



A.

Please attach a good quality passport-size photograph.

Please do not staple

The photograph will be scanned.

Examination number *for office use only*

INTERNATIONAL EXAMINATIONS FOR OPHTHALMOLOGISTS

Application Form 2020

Examination Date 20 April 2020

☐ Visual Science (without Optics, Refraction and Instruments)

☐ Visual Science (with Optics, Refraction and Instruments)

☐ Optics, Refraction and Instruments

☐ Clinical Ophthalmology

Please tick (✓) the relevant box(s) for course opposite and required language below. English is included with all translations

☐ Chinese

☐ English

☐ French

☐ Portuguese

☐ Spanish

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

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 **20 April 2020**

17. Signature of candidate

Date of application

Please return this completed form to

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