



# EYE BANK ASSOCIATION of AMERICA

## APPLICATION FORM FOR HOST BANKS WISHING TO PARTICIPATE IN EBAA'S MARY JANE O'NEILL FELLOWSHIP IN INTERNATIONAL EYE BANKING

**PROGRAM DESIGN:** The Fellowship recipient will "intern" in an active eye bank setting for up to one month, observing administrative functions, public relations activities, technical procedures, medical chart review, permission procedures, enucleation/tissue retrieval, processing, preservation, and distribution. The host eye bank will work closely with the Fellowship Director from the International Relations Committee to ensure realization of the goals of the program.

**PROGRAM GOALS:** Equip eye banking personnel from another country with skills to establish and administer a functioning eye bank system within their own country by providing intensive one-on-one instruction in the setting of a functioning American eye bank.

### LOCAL PERSONNEL:

1. Please list names of your Medical Director, Executive Director and Technical Director and attach the curriculum vitae for each.
2. Please note current staff language capabilities. What language(s) (other than English) are spoken and degree(s) of fluency.
3. What is the bank's level of commitment to the training program and how will the program be defined and implemented?
4. How can the bank contribute to the goals of the International Fellowship Program and what steps will the bank take to ensure that these goals are met?

### ACTIVITY OF HOST BANK:

1. Please include with this application your bank's Statistical Report to determine the bank's level of activity.
2. Please indicate bank's current Accreditation Category and date of EBAA Inspection.
3. Has your bank previously interacted with the international eye banking community? If so, please explain.

Signed by: \_\_\_\_\_  
(Name of person filling out this form)

\_\_\_\_\_  
(Chief Executive Officer)

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

Eye Bank: \_\_\_\_\_

**Please return this application to the EBAA Office by April 24, 2009.**