

# Drashti Netralaya

## One Month Phaco-Training Application Form

Title, first name, last name: \_\_\_\_\_

Birthday (DD.MM.YYYY) / Place: \_\_\_\_\_ / \_\_\_\_\_

Gender / Nationality / Previous nationality: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Private address: \_\_\_\_\_

\_\_\_\_\_

WhatsApp / E-mail: \_\_\_\_\_ / \_\_\_\_\_

Employer / Position: \_\_\_\_\_ / \_\_\_\_\_

Work address: \_\_\_\_\_

\_\_\_\_\_

Date of approbation (MM.YYYY): \_\_\_\_\_ Are you a resident (R) or board-certified specialist (S)? \_\_\_\_\_

What would be your preferred training date (MM.YYYY): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Do you require accommodation (Y/N)? \_\_\_\_\_

How good, on a scale from 1 (low) to 5 (high) would you consider your personal expertise / skill level, concerning following aspects:

Subject	1	2	3	4	5
Slit lamp examination (anterior segment)					
Slit lamp fundus examination (90D ...)					
Binocular indirect ophthalmoscopy (20D ...)					
Oculoplastic surgery (lid margin correction, blepharoplasty, levator resection ...)					
Strabismus surgery (recession, resection, plication ...)					
Refractive surgery (PRK, LASIK, ReLEx smile ...)					
Corneal surgery (DALK, DMEK, keratoplasty ...)					
Anterior segment surgery (ICCE, ECCE, Phaco ...)					
Posterior segment surgery (vitrectomy, Buckle, Peeling ...)					

Any further remarks?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This is a non-binding application form, to manifest interest in a one-month phaco-training at Drashti Netralaya Hospital.

Please add:

- Curriculum Vitae in English
- Copy of approbation certificate in original language

\_\_\_\_\_ Signature, date