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**Recommendation letter**

**To be completed by the main trainer who is responsible of the Fellowship-training in glaucoma**

**Trainer/responsible of the Fellowship training**

**Name**

**Surname**

**Degree**

**Department**

**Current position**

**Teaching experience**

**This is a series of statements that you are voluntarily sending to the EBO and the EGS in order to evaluate the admissibility to the FEBO Subspecialty Glaucoma examination of the candidate name ……………………………last name……………………….. Mailing address……………………………………………………………………..**

1. Is your department of Ophthalmology and the training center part of an academic institution? yes no
2. Does the residency program in Ophthalmology last a minimum of 4 years in your institution? yes no
3. Did the candidate accomplish the residency program in your institution?

yes no

If not state others……………………………………………………

1. Did the candidate accomplish a minimum of 1 year glaucoma fellowship / training in your institution?

yes no

Please indicate the year………………………………………….

1. Does the institution provide in addition to basic ophthalmological equipment an area with current diagnostic equipment adequate for the fellowship/training in glaucoma?

AVF (Humphrey or Octopus) yes no

Optic disc photographs yes no

OCT yes no

AS OCT yes no

UBM yes no

1. Does the institution provide adequate surgical facilities (operating microscope etc.) for the fellowship/training in glaucoma? yes no
2. Does the institution provide access to a medical library and facilities for electronic retrieval of medical literature and information from medical databases adequate for the fellowship/training in glaucoma? yes no
3. Please state your educations qualifications (acknowledged expertise in glaucoma)

a)

b)

c)

………….

1. Have you spent a minimum of 5 years devoted mainly to the care of glaucoma patients?

yes no

1. Do you have national and international activities in teaching/research in the area of glaucoma? yes no
2. Did you provide active supervision during the candidate’s training? yes no
3. Did you provide periodical evaluations/progress reports to the candidate? yes no

1. According to the logbook for preparation of the FEBOS-glaucoma exam, can you confirm that the candidate has accomplished?

- All theoretical requirements yes no

- All clinical requirements yes no

- All surgical requirements yes no

- All requirements concerning research yes no

- All requirements concerning suggested reading yes no

- Behavioral aptitude of the candidate?

Please specify……………………………………………………………………………………………………….

**Do you confirm that the candidate is eligible for the FEBOS – Glaucoma Exam?**

**Name, date and signature**

**Name …………………………… Last Name ………………………………**

**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.**