INTERNATIONAL EXAMINATIONS FOR OPHTHALMOLOGISTS

Subspecialty Application Form 2020  Examination date October 2020

Please tick (✓) the relevant box for course

- Cornea and External Eye Diseases
- Glaucoma
- Neuro-ophthalmology
- Oculoplastic
- Paediatrics and Strabismus
- Retina (medical and surgical)
- Uveitis
- Cataract Exam

Please complete ALL SECTIONS (BOTH SIDES) of this form using CAPITAL LETTERS or a typewriter.

1. First name(s) ____________________________ 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. Present place of work ____________________________

9. If you have previously entered for an ICO Examination, please give the last date and location ____________________________

10. Proof of 1 years Subspeciality training ____________________________

   Name of head of Department ____________________________ Location ____________________________

11. Name and address of the co-ordinator where you would like to sit the examination ____________________________

   Please turn over for questions 12-15
12. Degree(s)/Qualifications (with dates)

___________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________

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

___________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________

14. 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 15

15. Signature of candidate  

Date

Please return this completed form to

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