



AIOS Member *Please tick (✓) if relevant*

Examination number *for office use only*

INTERNATIONAL EXAMINATIONS FOR OPHTHALMOLOGISTS

Subspecialty Application Form 2020 Examination date October 2020

Please tick (✓) the relevant box for course

- Cornea and External Eye Diseases
- Paediatrics and Strabismus
- Glaucoma
- Retina (medical and surgical)
- Neuro-ophthalmology
- Uveitis
- Oculoplastic
- Cataract Exam

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

1. First name(s) _____ Surname _____

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 no further changes will be allowed.

2. Address _____

City _____ County/State _____

Postal Code _____ Country _____

3. Gender: Male Female 4. Nationality _____

5. Telephone number (including country code) _____

6. Email address _____ 7. Date of birth _____

8. Present place of work _____

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

10. Proof of 1 years Subspecialty training _____

Name of head of Department _____ Location _____

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

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

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

14. 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 15

15. Signature of candidate

Date

Please return this completed form to

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