



**FORM N - FOREIGN CREDENTIALS SERVICE OF
AMERICA (FCSA)
APPLICATION FOR CREDENTIALS EVALUATION
Texas Medical Board**

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1. GENERAL INFORMATION

PRINT your full legal name, without abbreviation

First name

Middle or other name

Family name

Print other family name that might appear on documents

Email address

Address 1: complete this box if you want **both copies** sent to address 1

Phone number(s)

Fax number

Do you want your copies sent in separate sealed envelopes? ☐ Yes ☐ No

Address 2: complete this box if you want one copy sent to address 1 and the other sent to address 2

Birth date (MM/DD/YY)

Gender

☐ Male ☐ Female

Country of origin

2. SERVICES AND FEES

BASE FEES (choose one only) 2 copies will be prepared. A non-refundable processing fee of \$25 is included in the base fee. Evaluations will be completed and mailed within about 2-3 weeks after all documents are received unless a rush service is selected below

- ☐ **Detailed Evaluation of Coursework** \$200 (US)
Includes the General Statement of Equivalency and provides a detailed course-by-course listing which can be used to award transfer credit for universities, professional licensing agencies, teacher certification, etc.

OPTIONAL FEES

- ☐ **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 necessary educational documents, translations, etc. The evaluation will be returned by regular first-class mail unless overnight delivery is requested and paid.
- ☐ **U.S. Overnight Delivery** \$25 (US)per address
☐ **Foreign Overnight Delivery (subject to carrier restrictions)** \$35 (US)per address
☐ **Additional copies (FCSA basic service includes two copies of your evaluation)** \$25 (US) per add'l copy
Copies of your evaluation are available for two years after the exact original date of your evaluation. If you need the additional copies mailed to more than the two addresses allotted above, write them in Section 8 of this application.
- ☐ **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. After that date, copies may not be available and you will need to reapply and resubmit the entire application package, including the full fee.

3. 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, or certificate	Year earned or expected
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____

4. PAYMENT

Please enter amount from TOTAL line at the end of section 2: _____

From WITHIN the United States:

☐ I am enclosing my check drawn on a US bank, money order, or cashier's check made payable to FCSA.

From OUTSIDE the United States:

☐ I am enclosing my international money order or check drawn on a US bank made payable to FCSA.

From either within or outside the United States:

☐ Please bill my credit card: ☐ VISA ☐ MasterCard ☐ American Express

Name on card: _____

Credit card #: _____ Exp. date: ____/____/____

5. REFERRAL INFORMATION

Please tell us who referred you and the purpose of your evaluation. Check as many from the list at right that apply.

- ☐ Texas Medical Board
- ☐ Employment/H1 Visa
- ☐ University admission: University _____
- ☐ Teacher certification: State _____
- ☐ Board or agency: Name _____
- ☐ Immigration
- ☐ Other _____

6. WHAT TO SUBMIT

1. REQUIRED DOCUMENTS, STANDARD APPLICATION A standard FCSA application requires the following:

- ☐ Educational documents -- final degrees, diplomas, and certificates plus full transcripts / marksheets / academic records showing all subjects studied, examinations, and grades. Original documents **MUST** be submitted – photocopies are not sufficient – though they do not need to be sealed or mailed to FCSA directly from the issuing institution. All original documents will be returned to the client when the evaluation is complete.
- ☐ Certified English language translations, if necessary (see below).
- ☐ Appropriate payment.
- ☐ Signature at the bottom of this form.

2. REQUIRED DOCUMENTS, EVALUATION FOR BOARD LICENSURE Clients submitting evaluations to licensure boards should visit our website (www.fcsa.biz/board) for more detailed instructions. Many boards require that your academic documents be sent directly to FCSA, in a sealed envelope, from the institution of origin. You can also get information on board applications by emailing info@fcsa.biz or calling 512-459-8428. If you are applying for board licensure, it is essential that you contact the board directly as well as making an application to FCSA.

3. 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.

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 the evaluation is advisory and is not binding upon any agency or institution that uses it. 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 Application _____ Date _____