

To whom it may concern

RE _____ (Name)

I am happy to recommend the above-named person for the EBO-Euretina exam, to prove they have achieved a theoretical level of knowledge required to manage retina patients safely and effectively (as outlined on the Euretina website <https://euretina.org/exam>).

They meet the candidate requirements as follows:

- They are in the final year (or have completed) a retina fellowship
- They have passed a Boards-level exam (FEBO, ICO, FRCOphth, national certification) in ophthalmology and have further worked in the retina specialisation for at least one year*
- They have more extensive experience than completion of fellowship or Boards-level exam: they have been working as a retina specialist for ___ years.

Regarding their workload, in the post-qualification year, or during the year, the balance of their work is: ___% Retina

___% Other ophthalmology subspecialty

Signature:

Name:

Position and Workplace:

Contact (for confirmation):

PLEASE NOTE: THIS LETTER MUST BE SIGNED AND STAMPED

Applicants, please overwrite the filename of this document with your own name when sending in.

***Please note:** Candidates should have the equivalent of one year's full-time experience working in retina. If your case load is 50% retina and 50% other ophthalmology, you will need 2 years of this workload.