



FOREIGN CREDENTIALS SERVICE OF AMERICA
APPLICATION FOR CREDENTIALS EVALUATION
Texas Medical Board

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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 <input type="checkbox"/> Male <input type="checkbox"/> Female
Address 1: Texas Medical Board 1801 Congress Ave Suite 9-200 Austin, TX 78701		Foreign Country(s) where you have attended school Phone number(s)
Address 2: <i>Optional - \$25.00 fee applies, see services (Section 3) for more information</i> Attention to: _____ Street, Apt/Suite: _____ City, State, Zip: _____ (Country, if not USA)		Fax number Email address A copy of your completed report will be sent to this address
Return my official ACADEMIC documents, <u>if applicable</u> , to the address above		

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 address:

3. SERVICES AND FEES

☒ **Detailed Evaluation of Coursework** \$200 (US) **\$ 200.00**
Includes a General Statement of Equivalency and a course-by-course evaluation as required by the Texas Medical Board.
Evaluations will be completed and mailed within about 10 business days after all documents are received unless a rush service is selected below.

OPTIONAL FEES

- ☐ **One Day Service - Detailed Evaluation** \$210 (US) .. above base fee .. _____
One day evaluations are completed within 24 hours AFTER the receipt of the FCSA application, fees, and ALL necessary educational documents, translations, etc. The evaluation will be sent by regular first-class mail unless overnight delivery is requested and paid for
- ☐ **Rush Service (3 working days after receipt of ALL materials)** \$75 (US) .. above base fee .. _____
Rush evaluations are completed in 3 working days AFTER the receipt of the FCSA application, fees, and ALL necessary educational documents, translations, etc. The evaluation will be sent by regular first-class mail unless overnight delivery is requested and paid for.
- ☐ **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)** \$25 (US) .. per add'l copy .. _____
Copies of your evaluation are available for a minimum of two years after the exact original date of your evaluation but are typically available for up to four years. Please write any address(es) in the comments section of this application (page 2) or a separate sheet of paper.
- ☐ **Revisions (changing or adding to your original evaluation)** \$50 (US) _____
Revisions can be done for two years after the exact original date of your evaluation. Send a photocopy of your evaluation along with photocopies of additional documents to be evaluated. If two years or more have passed since the date of your original evaluation, you will need to start a new evaluation.

Base fee plus optional fee = **TOTAL**

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.

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		Degree, title certificate	Year earned or expected
	month/year	month/year		
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	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

Name on card: _____

Billing Address: _____

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.
- ☐ 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 _____ Date _____