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>).

I am the chair/ director of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, where they currently work.

They have worked here for \_\_\_\_ years.

Regarding 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 meet the candidate requirements for the FEBOS-R examination as follows (check all that apply):

* 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).

Personal comments (optional - *if you wish, you may provide a personal note regarding this applicant’s experience*)

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 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.