International Examinations

INTERNATIONAL EXAMINATIONS FOR OPHTHAMOLOGISTS

Subspecialty Application Form 2019

Exam ination Date 24 October 2019

Please tick (✓) the relevant box for course

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

I hereby apply to be admitted to the test to be held on 24 October 2019

15. Signature of candidate

Date

____________________________________________________________________________  ____________________________________________________

Please return this completed form to the following address before 31 July 2019

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