



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)
- **AMC Certificate issued**
- **Certificate of Completion of Postgraduate Year Two (PGY2)** (issued NSW and ACT from 2024 and Australia wide from 2025)

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/PGY2 certificate number		Date of Birth (dd/mm/yy)	
Family/Last name(s)			
Given/First name(s)			
Email address			
Medical school			
Year awarded	Name of school that awarded your medical degree (final medical diploma)		
	Year your medical degree (final medical diploma) was awarded - year of your final exam		

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

Name of institution/company	
Name of contact person	
Contact email address	
Contact phone details	

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	☐	AMC Certificate
☐	Certificate of Completion of Postgraduate Year Two (PGY2) - You will need to provide a clear, legible copy of your current driver's licence and/or passport to confirm the identity details provided on this form.		

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 international medical graduate/medical practitioner.

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