



ESOPRS 2026 Trainee Verification Form

Please complete this document to upload as part of the ESOPRS 2026 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:

(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 2026 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").