



## Minnesota Board of Dentistry

Review the instructions below carefully before proceeding to Page 2. If you need additional space for any field in page 2 please feel free to attach a separate sheet of paper. Additional information regarding our services and the application process are available on our website.

### What to Submit:

In order to perform an evaluation we require the following:

- Page 2 of this application form signed and dated
- Copy of Final Degrees, Diplomas or Certificates
- Full, Official Transcripts/Marksheets/Academic Records showing all subjects studied, examinations and grades (**must be official documents in a university-sealed envelope**) sent to us directly from your university (or issuing institution). Official documents include certified official copies produced by your university. We cannot make exceptions to this policy, as these are the verification requirements of the licensing board.
- Syllabus for all subjects studied.
- Certified word-for-word English Translations** for all academic credentials submitted. Certified translations must be performed by a **qualified disinterested third party**, typically a professional translation company, university or government agency.
  - o **Exception:** If your documents are in Spanish you may provide your own translation.

### Personal Information:

**Name of Applicant:** Enter your full current legal name exactly as you want it to appear on your evaluation report. If the name shown on your academic credentials is different from your current legal name, enter your other name(s) in the space provided. Please note that the middle name is for reference only and will not be included on the evaluation report.

**E-mail:** Please provide a current e-mail address. You will receive emails regarding your application status (including if your file has been placed on hold for any reason). Once your evaluation report has been completed, you will be emailed an unofficial electronic copy of your evaluation report and its mailing tracking information.

**Summary of Education:** List the schools you have attended (beginning with secondary education and continuing through your most recent degree). This helps our evaluators make sure you have provided all of the documents necessary to provide you with a complete and accurate evaluation. Please include an additional sheet of paper for more space if necessary. **You must include the city where the institution is located.**

### Evaluation Service:

**Detailed Evaluation of Coursework for professional licensing:** This evaluation is required by professional licensing boards. It includes a degree certificate evaluation and a course-by-course evaluation with GPA calculation with additional information as required by your specific licensing board.

### Time-frame Options:

The evaluation will be completed in approximately 10 business days. **Please note that all time-frames begin the business day after we receive everything necessary for evaluation and do not include shipping time.**

### Shipping Options:

One complimentary official report will be shipped to the licensing board. No additional copies may be requested.

### Payment Information:

Payment must be submitted in full before the evaluation can begin. Please follow the payment instructions on page 2. Please note that we cannot accept cash, wire transfers, or Discover Card.

### Notes:

This is an optional section for any special requests or comments you would like to include with your application for foreign credential evaluation. If you provided original documentation and would like it returned, please specify your return address in this section. We reserve the right to withhold documentation.

Applications may be sent by email, mail or fax to the contact information shown at the top right-hand corner of this page.  
Thank you for choosing FCSA!

**FCSA Application for Credentials Evaluation - Minnesota Board of Dentistry\* Page 2**

Please type or write legibly. Any missing, illegible, or incomplete information may result in the delay or non-processing of your application. All applications received after 2 PM CST will be considered to have been received the following business day. 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.

**Personal Information**

*Note: Only the first and last name will be included on the report.*

First Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Middle Name: \_\_\_\_\_ Foreign Country(s) of Education: \_\_\_\_\_

Last Name: \_\_\_\_\_ Gender:  Male  Female

Other Name(s) that might appear on documents, including maiden names: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_  
*(You will receive status updates and a copy of your evaluation at this address)*

**Summary of Educational Experience** *Use additional sheet of paper if necessary*

Name of School and Location	Dates of Attendance (From - To)	Degree, Title or Certificate	Year Earned or Expected

**Evaluation Service** *(required – see page 1 for a description of our services)*

Detailed Evaluation of Coursework for professional licensing (\$450)

**Shipping Options** *(the shipping time is not included in the time-frame options)*

**Complimentary Report to Licensing Board - Shipping Address:**

Name of Licensing Board: Minnesota Board of Dentistry  
 Street, Apt/Suite: University Park Plaza  
 2829 University Ave. SE, Suite 450  
 City, State, Zip: Minneapolis, MN 55414

*Additional copies of your professional licensing evaluation cannot be shipped to any other institutions.*

**Payment Information**

**Enclosed US Check or US Money Order** *(Make payable to FCSA)* TOTAL cost: \_\_\_\_\_

**Credit Card**

Visa     
  MasterCard     
  American Express     
 Billing Address: \_\_\_\_\_  
 Name On Card \_\_\_\_\_  
 Credit Card Number \_\_\_\_\_  
 Expiration Date (xx/xx): \_\_\_\_\_ CVV # \_\_\_\_\_  
 Authorization Signature \_\_\_\_\_

**Notes, special requests:** *(For example: I need my report in a separate sealed envelope)*

**Signed Statement**

I certify that all information provided on 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 if fraudulent documentation is presented, an evaluation will not be provided, the application will be canceled, and a refund will not be processed. 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. I understand that a copy (electronic or physical) of my evaluation report may be made available to the licensing board at their request, without my further consent, to be used at their discretion.

Signature of Applicant/Contact \_\_\_\_\_ Date \_\_\_\_\_

\*Foreign Credentials Service of America (FCSA) is an independent company and is not affiliated with the licensing board. Resumes and references are available upon request.