

Request for reprint of EICS certificate

For reasons of privacy, the Australian Medical Council will not send a reprint of a candidate's EICS Certificate to anyone but the candidate. The fee for this service is A\$70 (this fee is GST free) – a 0.9% Master/Visa card surcharge fee will be added from 1 September 2019. It may take up to 10 working days to process this request. To order a reprint of your EICS Certificate, complete and return this form to the AMC for processing.

Identity of applicant	Office use only
Candidate number	Date received stamp
Family name (surname)	
Given name(s)	

Address of applicant				
Address				
State	Postcode			
Country				
If your address has changed since you submitted your application to the AMC, please complete the Notification of Change of Address form or contact the AMC call centre on (02) 6270 7878.				

Contact details					
Home phone		Work phone			
Mobile		Facsimile			
Email					

Method of payment						
Request a reprint of my EICS certificate (A\$70) - a 0.9% Master/Visa bank card surcharge fee will be added from 1 September 2019						
Bank cheque or money order	Attach your bank cheque or money order, made out to Australian Medical Council Limited, to this application.					
*Master/Visa card	Include your *Master/Visa card details below. The recording of your signature is taken as consent to process payment. *A 0.9% bank card surcharge fee will be added from 1 September 2019.					
Bank card number						
Name on card	Card expiry date (mm/yy)					
Cardholder's signature	Date (dd/mm/yyyy)					



Privacy statement

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

If you have any privacy concerns or would like to verify information held about you, please contact the Privacy Officer, Australian Medical Council Limited, PO Box 4810, KINGSTON ACT 2604, Australia.

Consent to collect information

Signature

Date

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

Send your completed form to:

Australian Medical Council, PO box 4810, Kingston ACT 2604

Telephone: (+61) (0) 2 6270 7878

Email: assessments@amc.org.au

Facsimile (+61) (0) 6270 9799 AMC website: www.amc.org.au

Office use only

Date EICS verified	Date CTS updated	Payment processed	
Date dispatched	Batch req. number	EICS cert reprinted	
Processed by			