

Official Health Professions Advisor Form

The Advisor Information System (AIS) provides health professions advisors with access to AMCAS application information and MCAT scores.

Your institution's use of the AIS is governed by the [AAMC Website Terms and Conditions](#), the [AAMC Privacy Statement](#), and the AIS Terms of Use. AIS users must agree to the AIS Terms of Use each time they log into the system.

AIS Terms of Use

You agree to protect the confidentiality and security of the information in AIS. Specifically, you agree that you shall not:

- Share personally identifiable examinee or applicant information with a third party, including medical schools and other staff/faculty at your institution;
- Release AIS information, including admissions decisions, to an advisee. Medical schools are the only entities authorized to release admissions actions;
- Provide a list, or any part of a list, of an applicant's designated medical schools and associated actions to a medical school admissions office; or
- Share your unique AAMC username and password with any other individual.

You agree that you have been designated as a health professions advisor for the institution for which you receive AIS access and that all advisor contact information provided to AAMC is up-to-date.

Use of information obtained through AIS is restricted as follows:

- You may use information for the purpose of advising applicants to health professions schools.
- You may use de-identified or aggregate information for internal business purposes and for marketing.
- You may not use information for research purposes. Requests for research data may be made to datarequests@aamc.org.

You agree to report to AAMC any known or suspected unauthorized disclosures of AIS information of which you become aware to advisors@aamc.org.

AAMC reserves the right to revoke AIS privileges from an advisor and/or the advisor's institution for violation of these Terms of Use. AAMC reserves the right to change these Terms of Use at any time. If you have any concerns or need clarification about the AIS Terms of Use, please contact the AAMC at advisors@aamc.org.

Additional Institution Terms

This agreement is in effect until the designated advisor at this Institution no longer requires access to AIS, the designated advisor has not accessed the system within one calendar year, or until terminated or modified by AAMC, whichever occurs first. Your institution agrees to promptly notify AAMC of any changes to its authorized advisors.

Advisor Information System: Official Health Professions Advisor System Access Form

Please complete the information below for the advisor(s) requesting AIS access and send it to the address and/or email provided below. **All fields are required. Please type or print.**

First Name		Middle Name		Last Name	
Title					
Institution Address			City	State	Zip
Phone			Work Email		
If applicable, please list the previous institution for which AIS was granted.					
First Name		Middle Name		Last Name	
Title					
Institution Address			City	State	Zip
Phone			Work Email		
If applicable, please list the previous institution for which AIS was granted.					
First Name		Middle Name		Last Name	
Title					
Institution Address			City	State	Zip
Phone			Work Email		
If applicable, please list the previous institution for which AIS was granted.					

If you are replacing one or more advisor(s) at your institution, please check the box(es) below and provide their information. **Please type or print.**

<input type="checkbox"/>	I certify that the following individual is no longer an advisor at this institution.				
First Name		Middle Name		Last Name	
Work Email					
<input type="checkbox"/>	I certify that the following individual is no longer an advisor at this institution.				
First Name		Middle Name		Last Name	
Work Email					
<input type="checkbox"/>	I certify that the following individual is no longer an advisor at this institution.				
First Name		Middle Name		Last Name	
Work Email					

Requester's Name	Institution Name
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The institution acknowledges and agrees that the person(s) listed on page 2 of this form is an Official Health Professions advisor(s) for the Institution and should be authorized to access the AAMC Advisor Information System (AIS). The Health Professions Advisor(s) will not transfer or disclose AIS information other than as permitted or required by the AIS Terms of Use, or as required by law. Institution shall report to AAMC any known or suspected unauthorized disclosure of AIS information of which it or the advisor/institution becomes aware.

By signing this form, Institution is bound to the terms and conditions set forth herein and represents and warrants that the undersigned has the legal power, right, and authority to sign this agreement and bind the Institution to the terms and conditions hereof.

Signature of Dean or Provost	Institution Name
Print Name	Date
Title	

Digital signatures are accepted. Send this completed form to advisors@aamc.org and print a copy for your records. If a digital signature is not available, print this form for the Dean or Provost to sign, then scan and email all pages to advisors@aamc.org.