Fellow Information (current, post-fellowship contact information please)
01-020 -- Fellow Name
01-090 -- Day phone
01-100 -- Evening phone
01-110 -- Cell / mobile phone
01-120 -- E-Mail
01-130 -- Fellowship Start Month
01-140 -- Fellowship Start Year
01-150 -- Fellowship End Month
01-160 -- Fellowship End Year
02-060 -- Ophthalmology residency affiliation:

Program Requirements Acknowledgement
02-071 -- I have received and reviewed the AUPO FCC Oncology and Pathology Program Requirements.

Faculty Assessment:
Did the Fellowship Program Director:
03-030 -- Have a practice with at least 50% devoted to the above listed sub-specialty?
03-040 -- Maintain an active affiliation with the parent institution, University or residency (if applicable)?
03-050 -- Periodically assess your experience?
03-070 -- Provide you at the beginning of your Fellowship with a copy of the AUPO-FCC Fellowship Guidelines for your sub-specialty?
03-080 -- Inform you, prior to the start of your training, whether you were in a Fellowship in compliance with AUPO-FCC guidelines?
03-090 -- Inform you, prior to the start of your training, the salary, benefits, malpractice coverage and whether or not there were any restrictive covenants?
03-100 -- Provide an environment (office space, library, exam rooms, equipment, etc) supportive of the Fellow?
03-110 -- Have knowledge of and communicate with other Fellowship faculty members?
03-120 -- Provide you with an evaluation assessment during your fellowship?

Program Assessment:
04-020 -- Was the program at least twelve months in duration?
04-030 -- Did you spend at least six months at the parent institution?
04-040 -- How many other fellows trained with you?
04-050 -- Did the other faculty members (exclusive of the Fellowship Director) contribute significantly to your overall training experience?
04-060 -- Other faculty (full-time or voluntary) who played a role in your training: Please list one per line.

Fellow, Did you:
05-020 -- Receive any financial support (salary/stipend)?
05-030 -- If yes, was the support as described/expected?
05-040 -- Receive full malpractice insurance coverage?
05-041 -- Get notified by the Fellowship Director of your malpractice insurance coverage, the carrier and if the coverage is claims made that tail coverage will be included in your coverage?
05-050 -- Have your medical cases supervised?
05-060 -- Attend at least 120 hours of lectures, conferences, educational seminars, CPC's and hands on learning?
05-070 -- Prepare and present teaching conferences?
05-080 -- Participate in teaching residents and/or medical students?
05-090 -- Participate in ongoing research activities?
05-100 -- Have adequate and appropriate clinical material? (ie patients for examination/treatment/discussion)
05-110 -- Receive an educational experience designed and supervised by the fellowship program director?
05-120 -- Receive training in examination of patients with conjunctival and intraocular tumors?
05-130 -- maintain a log of attended conferences, seminars, meetings, CPCs, lectures, and hands-on learning (minimum 120 hours)?
05-140 -- Participate in research, including research involving CPCs, case reports,and/or basic science research?
05-160 -- Were your call and other duties benefiting to your educational experience?
05-170 -- IF no, please explain.

PROGRAM EDUCATIONAL CONTENT
Were you exposed to the following Clinical Material: did you?
06-030 -- Examine a minimum of 100 ocular oncology patients per year?

Did these patients include:
06-050 -- uveal melanoma patients?
06-060 -- retinoblastoma patients?
06-070 -- intraocular lymphoma patients?
06-080 -- metastatic ocular tumor patients?
06-090 -- conjunctival dysplasia patients?
06-100 -- conjunctival squamous cell carcinoma patients?
06-110 -- conjunctival primary acquired melanosis patients?
06-120 -- conjunctival melanoma patients?
06-130 -- apply radioactive plaques for brachytherapy of ocular melanomas (minimum 10)?
06-140 -- examine patients under anesthesia for retinoblastoma (minimum 10)?
06-150 -- treat retinoblastoma with laser therapy, cryotherapy or brachytherapy (minimum 5)?
06-160 -- biopsy and/or excise conjunctival tumors (minimum 5)?
Other Areas of Didactic Teaching:
06-250 -- prepare CPCs (minimum 2 per year) and participate in ophthalmic oncology lectures (minimum 6 per year)?
06-270 -- Were you involved in at least one regional or national meeting with subspecialty emphasis?
06-280 -- Were you involved in at least one individual research activity?

Fellow Supporting Documentation
07-019 -- Detailed Case Log
07-020 -- Detailed Journal Club
07-030 -- Publications and Presentations A list of your papers (submitted, published or in preparation) and presentations of research material at national/international meetings, for each entry please list: - author(s) - title of paper or presentation - name of mee
07-040 -- Fellow Schedule - Please include a representative weekly schedule of your activities that indicates faculty staffing and/or method(s) of supervision (if your weekly schedule underwent material change during your training, please submit multiple schedules
07-050 -- Comments Please submit a brief summary (less than 200 words) of your overall impression of your training.
07-060 -- E-Mail Please enter your email as your signature.
07-070 -- Date of submission