



Date: \_\_\_\_\_

Committee on Research  
2025 Philippine Academy of Ophthalmology Annual Congress

To whom it may concern:

**Re: Trainee/Resident/Fellow Status Certification**

This is to certify that \_\_\_\_\_ (Name of Trainee/Resident/Fellow) is :

☐ currently registered as a trainee/ ophthalmology resident/ fellow at \_\_\_\_\_ (Name of Training Institution)

☐ a recent residency/ fellowship graduate (not more than 12 months after completion of residency or fellowship) from \_\_\_\_\_ (Name of Training Institution)

Should you need further information, please feel free to contact me by phone at \_\_\_\_\_ or by email at \_\_\_\_\_.

Sincerely yours,

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Name of Supervisor)

\_\_\_\_\_ (Position)

\_\_\_\_\_ (Institute)