

**Application for Exit Assessment**

**Specialty Training in Medical Ophthalmology – old pathway**

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| NAME |
| Email Address  | IMC Number |
| Date of CCBST |
| Post BST Training Posts *(to include date of post, unit, trainer & sub specialty focus)*1. Post:

Date:Trainer:Unit:Sub specialty:1. Post:

Date:Trainer:Unit:Sub specialty: |
| Have you passed the European Board of Ophthalmology Diploma? When? |

**Closing Date for Applications for Assessment; Friday 25th October**

**Please return completed form to rob.tracey@eyedoctors.ie**