

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). 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, together with payment.

<b>Identity of applicant</b>	<b>Office use only</b>
Candidate number <input type="text"/>	<b>Date received stamp</b>
Family name (surname) <input type="text"/>	
Given name(s) <input type="text"/>	

**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**

Reprint of my EICS certificate (A\$70):

Bank cheque or money order  Attach your bank cheque or money order, made out to Australian Medical Council Limited, to this application.

Credit card (MasterCard/Visa)  Include your credit card details below (MasterCard and Visa debit are cards 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)

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](mailto:assessments@amc.org.au)

Facsimile (+61) (0) 6270 9799

AMC website: [www.amc.org.au](http://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