



Date

The Organizing Committee

APTOS2026

To whom it may concern,

Re: Resident/Trainee Status Certification

This is to certify that _____ (Name of Resident/Trainee) with the registration code _____ has received training in ophthalmology for less than 6 years and will still be a 'full-time trainee' during the 11th Asia Pacific Tele Ophthalmology Society Symposium from June 5TH – 6TH, 2026. Should you need further information, please feel free to contact me by phone at _____ or by email at _____.

Yours sincerely,

_____ (Name of Supervisor)

_____ (Position)

_____ (Institute)

c/o GH164, the Hong Kong Polytechnic University, Hung Hom, Kowloon, Hong Kong

Email: secretariat@asiateleophth.org