INTERNATIONAL EXAMINATIONS FOR OPHTHALMOLOGISTS

Application Form 2019  Examination Date 24 April 2019

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(s) for course opposite and required language below. English is included with all translations.

   ✔ Chinese  ✔ English  ❌ French

   ✔ Portuguese  ✔ Spanish

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 24 April 2019

17. Signature of candidate

Date

Please return this completed form to the following address before 24 January 2019

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