 

**CURRICULUM VITAE: FEBOS GLAUCOMA 2024**

First Name:

Last Name:

Date of birth:

Place of birth:

Country:

Current citizenship:

*Medical School*

Year:

Place:

Institution:

*Diploma in Medicine*

Year:

Place:

*Residency in Ophthalmology*

Year(s):

Place(s):

*Qualifications and Degrees:*

MD:

PhD:

*Current Post*

Place:

Since:

Current academic appointment, if any:

Training position(s) / implication with training of medical students, residences or fellows

Participation at national and international meetings IN THE LAST 3 YEARS:

Meeting:

Place:

Date:

Meeting:

Place:

Date:

Meeting:

Place:

Date:

Scientific activities:

Clinical research:

Basic research:

- Oral presentations at national or international meetings

- Posters at national or international meetings

- Published articles (attach file)

- Grants

- Other

**Teaching activities**

Memberships and contributions to scientific and professional societies

Awards

Languages

Varia

**PLEASE RETURN THIS FORM TO** EBO@EBO-ONLINE.ORG **BY**

**APRIL 30th 2024**

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