

**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**