

**REQUEST FOR CONFIRMATION OF DATE  
OF APPLICATION TO UNDERTAKE THE  
AUSTRALIAN MEDICAL COUNCIL'S ASSESSMENTS  
(Section 19AB of the Health Insurance Act 1973)**

Section 19AB of the Health Insurance Act 1973 (the Act) requires International Medical Graduate (IMG) to practise in a District of Workforce Shortage (DWS) for a period of ten years from the date of their first medical registration in Australia. Section 19AB of the Act acts as a workforce distribution mechanism to ensure doctors are directed to work in communities that have the most acute unmet needs.

As part of the Act, the Australian Medical Council is required to confirm that all of the following conditions are satisfied:

- (i) The IMG was at a time before 1 January 1997 an overseas trained doctor;
- (ii) Before 1 January 1997, the Australian Medical Council received an application from the IMG to undertake assessments, successful completion of which would ordinarily enable the person to become a medical practitioner;
- (iii) The IMG was eligible to undertake those assessments under the rules of the Australian Medical Council as in force on the day the application was so received

This form is to be completed if you require confirmation in writing of the date the AMC has received your application, and confirmed your eligibility to undertake the Australian Medical Council's assessments.

AMC candidate number	<input type="text"/>		
Date of birth	<input type="text"/>		
Family/Last Name(s)	<input type="text"/>		
Given/First Names(s)	<input type="text"/>		
Current Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Town/City	State	Postcode

Previous address (if applicable)	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Town/City	State	Postcode

Mobile phone number	<input type="text"/>
Email	<input type="text"/>

Please complete and return this form with a copy of your current passport including signature page to confirm your signature below. Return the form by email to the Australian Medical Council to enable the Secretariat to process this request:

Email: [verifications@amc.org.au](mailto:verifications@amc.org.au)

Under the Commonwealth Privacy Amendment (Private Sector) Act 2000, the Australian Medical Council is not able to send these details to anyone but the candidate.

The Australian Medical Council is required to observe the provisions of the Commonwealth Privacy Amendment (Private Sector) Act 2000. As from 21 December 2001 each candidate is required to give the Australian Medical Council formal consent to collect and hold personal information, ***if consent is not provided by signing below, the Australian Medical Council will not be able to process your request.***

Your privacy is respected by the Australian Medical Council. Information collected by the Australian Medical Council may be used for administering the Australian Medical Council's assessments and provided to Australian Medical Council Examiners and the Medical Board of Australia.

**Consent to Collect Information:**

**Signature:** ..... **Date:** .....  
***(Must be hand signed)***