



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:** Jose Guell
2. **Address:** Instituto De Microcirugía Ocular
3. **E-mail:** guell@imo.es

Supportive society (in due order with UEMS accreditation) _____

4. **Society:** ESCRS
5. **Date/hour when this course will take place:** 04/09/2010, 0830-1700
6. **Location:** Les Palais des Congrès, Paris, France
7. **UEMS application introduced:**
in due order:

General information _____

8. **Course Title:** Refractive Surgery Didatic Course
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:** x Formal lecture Commented diaporama Videobased course
x Case presentations On-line course x E-learning
12. **Course level:** x Basic x Advanced

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

Faculty

Name

E-mail

Setting

1. See attached list

2.

3.

4.

5.

6.

7.

8.

9.

10.

Course synopsis (max. 10 lines) Comprehensive course on preoperative and postoperative evaluation techniques as well as those worldwide accepted techniques on corneal and intraocular refractive surgery _____

Aim(s) of the course (max. 10 lines) To update the attendees about vision and eye actual evaluation tecqniues as well as those worldwide accepted techniques on corneal and intraocular refractive surgery. The intention is to do it from a basic and in some of them also advanced ways. _____

Achievements (what will the participant achieve in knowledge) Hopefully they will achieve the aims of the course as previously mentioned _____

Course outline (please specify or add a flyer) You must copy the programme here _____

	<u>Topic title</u>	<u>Time (min)</u>
1.	See attached list	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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 MCQSs 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: J.L. Güell

Date:



J.L. Güell

Application Form to be sent to _____

Marie-José Tassignon, Antwerp University Hospital, Dept. of Ophthalmology, Wilrijkstraat 10, 2650 Edegem, Belgium
Tel. +32 3 821 33 77, Fax +32 3 825 19 26, E-mail: marie-jose.tassignon@uza.be