



A.
Please attach a good quality passport-size photograph.
Please do not staple
The photograph will be scanned.

Examination number *for office use only*

INTERNATIONAL EXAMINATIONS FOR OPHTHALMOLOGISTS

Application Form 2021

Examination date March 2021

<input type="checkbox"/> Visual Sciences (without Optics, Refraction and Instruments) <input type="checkbox"/> Visual Sciences (with Optics, Refraction and Instruments) <input type="checkbox"/> Optics, Refraction and Instruments <input type="checkbox"/> Clinical Ophthalmology	<p style="text-align: center;"><i>Please tick (✓) the relevant box(s) for course opposite and required language below. English is included with all translations</i></p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> French</td> </tr> <tr> <td><input type="checkbox"/> Portuguese</td> <td><input type="checkbox"/> Spanish</td> <td></td> </tr> </table>	<input type="checkbox"/> Chinese	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Spanish	
<input type="checkbox"/> Chinese	<input type="checkbox"/> English	<input type="checkbox"/> French					
<input type="checkbox"/> Portuguese	<input type="checkbox"/> Spanish						

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 _____ Country _____

3. Gender: Male Female

4. Nationality _____

5. Telephone number (including country code) _____

6. Email address _____ 7. 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 _____

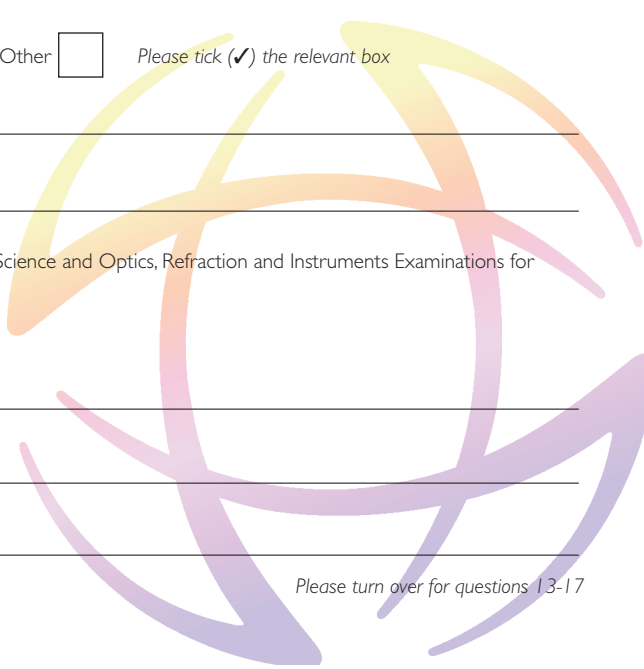
11. To enter the Clinical Ophthalmology Examination you need to have passed the International Visual Science and Optics, Refraction and Instruments Examinations for Ophthalmologists or a recognised Visual Science examination.

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

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