



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

Subspecialty Application Form 2018

Examination Date 17 October 2018

Please tick (✓) the relevant box for course

- | | |
|---|--|
| <input type="checkbox"/> Cornea and External Eye Diseases | <input type="checkbox"/> Paediatrics and Strabismus |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Retina (medical and surgical) |
| <input type="checkbox"/> Neuro-ophthalmology | <input type="checkbox"/> Uveitis |
| <input type="checkbox"/> Oculoplastic | |

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 Subspecialty 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

I hereby apply to be admitted to the test to be held on **17 October 2018**

15. Signature of candidate

Date

Please return this completed form to the following address before 31 July 2018

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