26 October 2017 ICO International Advanced Examination (FICO)

This is the most advanced written examination of it's 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 0909 I Email assess@icoph.org
Web www.icoph.org





Examination number

FOR OFFICE USE ONLY

Please attach a good

quality passport-size photograph.
The photograph will be scanned.

DO NOT STAPLE

INTERNATIONAL EXAMINATIONS FOR OPHTHALMOLOGISTS

Application Form 2017

Advanced Examination for Ophthalmologists

	Please complete ALL SECTIONS (BOTH SIDES) of this form using CAPITAL LETTE	RS o	r a typewriter
I.	First name		Surname
	PRINT your name exactly as you wish it to appear on a certificate (for example ALE). Your name on all the documents, including the certificate, will be printed exactly as your 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
	Date of local face-to-face examination Please attach documentation		
9.	You need to have a certificate for the ICO Clinical Sciences Examination for Ophtha Please attach a copy of the certificate. Failure to attach a copy will result in a delay of your I have passed (name and date of examination)		
10.	Name and address of co-ordinator (if known)		
١.	Date you started training in Ophthalmology		

Degree	(s)/Qualifications (with dates)
Medical	Registration/Licence to practice, date and details
Present	place of work
l agree t	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)
	ck (\checkmark) the box and sign point 16
Signatur	re of candidate
-	
Date of	application
Please re	eturn this completed form before 31 July 2017 to:
	ional Council of Ophthalmology, Unit 2, Forest Industrial Park, Forest Road, Ilford, London IG6 3HL
⊏mail: n	quilter@icoph.org
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