



International Examinations

Examination number *for office use only*

A.

Please attach a good quality passport-size photograph.

Please do not staple

The photograph will be scanned.

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