



Date

The Organizing Committee

APTOSxJSAIO 2025

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 10th Asia Pacific Tele-Ophthalmology Society Symposium held in conjunction with the 6th Annual Meeting of the Japanese Society of Artificial Intelligence in Ophthalmology from June 27 – 28, 2025. 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)