

FORM N - AACRAO
REQUEST FOR FOREIGN EDUCATIONAL CREDENTIALS EVALUATION APPLICATION
FORM

APPLICANT:

- To request a Foreign Educational Credentials Evaluation, please complete this form and mail it to AACRAO International Education Services with the correct payment and copies of your medical educational records (transcripts). Please **Print clearly** or **type** information.
- You will receive two copies of the completed evaluation. You must send one copy to the Texas Medical Board
- The evaluation costs \$ 350 US Dollars (USD), which includes two copies. Additional copies may be purchased for \$ 10 USD each.
- An additional (optional) processing service fee must be included if you would like to hasten your request. The processing service fee for the 7-day Service is \$ 125 USD. The 7-day service means that the evaluation is completed within 7 business days of receiving all necessary records; it does not account for initial processing, payment processing, or mailing time.

Personal Information:

Name: _____

Last or Family First Middle Maiden/Other

Mailing address: _____

Phone number: _____

Fax Number: _____

E-mail address: _____

Date of Birth: _____ (mm/dd/yy)

Place of Birth: _____ (City, Country)

Educational Chronology: Please list all institutions attended beginning with secondary institutions (high school). List credentials using indigenous (native language) terms (**print clearly or type**).

Name of Secondary School(s)	Location (City/Country)	Dates attended	Name of Secondary School leaving certificate, diploma, or examination	Date completed

Name of Postsecondary (University / Medical) Institution(s)	Location (City/Country)	Dates attended	Name of medical degree	Date(s) degree(s) awarded

Educational Records:

Please make sure the following items are attached to this completed and signed form before sending to AACRAO:

Official copy of all foreign medical education records (in original language), with complete and literal translations (in the same format as the original document) if documents are not in English. Not including documents will slow the evaluation process. It is essential that you send: 1) copies of your medical education academic records listing subjects studied or those subjects in which you were examined, 2) the grades or marks you received, and 3) a copy of your medical degree.

Applicant Name _____

FORM N - AACRAO

Page 2

Request for Evaluation:

	Fee (USD)	Amount
Request a Course-by-Course Evaluation (includes two copies of the completed evaluation)	\$ 350	_____
Request additional copies of evaluation. Number of additional copies _____	\$10 each	_____
Request the Optional Express processing service (7-day evaluation)	\$125	_____
	TOTAL DUE	_____

Method of payment (check one):

Money Order (US currency) included. No personal checks.

Credit Card (Visa, MasterCard, and American Express only).

Type of credit card: _____

Name on card: _____

Card number: _____

Expiration date: _____

Signature of cardholder: _____

Send Request:

Please send complete request, attachments, and payment to:

Office of International Education Services
American Association of Collegiate Registrars and Admissions Officers (AACRAO)
One Dupont Circle, NW, Suite #520
Washington, D.C. 20036-1135

Signature of Applicant:

I certify that all statements made on this application form are correct and truthful.

Applicant Signature

Date