International Examinations
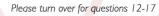
Examination number
_____

FOR OFFICE USE ONLY

INTERNATIONAL EXAMINATIONS FOR OPHTHALMOLOGISTS

Application Form 2019

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 24 January 2019 to:

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

Email: assess@icoph.org

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