

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

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.

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.

Please print

Family name /surname

First name

Middle initial, suffix
(e.g. Jr)

Date of birth

Please ensure your date of birth is written in full (e.g. 23 January 1970)

The passport-sized photographs MUST be:
in colour
good quality
no older than 12 months
no smaller than 35 x 45 mm
no larger than 40 x 50 mm
no ink or marks on the edges
not too dark
not too light
Do NOT staple or tape