location:** CCIB - Centre de Convencions Internacional de Barcelona
7. **UEMS application introduced:** ×
in due order:

General information _____

8. **Course Title:** New approach of diagnosis and management of infectious keratitis
9. **Classification according to EBO syllabus****
10. **Duration:** 1-hour course (1-3 speakers) × 2-hours course (4- 6 speakers)
 3-hours course (6-8 speakers) 4-hours course (8-10 speakers)
11. **Format:** × Formal lecture Commented diaporama Videobased course
 Case presentations On-line course E-learning
12. **Course level:** Basic × Advanced

* To be filled in by European Network for Education of Trainees (ENET) responsible

Faculty

	<u>Name</u>	<u>E-mail</u>	<u>Setting</u>
1.	Joseph Colin	joseph.colin@chu-bordeaux.fr	CHU Bordeaux , France
2.	Jose Luis Guell	guell@imo.es;margag@auna.com	Instituto Microcirugia Ocular, Barcelona, Spain
3.	Terence O' Brien	tobrien@jhmi.edu	
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5.			
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Course synopsis (max. 10 lines)

Aim(s) of the course (max. 10 lines)

New clinical and microbiological methods for the diagnosis of bacterial , fungal , viral and parasitic infections of the cornea .
Current medical and surgical strategies to treat these entities
Discussions of clinical cases will be provided .

Achievements (what will the participant achieve in knowledge) _____

Course outline (please specify or add a flyer) _____

	<u>Topic title</u>	<u>Time (min)</u>
1.		
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Agreement (to be filled in by the course director)

I hereby agree

- to distribute the evaluation forms prior to the start of the course
- to collect the evaluation forms after the course
- to collect the MCQs from the faculty within a timeframe of two weeks after the course
- to wave registration fee for the peer reviewer
- to provide UEMS accreditation of the hosting society
- to send the evaluation forms to Dara Conlon
- to complete the MCQ form in attachment

Name + Signature:

Date:

Application Form to be sent to _____

Marie-José Tassignon, Antwerp University Hospital, Dept. of Ophthalmology, Wilrijkstraat 10, 2650 Edegem, Belgium
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