

FOREIGN CREDENTIALS SERVICE OF AMERICA APPLICATION FOR CREDENTIALS EVALUATION

Texas Medical Board

Dr. William J. Paver, Director

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1. GENERAL INFORMATION

PRINT your full legal name, without abbreviation. Only the first and last names will appear on your evaluation report.

First name Middle or other name		Family name		
Print other family name that might appear on documents		Birth date (MM/DD/YY)	Gender	☐ Female
Address 1: Texas Medical Board		Foreign Country(s) where y	/ou have atten	ded school
333 Guadalupe St Tower 3, Ste 610 Austin, TX 78701		Phone number(s)		
Address 2: Optional - \$25.00 fee applies, see services (Section 3) for more inform	nation	Fax number		
Street, Apt/Suite: City, State, Zip: (Country, if not USA) Return my official ACADEMIC documents, <u>if applicable</u> , to the a	ddress above	Email address A copy of your completed repor	t will be sent to t	this address
2. RETURN OF ORIGINAL DOCUMENTS				
If you would like your original documents to be returned without a report, please check the box to the right and indicate the address where the documents in question should be mailed. Failure to follow these instructions may result in the non-return/destruction of the documents in questions, for which FCSA will not be held accountable.	Please return	my original documents to the	following add	ress:
3. SERVICES AND FEES				
Detailed Evaluation of Coursework				
OPTIONAL FEES				
One Day Service - Detailed Evaluation	CSA application,	fees, and ALL	above base fee	· · ·
Rush Service (3 working days after receipt of ALL materials) Rush evaluations are <u>completed in 3 working days AFTER the receipt of</u> the For <u>necessary educational documents</u> , translations, etc. The evaluation will be sen unless overnight delivery is requested and paid for.	CSA application, <u>f</u>	fees, and ALL	above base fee	· · ·
U.S. Overnight Delivery		\$25 (US)	per address .	
□ Foreign Overnight Delivery (subject to carrier restrictions)		\$35 (US)	per address .	····
Additional copies (Any number, any time) Copies of your evaluation are available for a minimum of two years after the exbut are typically available for up to four years. Please write any address(es) in application (page 2) or a separate sheet of paper.	act original date o		per add'l copy	
Revisions (changing or adding to your original evaluation) Revisions can be done for two years after the exact original date of your evalue evaluation along with photocopies of additional documents to be evaluated. If it since the date of your original evaluation, you will need to start a new evaluation	ation. Send a pho wo years or more	tocopy of your		
	Bas	se fee plus optional fee = TO	TAL	

Important note: FCSA will keep your completed evaluation on file in our office for exactly two (2) years from the completion date at the top of your evaluation. During this two year period, you may request revisions to your evaluation according to the terms above, and the availability of additional copies of your report is guaranteed. Once this date has elapsed, however, you must request a new evaluation at the full price (and resubmit your documents) in order to have any further revisions made.

Applications may be sent by email, mail or fax to the contact information shown at the top right-hand corner of the first page of this application. Rev. 11/8/2017

4. SUMMARY OF EDUCATIONAL EXPERIENCE

Beginning with the 10th year of formal education, complete the following educational ladder:

(Include any school you are presently attending. Use additional sheet if necessary.)

Name of school and location	Years of attendance month/year month/year	Degree, title certificate	Year earned or expected
	to		

5. PAYMENT

Please enter amount from TOTAL line at the end of section 2	:				
□I am enclosing my check drawn on a US bank, US money order, or US cashier's check made payable to FCSA.					
Credit Card Options					
□ VISA	□ MasterCard	□ American Express			
		Billing Address:			
Name on card:					
Credit Card #:					
Expiration Date: CVV #: Authorization Signature:					

6. WHAT TO SUBMIT

1. REQUIRED DOCUMENTS:

- **Copy** of final degrees, diplomas, and certificates
- Full official transcripts / marksheets / academic records showing all subjects studied, examinations, and grades in a university-sealed envelope sent to us directly from your university (or issuing institution)
- Certified English language translations, if necessary (see below).
- Appropriate payment.
- General Signature at the bottom of this form.
- 2. TRANSLATIONS Certified word-for-word English translations must accompany all foreign language documents. If your document is in Spanish, you or a friend or family member may translate it.

7. COMMENTS

Use this space to provide FCSA with additional information that could be useful in your credentials evaluation. You can also make special requests in this space. (For example: I need my report in a separate sealed envelope)

8. SIGNED STATEMENT

I certify that all information provided in this application is complete, factually accurate, and honestly presented. I certify that I have read the instructions and conditions and agree to the terms stated therein. I understand that cancellations must be requested prior to the completion of the evaluation. A **non-refundable processing fee of \$25 will be deducted from all cancellations**. I understand that the evaluation is advisory and is not binding upon any agency or institution that uses it nor guaranteed to be accepted or used by any agency or institution. I release Foreign Credentials Service of America from any liability for damages resulting from the use to which I or any agency or institution puts the evaluation.

Signature of Applicant