





To whom it may concern	
RE	(Name)
achiev	appy to recommend the above-named person for the EBO-Euretina exam, to prove they have red a theoretical level of knowledge required to manage retina patients safely and effectively tlined on the Euretina website https://euretina.org/exam).
I am tl	he chair/ director of, where they currently work.
They h	nave worked here for years.
Regard	ding their workload during the year, the balance of their work is:
	% Retina (ocular oncology, uveitis, surgical or medical retina)*
	% Other ophthalmology subspecialty (please state)
They r	meet the candidate requirements for the FEBOS-R examination as follows (check all that :
	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 two years* They have more extensive experience than completion of fellowship or Boards-level exam: they have been working as a retina specialist for years (this experience to cover their current workplace and previous work as a retinal specialist elsewhere).
	nal comments (optional - if you wish, you may provide a personal note regarding this ant's experience)
Signat	ure:
Name	:
Positio	on and Workplace:
Conta	ct (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 two year's full-time experience working in retina. If your case load is 50% retina and 50% other ophthalmology, you will need 4 years of this workload.