DATE:

FAO: **ESCRS-EBO Examination Board**

RE: **APPLICANT NAME**

**APPLICANT NAME** has been working with **REFEREE (YOUR) NAME** for **W** years at **UNIVERSITY/HOSPITAL/INSTITUTION/PRACTICE NAME**, and I am familiar with him/her as a surgeon.

I confirm that **APPLICANT NAME** has been practicing as a cataract or refractive surgeon for **X** years post-residency and currently performs surgery independently, including complex surgeries.

I further confirm that the application details **APPLICANT NAME** is submitting in addition to this letter are accurate (Application form and Video of their own complex surgery). I also confirm that the video being submitted is the sole work of **APPLICANT NAME.**

I also confirm the following in relation to this institution:

1. This institution contains all the adequate operating facilities to perform contemporary surgeries.
2. This institution provides access to a medical library and facilities for electronic retrieval of medical literature and information from medical databases.
3. The institution provides access to educational activities, specifically critical evaluation of literature, didactic lectures and grand rounds.
4. Has completed **X** surgeries independently, and **Y** of these have been performed in the past calendar year.
5. I believe that will be a good candidate for the EBO-ESCRS Examination for the FEBOS-CR Diploma.

Signed by

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Please affix or rubber stamp in this box