



Examination number _____

FOR OFFICE USE ONLY

A.

Please attach a good quality passport-size photograph. The photograph will be scanned.

DO NOT STAPLE

INTERNATIONAL EXAMINATIONS FOR OPHTHALMOLOGISTS

Application Form 2018

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 2018 to:

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

Email: assess@icoph.org

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