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**Application form**

**General information**

Name

Surname

Date of birth

Citizenship

Medical school (year, place)

Diploma in Medicine (year, place)

Residency in Ophthalmology (years, places)

Qualifications and degree

Work address:

E-mail address

Contact phone number

*Private*

*Work*

*Mobile*

**Qualifications**

1. How many years of RESIDENCY in ophthalmology did you complete? …………………
2. Do you have the title of specialist in ophthalmology in your country? yes no
3. Do you have a FEBO diploma (Fellow of the European Board of Ophthalmology)? yes no

If yes, year when diploma received……………………………………………

1. After the graduation from your ophthalmology program, did you complete a minimum one-year glaucoma-fellowship/training? yes no
2. Did you accomplish this glaucoma-fellowship/training in one of the EU or UEMS associated countries? yes no
3. Which country?

If no, please specify which country…………………………………….....

1. Current Post (place, since ….)
2. Current training position(s)

**Scientific activities**

1. Participation at national and international meetings:

* Oral presentations at national or international meetings
* Posters at national or international meetings

…………….

…………….

…………….

10) Clinical research activity: -…….

Basic research activity -…….

1. Published articles
2. Grants
3. Awards
4. Memberships and contributions to scientific and professional societies
5. Other

**Information about the Institution**

1. Is the institution where you attended the glaucoma fellowship/training an academic center? yes no

17) Did the institution where you attended the fellowship/training provide access to a medical library and facilities for electronic retrieval of medical literature and information from medical databases? yes no

18) Did the main member of faculty / responsible of your training give active supervision during the training? yes no

19) Did the main trainer / member of faculty / responsible of the training give periodical evaluations / progress reports yes no

Comments and Varia

………………………………………………………………

**PLEASE RETURN THIS FORM TO** [EBO@EBO-ONLINE.ORG](mailto:EBO@EBO-ONLINE.ORG) **BY**

**APRIL 30th , 2024**

**WITHOUT THIS COMPLETED FORM, YOUR APPLICATION FOR THE FEBOS GLAUCOMA EXAM WILL NOT BE CONSIDERED.**