INTERNATIONAL EXAMINATIONS FOR OPHTHALMOLOGISTS

Application Form 2020
Advanced Examination for Ophthalmologists
☐ FICO only (115 questions) ☐ FICO and FRCSEd (180 questions) Please tick the relevant box

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 ____________________________________________________________
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. 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 ____________________________________________________________

A.

Please attach a good quality passport-size photograph.
The photograph will be scanned.
DO NOT STAPLE

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 to

International Council of Ophthalmology, Unit 2, Forest Industrial Park, Forest Road, Ilford, London IG6 3HL
Email: assess@icoph.org

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