



ESOPRS 2025 Trainee Verification Form

Please complete this document to upload as part of the ESOPRS 2025 online registration process for ophthalmologists in training/residency/fellowship programmes.

First name: _____

Last name: _____

Date of Birth(dd/mm/yy): _____

Place of Employment/Educational Institute Name:

Preceptor/Supervisor Name: _____

Department: _____

Street: _____

Postal Code: _____

City: _____

Country: _____

Preceptor/Supervisor Signature & Office/Institute Stamp

Preceptor/Supervisor Confirmation:

I, (Title)_____ (First Name)_____ (Last Name)_____,

as the above-mentioned applicant's preceptor/supervisor, confirm that they are currently enrolled in a training/residency/fellowship programme.

Preceptor/Supervisor's signature: _____

Applicant's signature: _____

Date: _____

Thank you for completing your ESOPRS 2025 Trainee Verification form. Please have it ready to be uploaded for the online registration process.

All data is processed in full compliance with current data protection legislation including, but not limited to, EU Regulation 2016/679 General Data Protection Regulation ("GDPR").