Trainee Verification Form

Ophthalmology Residents and Fellows: This letter must be filled out and signed by an ophthalmology attending physician/program director.

Medical Students: This letter must be filled out and signed by an advisor in ophthalmology.

Date: _____

Applicant Name: _____

Dear Vit-Buckle Society,

This is a letter in support of the above named application, who is applying for trainee membership in

the Vit-Buckle Society. The above applicant is currently enrolled in training as a (check one):

☐ resident ☐ fellow ☐ medical student

at _____.

(institution name)

They are in good standing at our institution and I would like to recommend them for membership to

your society. They have a targeted training completion of _____.

(exact date or month & year)

Please don't hesitate to contact me with any questions or concerns.

Sincerely,

_____

Signature

_____

Name

_____

Position/Title