

AMC CAT MCQ Examination Form

Application for authorisation to schedule for an MCQ examination event

Identity of ap	plicant	Candidate number
Family name (surname)		
Given names		OFFICE USE ONLY
Date of birth (dd/mm/yyyy)	Gender (tick one box)	Date received stamp
Country of birth	Female Male	
Address for o	orrespondence	
Address		
		Code
State	Postcode	Rcpt:
Country		Amount:
Contact detai	<u>ls</u>	
Home phone	Work phone	
Mobile	Facsimile	
Email		
Method of pa	ayment	
=	MCQ examination event is A\$2,720.	
Bank cheque or money order	Attach your bank cheque or money order, made out to Australia Council Limited, to this application.	n Medical
Credit card (MasterCard/Visa)	Include your credit card details below (MasterCard and Visa deb The recording of your signature is taken as consent to process part A 0.9% Master/Visa card surcharge fee will be added from 1 Sep	ayment.
Credit card number		
Name on card	Card expiry date (mm/y	у)
Cardholder's signature	Date (dd/mm/yyy	y)



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Privacy sta	atement				
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.					
-	ny privacy concerns or would like to verify inform lian Medical Council Limited, PO Box 4810, KINGSTO			t the Privacy	
Consent to collect information					
Signature		Date			
Declaration by applicant					
I wish to apply for authorisation to schedule for an AMC CAT MCQ examination event and certify that I have familiarised myself with the requirements for the examination as set out in the AMC publication <i>Multiple Choice Question Examination Specifications</i> and on the AMC website (www.amc.org.au).					
I acknowledge that my eligibility to sit for the AMC CAT MCQ examination is conditional upon my satisfactory completion of the eligibility requirements to sit the examination as set out in <i>Applying to the Australian Medical Council</i> .					
I acknowledge that any failure by me to complete the requirements to sit the CAT MCQ examination, or any problems with primary source verification of my qualifications documents, may result in the AMC withdrawing my candidature as being eligible to sit the CAT MCQ examination. I also acknowledge that the AMC will withhold my examination results until such time as I satisfactorily meet the eligibility requirements set out in the information booklet and as determined by the AMC.					
				1	
Signature		Date			
Authorisation and scheduling process					
Information on the authorisation and scheduling process is available on the AMC website (www.amc.org.au).					
Examination fee penalties					
Transfer from	n CAT MCQ examination event and/or examin	ation venue			
If you wish to transfer or cancel from a CAT MCQ examination event or change venue, you must contact Pearson VUE for assistance. You do not need to complete the CAT MCQ Examination – Notification to Cancel Authorisation Form (available on AMC website).					
Cancellation of your authorisation to schedule					
If you wish to cancel your CAT MCQ Examination authorisation, you must complete the CAT MCQ Examination – Notification to Cancel Authorisation Form in order for a refund, less an administration fee, of your examination payment.					
Other					
Transfer/cancel from CAT MCQ examination event by contacting Pearson VUE Before closing dateNo penalties payable					
Transfer/cancel from CAT MCQ examination venue by contacting Pearson VUE Before closing dateNo penalties payable					
Transfer/cancel from CAT MCQ examination event and/or venue After closing dateNo refund					
Failure to attend	d selected CAT MCO examination event			No refund	

All applications with payment must be forwarded to

Australian Medical Council, PO Box 4810, Kingston ACT 2604 Telephone: (+61) (0) 2 6270 7878 Facsimile: (+61) (0) 2 6270 9799

Email: mcq@amc.org.au Effective 01 September 2019 AMC website: www.amc.org.au