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 CESAR 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

Please turn over for questions 12-17
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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