**APPLICATION SUMMARY**

Family Name Prename(s) born

Nationality:
Full Address:

Medical School/University (where) from to

**Postgraduate training** **where?**
Ophthalmology Residency from to
Fellowships from to
Others from to

**Present function** since

**Final examinations (board etc. ):**

**ICO Tests:** Basic Science Assessment yes / no
Optics & Refraction yes / no
Clinical Science Assessment Test yes / no

**MD** yes / no year with thesis/dissertation ? yes / no
**PH D** yes / no year with thesis/dissertation ? yes / no
**Maste**r yes / no year

**Number of publications:** 1. in peer reviewed international journals:
2. in reviewed national journals:
3. in not reviewed journals:

**Number of presentations:**
**of posters:**
**of others:**

**Awards:**

**Teaching activities**:

**Community / social work:**

**AIM OF THE FELLOWSHIP:**

**Hosting department:** Approved? Letter included?
**Begin of Fellowship?**

**Where to go back?** Approved? Letter included?

**Recommendations by whom:** (Letters included?)

**Budget included?**

**Member of the National Ophthalmological Society?** **yes / no** **applied?**

**Remarks:**

**Date:** **City:** **Signature:**