

Request for reprint of Advanced Standing Certificate

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

| | |
|--|----------------------------|
| Identity of applicant | Office use only |
| Candidate number <input style="width: 90%;" type="text"/> | Date received stamp |
| Family name (surname) <input style="width: 90%;" type="text"/> | |
| Given name(s) <input style="width: 90%;" 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

Request a reprint of my Advanced Standing Certificate (A\$70) – a 0.9% *Master/Visa bank card surcharge fee will be applied*

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 applied).

Credit card number

Name on card

Cardholder's signature

Card expiry date (mm/yy)

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:

Email: verifications@amc.org.au

AMC website: www.amc.org.au

Office use only

Date duplicates
sent

Processed
by