



**International Examinations**

AIOS Member *Please tick (✓) if relevant*

Examination number *for office use only*

A.

Please attach a good quality passport-size photograph. The photograph will be scanned.

PLEASE DO NOT STAPLE

INTERNATIONAL EXAMINATIONS FOR OPHTHALMOLOGISTS

**Subspecialty Application Form 2019**

Examination 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 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)

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

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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

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**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

