



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 account or file if no account has been created. (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 (Feedback/Results)
• Performance in the AMC Clinical Examination (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 file, please complete the following (use the tab key to move to next block):

AMC number [grid], Date of Birth (dd/mm/yy) [grid], Family/Last name(s) [text], Given/First name(s) [text], Email address [text], Medical school [text], Year awarded [text]

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

Name of institution/company [text], Name of contact person [text], Contact email address [text], Contact phone details [text]

Please tick the required document(s) to be verified by the AMC. A full clear copy of each document must be provided with this form:

- Verification of Medical Qualifications Certificate (EICS certificate issued prior to 2016)
Performance in clinical examination
Performance in AMC MCQ examination
WBA result letter (issued prior to 2021)
Certificate of Completion of Postgraduate Year Two (PGY2)
AMC Certificate

Signature [text], Date [text]

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 international medical graduate.

The completed form with relevant document(s) must be submitted to verifications@amc.org.au

FOR OFFICE USE ONLY Response processed by: [text] Date returned to institution: [text]