26 October 2017
ICO International
Advanced Examination (FICO)

This is the most advanced written examination of its type in ophthalmology in the world. It is held in the candidates own country. Applications for 2017 will start on 1 May 2017 and close on 31 July 2017.

To take this examination, the candidates must have passed the ICO Clinical Sciences Examination, and to use the postnominal acronym of FICO, the candidate must have passed a local face-to-face examination of their local society or in the absence of this, have a licence to practise from the ministry of health.

To be successful, candidates need a very high level of up-to-date current knowledge in General Ophthalmology, sufficient to act as an expert independent consultant. It will test knowledge and cognitive processes in current Applied Basic Sciences, Clinical Sciences and International Medical Ethics, Medical and Good Practice and it will demand a high level of ‘common sense’ decision making.

There will be a substantial fee reduction for applicants from countries with a low GNIPC.

Opportunities to take this examination will be limited.

Application Forms and further information:
ICO Exams, Unit 2, Forest Industrial Park, Forest Road,
London IG6 3HL
Telephone 020 850 09091 Email assess@icoph.org
Web www.icoph.org
INTERNATIONAL EXAMINATIONS FOR OPHTHALMOLOGISTS

Application Form 2017
Advanced Examination for Ophthalmologists

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

1. First name ____________________ 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. Date of local face-to-face examination

 Please attach documentation ____________________

9. You need to have a certificate for the ICO Clinical Sciences Examination for Ophthalmologists.

 Please attach a copy of the certificate. Failure to attach a copy will result in a delay of your certificate and analysis being dispatched.

I have passed (name and date of examination)

________________________________________________________________________

________________________________________________________________________

10. Name and address of co-ordinator (if known)

________________________________________________________________________

________________________________________________________________________

11. Date you started training in Ophthalmology ____________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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


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


14. Present place of work


15. 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 point 16

16. Signature of candidate


17. Date of application


Please return this completed form before 31 July 2017 to:

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

Email: nquilter@icoph.org

Please visit us on Facebook, Instagram and Twitter