



Continue Ophthalmology Training Form

Full Name

AAO ID #

If you plan to **continue** training after completing your residency or fellowship, fill out this form to renew your membership as a Member in Training next year. To add new training information online, log on to www.aao.org/update-profile.

Continue Ophthalmology Training (Fellowship or postgraduate educational course related to ophthalmology)

Name of Institution

City/State or City/Country

Area of Study

Begin Date

End Date

Postgraduate Degree (if applicable)

Program Director/Chair Name

Signature of Program Director/Chair

☐ A verification letter from the program or institution is attached.

Changes to your contact information if applicable.

Address (Used for Academy mail including subscriptions to *Ophthalmology* and *EyeNet Magazine* (U.S. members only))

Phone: ☐ Home ☐ Work ☐ Cell/Mobile

Primary Email (For log in or to reset password. Must be unique and not used by another individual.)

Communication Email (Academy communication)

Once completed, submit
this form to:

Member Services
655 Beach St
San Francisco, CA 94109

Tel: +1.415.561.8581
Toll Free in U.S.: 1.866.561.8558
Fax: +1.415.561.8575
Email: member_services@aao.org