International medical graduates for Medical Board of Australia registration purposes

Important information
The Medical Board of Australia has established a national policy for all international medical graduates (IMGs including Overseas Trained Specialists) for the Primary Source Verification of qualifications by ECFMG International Credentials Services (EICS) through the Australian Medical Council (AMC).

In order for the AMC to facilitate the verification of qualifications through the EICS verification process, this form must be completed and lodged, with all required supporting documentation and the required applicable fee with the AMC (refer to Method of Payment section). The application will not be accepted by email or facsimile.

1. This form is for international medical graduates who require EICS verification of their primary and/or post-graduate qualifications.

2. Although you might prefer to include your qualifications to a specialist college (if the college process allows/permits) as part of an application for specialist assessment of either comparability to an Australian-trained specialist or for suitability for an Area of Need position, the AMC do encourage you to include certified copies of your qualification/s and translation/s (if relevant) to your Primary Source Verification application as well to avoid delays in the AMC processing your qualification/s for EICS verification.

3. Each application form can be used for requesting EICS verification of maximum of TWO qualifications only, for e.g.:
   a. A primary qualification only, or
   b. A primary qualification and ONE post-graduate qualification, or
   c. Two post-graduate qualifications.

4. If you require assessment for either comparability to an Australian-trained specialist or for suitability for an Area of Need position under the Specialist pathway, you are required to apply directly to the relevant specialist medical college using the appropriate application form, as well as applying to the AMC for primary source verification using this form.

5. If you require assessment under the Competent Authority model, you are required to apply directly to the Australian Health Practitioner Regulation Agency (AHPRA) using the applicable application form, as well as applying to the AMC for primary source verification using this form.

Incomplete applications:
Applications will not be progressed until they are complete and accompanied by all necessary supporting documentation.
Incomplete applications will incur an administrative fee of A$125. If you do not submit the required outstanding documentation within six months from the date of initial assessment, your application will lapse and you will be required to submit a new application, including a full application fee, and all outstanding required documentation, using same AMC candidate number initially issued to you. Once your application has been assessed as complete and the EICS verification process commenced, you will be notified by email. Updates in relation to the progress of your verification process will be emailed periodically.

Eligible witnesses
The AMC accepts the following as eligible to witness your qualifications in original language and English translations if required:

<table>
<thead>
<tr>
<th>In Australia</th>
<th>Outside Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A Justice of the Peace</td>
<td>• Notary Public</td>
</tr>
<tr>
<td>• Chief Magistrate – Police Magistrate – Resident Magistrate – Special Magistrate</td>
<td>• Commissioner of Oaths (South Africa, Sudan and Canada only)</td>
</tr>
<tr>
<td>• A person appointed under the Statutory Declarations Act 1959, as amended, or under a State Act to be a Commissioner for Declarations</td>
<td>• A person appointed to hold, or act in, the office in a country or place outside Australia in an Australian Embassy, High Commission, Legation or other post as:</td>
</tr>
<tr>
<td>• A Notary Public</td>
<td>- Australian Consul-General, Consul or Vice-Consul</td>
</tr>
<tr>
<td>• A person appointed as a Commissioner for Declarations under the Statutory Declarations Act 1911, or under that Act as amended, and holding office immediately before the commencement of the Statutory Declarations Act 1959.</td>
<td>- Australian Trade Commissioner or Consular Agent</td>
</tr>
<tr>
<td></td>
<td>- Australian Ambassador or High Commissioner</td>
</tr>
<tr>
<td></td>
<td>- Australian Minister, Head of Mission, Commissioner, Chargé d’Affaires or Counsellor</td>
</tr>
<tr>
<td></td>
<td>- Australian Secretary or Attaché.</td>
</tr>
<tr>
<td></td>
<td>• Apostille*</td>
</tr>
</tbody>
</table>

* On legal advice, the AMC accepts an apostille as an eligible witness able to certify documents as part of the primary source verification requirements.

Note: A Justice of the Peace registered outside Australia is NOT accepted by the AMC for witnessing documentation.

Effective 1 July 2014
International medical graduates for Medical Board of Australia purposes

Identity of applicant

Family name (surname)

Given names

Date of birth (dd/mm/yyyy)

Gender (tick one box)

Female  Male

Country of birth

Address for correspondence

Address

State

Postcode

Country

Contact details

Home phone

Work phone

Mobile

Facsimile

Email

Primary medical qualification (This will be sent for EICS verification if not already EICS verified)

Country of training

Primary qualification

Name on qualification

Medical school

Controlling university

(Do not staple or tape) 1x passport sized photograph here

Candidate number

Date received stamp

Code: ........................................
Rcpt: ........................................
Amount: ...................................
Processed by: ..........................

41363
### Postgraduate Training Qualification 1

(This will be sent for EICS verification with your primary qualification or alternative postgraduate training qualification 2)

<table>
<thead>
<tr>
<th>Qualification obtained</th>
<th>Year qualified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country of training</th>
<th>Year awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Institution awarding qualification (medical college) | |
|-----------------------------------------------------|

| Controlling university | |
|------------------------||

Complete this section **ONLY** if you have submitted an application to a specialist college for assessment of either comparability to an Australian-trained specialist or for suitability for an Area of Need position.

Name of the Australian specialist college relevant to the qualification as described above (Postgraduate Training Qualification 1)

---

### Postgraduate Training Qualification 2

(To be sent with postgraduate training qualification 1 if **no** primary qualification requires EICS verification)

<table>
<thead>
<tr>
<th>Qualification obtained</th>
<th>Year qualified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country of training</th>
<th>Year awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Institution awarding qualification (medical college) | |
|-----------------------------------------------------|

| Controlling university | |
|------------------------||

Complete this section **ONLY** if you have submitted an application to a specialist college for assessment of either comparability to an Australian-trained specialist or for suitability for an Area of Need position.

Name of the Australian specialist college relevant to the qualification as described above (Postgraduate Training Qualification 2)
I wish to have my application assessed incl. EICS verification of my primary qualification ($500)

Method of payment (payment for assessment is required even if EICS verification has been confirmed)

Tick the appropriate box/es:

- I wish to have my application assessed incl. EICS verification of my primary qualification ($500)
- I wish to have my application assessed incl. EICS verification of both my primary and one postgraduate qualifications ($540)
- I wish to have my application assessed incl. EICS verification of one or both of my postgraduate qualification/s ($540)

Bank cheque or money order

Attach your bank cheque or money order, made out to Australian Medical Council Ltd, in Australian dollars and drawn against an Australian bank (personal cheques are not accepted).

Credit card (Mastercard/Visa)

Include your credit card details below (MasterCard and Visa debit cards are not accepted).

The recording of your signature is taken as consent to process payment.

Credit card number

Name on card

Card expiry date (mm/yy)

Date (dd/mm/yyyy)

EICS verification

The AMC, on behalf of the Medical Board of Australia, verifies the qualifications of all international medical graduates through ECFMG International Credentials Services (EICS) in the United States.

Applicants who have previously obtained confirmed verification of their primary medical qualification through the EICS are required to provide the AMC with their EICS number. All applicants, including those who already have an EICS number, must sign the EICS Verification of Medical Qualifications – Authorisation for Release of Information Form to enable the AMC to obtain a copy of the verification report from ECFMG.

EICS number

USMLE number
EICS Verification of Medical Qualifications
Authorisation for Release of Information Form

I hereby authorise:

1. The Australian Medical Council Limited (AMC) to submit my personal (identifying) information and my candidate information (documents in support of my medical credentials) to the Educational Commission for Foreign Medical Graduates (ECFMG) for the purpose of verification and/or source verification in respect of my application.

2. ECFMG to retain such information in ECFMG’s database for the purposes of:
   a) addressing any further requests from the AMC for verification and/or source verification in respect of my application.
   b) responding to any request sent to ECFMG from an authority other than the AMC, as authorised by me, or directly from me, to verify and/or source verify my credentials.
   c) internally accessing those portions of the data which are not personal information in order to verify credentials of other persons from time to time.

I request and authorise every person, institution, professional licensing board of any state or country in which I hold or may have held a licence to practise my profession, hospital, clinic, government agency (local, state, federal or foreign), law enforcement agency or other third parties and organisations, and their representatives, to release information, records, transcripts and other documents, concerning my professional qualifications and competence, ethics, character and other information pertaining to me to ECFMG.

I further request and authorise that the requested information, documents and records be sent directly to:

Educational Commission for Foreign Medical Graduates
3624 Market Street
Philadelphia, PA
19104, U.S.A.

Immunity and release

I hereby extend absolute immunity to, and release, discharge and hold harmless from any and all liability:

   a) ECFMG and AMC and their respective agents, representatives, directors and officers.
   b) other licensing boards, government agencies, institutions, hospitals and clinics providing information pursuant to this authorisation, and their representatives, directors and officers.
   c) any third parties and organisations for any acts, communications, reports, records, transcripts, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested or received by ECFMG or AMC or any other third party.

By my signature below, I acknowledge that information, documents and records required to be furnished by another organisation, educational institution, hospital, individual or any person or groups of persons must be sent directly by such persons to ECFMG. I understand that ECFMG will not accept such information, records or documents forwarded by me.

Signature

Date of signature

Ensure this signature is similar to the signature on the Application Declaration.
Please sign inside the box to ensure that the AMC is recording your full signature.

Securely glue in the block below a current front-view passport-sized colour photograph of yourself—do NOT tape or staple the photo.

Please clearly print your full names on the back of this photo.

The passport-sized photographs MUST be:
   in colour
   good quality
   no older than 12 months
   no smaller than 35 x 45 mm
   no ink or marks on the edges
   not too dark
   not too light
Do NOT staple or tape.

Primary Source Verification Application

Effective 1 July 2014 Page 5 of 8
Privacy statement

Your privacy is respected by the AMC. Information collected by the AMC may be used for administering examinations and other AMC functions related to your application and may be provided to the relevant AMC departments, as well as the Medical Board of Australia, AHPRA (the Australian Health Practitioner Regulation Agency) and specialist medical colleges, as applicable.

If your application includes a requirement for verification of your credentials through the Educational Commission for Foreign Medical Graduates then you should be aware that the information collected by the AMC may be provided to the ECFMG in the United States of America. The ECFMG may itself provide your information to the relevant overseas academic institutions you have identified to obtain verification of your credentials. The AMC believes that the ECFMG is subject to privacy obligations substantially similar to those which apply to the AMC under the Australian Privacy Act 1988 and the Australian Privacy Principles.

Please note that, if you sign the consent attached to this form, you consent to disclosure to the organisations identified, including the ECFMG, and that in the case of the ECFMG, Australian Privacy Principle 8.1 will not apply to that disclosure by the AMC to the ECFMG, and the AMC will not be responsible to ensure that the ECFMG complies with the Australian Privacy Act 1988 and the Australian Privacy Principles.

A full copy of the AMC’s Privacy Policy can be found on the AMC web site.

I [Name]
of
[Address]

consent to the use of my personal information as described above and in the AMC’s Privacy Policy, including disclosure as necessary to the ECFMG, and I acknowledge that in relation to disclosure to the ECFMG the AMC is not subject to Australian Privacy Principle 8.1.

Signature

Date
(dd/mm/yyyy)

If you have any privacy concerns or would like to review information held about you, please contact the Privacy Officer, Australian Medical Council.

Declaration by applicant

Please print out clearly and complete ALL fields

I [Name]
of
[Address]

Do solemnly declare that

- I am the person identified in the foregoing Primary Source Verification Application: Specialist-in-Training.
- I am the person who has signed below.
- I am the person who has signed the EICS Verification of Medical Qualifications – Authorisation for Release of Information Form.
- I have familiarised myself with the requirements and procedures of the AMC as set out in the relevant AMC publications and I have signed the privacy statement above.
- I have made true statements and given complete information in this application form and in the documents attached.

Signature

Date
(dd/mm/yyyy)

Please sign inside the box to ensure that the AMC is recording your full signature

The AMC will not begin to assess your application until it has processed payment of the assessment fee and received all required documentation. If any document is missing or is incorrectly certified, your application will be assessed as incomplete. The AMC will not accept applications or documentation sent by email or facsimile.
# Checklist for Primary Source Verification Application

This checklist should help you to collate the required documents. If you do not provide these documents or if any document you provide is illegible or incomplete, processing of your application will be delayed. Detailed information on required documentation is available on the AMC website (www.amc.org.au). You do not need to submit the checklist.

- Have you answered all questions on the Primary Source Verification Application?
- Have you completed in full the EICS Verification of Medical Qualifications – Authorisation for Release of Information Form and attached to it a current (no older than 12 months) colour passport-sized photo?
- Have you included a certified copy of your final ‘hang on the wall’ primary qualification and your post-graduate training qualification(s)? *(If you have already included your qualification/s to the relevant specialist college [if the college process allows/permits] as part of an application for assessment of your comparability to an Australian-trained specialist or for suitability for an Area of Need position, the AMC do encourage you to include the qualification/s to this application as well to avoid delays in the AMC processing of your qualification/s for EICS verification).*
- Have you included certified copies of a word-for-word English translation of your primary or post-graduate training qualifications if they are in a language other than English? The translation must have been done by an authorised translation service. Notarised or extracted translations are not acceptable. *(If you have already included your translation/s to the relevant specialist college [if the college process allows/permits] as part of an application for assessment of your comparability to an Australian-trained specialist or for suitability for an Area of Need position, the AMC do encourage you to include the translation/s to this application as well to avoid delays in the AMC processing of your qualification/s for EICS verification).*
- Have you attached to any document that is in a language other than English an English translation conducted by an authorised translation service or a professional translator and are the details of that translation service or translator on the translated document?
- Has your documentation been certified correctly, dated and signed (with name and title printed) by the same eligible witness? A list of eligible witnesses can be found on the AMC website (www.amc.org.au). If a different eligible witness has certified your documentation, you must correctly complete a statutory declaration to explain why a different witness was used.
- Have you provided a statutory declaration or change of name documentation for any name variations in your application or any of the supporting documentation you are submitting?
- Have you selected the correct payment amount by ticking the appropriate box/es on page 4 (refer to the Fee and Charges on the AMC website at http://www.amc.org.au/assessment/fees for an outline of options), and included your credit card details for payment or a cheque or money order made out to the Australian Medical Council Ltd. In Australian Dollars and drawn against an Australian bank (personal cheques are not accepted) of the application fee?

**Send your completed application form(s), certified documents and payment to:**

For courier, registered or insured mail:  
Australian Medical Council, Level 3, 11 Lancaster Place, Canberra Airport ACT 2609

For standard national mail:  
Australian Medical Council, PO Box 4810, Kingston ACT 2604

For international mail:  
Australian Medical Council, PO Box 4810, Kingston ACT 2604
Once your application with supporting documentation has been received and assessed as complete, the AMC will retain an electronic copy and your documentation can be returned to you.

**Select one of the following options:**
Insert a tick clearly in black or blue pen in one of the check boxes below.

<table>
<thead>
<tr>
<th>Option 1 : Destroy my documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you select this option your documents will not be returned, and will be securely destroyed by the AMC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Option 2: Return my documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you select this option your documents will be returned by the AMC. Please specify a return address below.</td>
</tr>
</tbody>
</table>

### Name and address for return of documents

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State</th>
<th>Postcode</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Information about addresses for return of documents

The AMC will aim to use a courier service to deliver your documents. Unfortunately, courier services do not provide a delivery service in all countries and will not deliver to a Post Office Box. If we are unable to use a courier service for either of these reasons we will send your documents by standard post.

Delivery times cannot be guaranteed due to international customs requirements and the processes of service providers. Please provide a contact phone number as the courier may need to contact you to arrange delivery. Undelivered documents sent by courier service will be returned to the AMC and we will advise you by email of your options for redelivery. Any redelivery will incur an additional charge.

I hereby give the AMC permission to either destroy or return my documents as specified on this form.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>dd/mm/yyyy</td>
</tr>
</tbody>
</table>