## **Uploading your AMC Certificate to EPIC**

## Required:

- Your AMC Certificate issued by the Australian Medical Council.
- TWO completed copies of the AMC Letter of Consent Authority to release information form.

Please carefully follow the steps outlined below to ensure you are submitting the correct documentation to authorise verification of your AMC Certificate:

- Enter all requested personal details on both AMC forms.
- Under "I hereby authorise the AMC to provide information of my AMC records to the following:", enter ECFMG's contact information on the first form and the Medical Council of New Zealand's contact information on the second form using the following contact details:

## **ECFMG Contact Information:**

Name of institution/company: Educational Commission for Foreign Medical Graduates

Name of contact person: MCNZ Case Manager Contact email address: <a href="mailto:info@ecfmgepic.org">info@ecfmgepic.org</a> Contact phone details: +1 (215) 966-3900

**Medical Council of New Zealand Contact Information:** 

Name of institution/company: Medical Council of New Zealand

Name of contact person: Registration Staff
Contact email address: education@mcnz.org.nz

Contact phone details: +64 4 384 7635

- Select "Performance in AMC MCQ Examination" on both forms.
- Sign and date both forms and upload to your <u>Physician Portal</u> as **one file** along with your AMC Certificate under the Medical Registration Certificate/License to Practice Medicine document category.

Please contact EPIC directly at <a href="info@ecfmgepic.org">info@ecfmgepic.org</a> using the subject line "MCNZ AGR pathway" if you have any questions should arise or if you need assistance.