



International Examinations

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 2017

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 \_\_\_\_\_

Please turn over for questions 12-17

12. Degree(s)/Qualifications (with dates)

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13. Medical Registration/Licence to practice, date and details

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14. Present place of work

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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**

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17. Date of application

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Please return this completed form before 31 July 2017 to:

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

Email: [nquilter@icoph.org](mailto:nquilter@icoph.org)

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