

Under the Privacy Act 1988 (Cth), the Australian Medical Council (AMC) is generally not permitted to disclose personal information about an AMC candidate to a third party without the consent of the candidate.

**Using this form**

This form is to provide the AMC with the authority to release/share/provide information regarding your AMC candidate records. *(If your viewer supports it, this form can be filled out electronically – click in any box to begin. If filling out by hand, please write neatly in BLOCK LETTERS in black or blue ink.)* The AMC is only able to provide information on the following AMC issued documentation:

- Verification of Medical Qualification certificate (EICS verification - issued prior to June 2016)
- Performance in the AMC MCQ Examination (MCQ feedback/results)
- Performance in the AMC Clinical Examination (clinical feedback/results)
- WBA result letter (issued prior to December 2021)
- AMC Certificate issued

**Personal details**

To enable the AMC to provide details of your AMC records, please complete the following (use the **tab** key to move to next block):

AMC number	<input type="text"/>	Date of Birth (dd/mm/yy)	<input type="text"/>
Family/Last name/s	<input type="text"/>		
Given/First name/s	<input type="text"/>		
Email address	<input type="text"/>		
Medical school	<input type="text"/>		
	Name of school that awarded your medical degree (final medical diploma/primary qualification)		
Year awarded	<input type="text"/>		
	Year your medical degree (final medical diploma/primary qualification) was awarded		

I hereby authorise the AMC to provide information of my AMC records to the following:

Name of institution/company	<input type="text"/>
Name of contact person	<input type="text"/>
Contact email address	<input type="text"/>
Contact phone details	<input type="text"/>

Please **tick the required document/s to be confirmed by the AMC**. A full clear copy of each document must be provided with this form:

<input type="checkbox"/> Verification of Medical Qualifications Certificate	<input type="checkbox"/> Performance in Clinical Examination
<input type="checkbox"/> Performance in AMC MCQ Examination	<input type="checkbox"/> WBA result letter
	<input type="checkbox"/> AMC Certificate

**Signature**

(Print document  
and sign by hand)

**Date****Important**

The request must be submitted to the AMC by the institution/company. The AMC will only provide confirmation directly to the institution/company that submitted the request, and not to the AMC candidate.

The completed form with relevant document/s must be submitted to [verifications@amc.org.au](mailto:verifications@amc.org.au)