INTERNATIONAL EXAMINATIONS FOR OPHTHALMOLOGISTS

Application Form 2020

Examination Date 20 April 2020

Please complete ALL SECTIONS (BOTH SIDES) of this form using CAPITAL LETTERS or a typewriter

1. First name ________________________________ Surname (last name) ________________________________

PRINT your name exactly as you wish it to appear on a certificate (for example ALEXANDRA CÉSAR BELL).

Your name on all the documents, including the certificate, will be printed exactly as you write it on this application form. Please be sure that it is correct as any changes will be charged.

2. Address ___________________________________________________________________________________ City County/State ____________________________________________________________________________ Postal Code ________________________________________________________________________________

3. Gender: Male ☐ Female ☐

4. Nationality ________________________________

5. Telephone number (including country code) _____________________________________________________________________________________

6. Email address ________________________________ Date of birth ____________ day ____________ month ____________ year ____________

8. Present place of work _____________________________________________________________________________________

9. Current category Specialist ☐ Staff member ☐ Trainee ☐ Other ☐ Please tick (✓) the relevant box

10. If you have previously entered for an ICO Examination, please give the last date and location _____________________________________________________________________________________

11. To enter the Clinical Ophthalmology Examination you need to have passed the International Visual Science and Optics, Refraction and Instruments Examinations for Ophthalmologists or a recognised Visual Science examination.

Please attach a copy of the certificate.
I have passed (name and date of examination) _____________________________________________________________________________________

12. Name and address of the co-ordinator where you would like to sit the examination _____________________________________________________________________________________

Please turn over for questions 13-17
13. Date you started training in Ophthalmology

14. Degree(s)/Qualifications (with dates)

15. Medical Registration/Licence to practice, date and details

16. I agree that my name can appear on the ICO website and that my photograph may be reproduced by the ICO in connection with the Examination(s) [ ]

Please tick (✓) the box and sign and date point 17

I hereby apply to be admitted to the test to be held on 20 April 2020

17. Signature of candidate

Date of application

Please return this completed form to

International Council of Ophthalmology
Unit 2, Forest Industrial Park, Forest Road, Ilford IG6 3HL