

REQUEST FOR DUPLICATE COPIES OF AMC EXAMINATION RESULTS

RETURN THIS FORM BY:

FAX: +61 2 6270-9799 or EMAIL: amc@amc.org.au or
POST: PO Box 4810, KINGSTON, ACT, 2604, AUSTRALIA

For reasons of privacy, the Australian Medical Council will not send copies of a candidate's official examination results to anyone but the candidate. However, on request the AMC will issue candidates with duplicate copies of their results at a fee of A\$70.00 (GST free). A 0.9% Master/Visa card surcharge fee will be added from 1 September 2019. Please allow up to ten working days for duplicate copies of results to be processed. To order a copy of your results, complete and return this form to the AMC, including payment. Please print clearly in BLOCK letters:

AMC CANDIDATE NUMBER

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NAME: [Family Name/Surname]

	GIVEN NAME[S]:	
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ADDRESS:

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DAYTIME TEL NO:

[Country Code] [Area Code] [Number]

E-MAIL ADDRESS:

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RESULTS REQUIRED:

Please indicate your preference (please tick relevant box/es):

MCQ EXAMINATIONS ONLY

EXAMINATION SESSION

COPY
(by e-mail)

AND/OR

REPRINT
(by mail)

CLINICAL EXAMINATIONS ONLY

EXAMINATION SESSION

PAYMENT OF FEE

FEES: The fee of A\$70.00 should be forwarded, along with this completed form to the AMC. The fee should be paid by either cheque/bank draft (made payable to the Australian Medical Council Inc) or by the following bank cards. * A 0.9% credit card surcharge fee will be added from 1 September 2019. If paying by card, please tick relevant box and provide details.

PLEASE NOTE

Recording the expiry date will be taken as consent to record the credit card details and process payment

*CARD:

Mastercard

Visa

EXPIRY DATE:

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CARDHOLDER'S NAME:

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SIGNATURE:

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*CARD NUMBER:

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PRINT NAME:

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To avoid duplication, please only select **ONE** method to submit form to AMC (either by e-mail, OR mail, OR fax.)

Your privacy is respected by the AMC. Information collected by the AMC may be used for administering the AMC examination and provided to AMC Examiners and State and Territory Medical Boards. The AMC privacy procedures are set out in a Policy Statement which can be obtained from the AMC. If you have any privacy concerns or would like to verify information held about you please contact the Privacy Officer, Australian Medical Council Ltd., PO Box 4810, KINGSTON, ACT, 2604, AUSTRALIA.

Consent to collect information:

SIGNATURE:

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DATE:

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OFFICIAL USE ONLY

EXAM CODE: _____	RANKING (MCQ): _____	DUPLICATE NO. (MCQ) : _____
AMC RECEIVED: _____	DATE SENT: _____	SIGNATURE: _____