INTERNATIONAL EXAMINATIONS FOR OPHTHALMOLOGISTS

Application Form 2021

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 ____________________________________________________________ Country ____________________________________________________________

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 __________________________________________________________________________________

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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