



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

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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.

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 333 Guadalupe St Tower 3, Ste 610 Austin, TX 78701		Foreign Country(s) where you have attended school	
		Phone number(s)	
Address 2: Optional - \$25 fee applies for an additional copy (see Section 2 for more information) 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	

****A \$60 charge is required for all international addresses. See below.**

2. 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 approximately 10 business days after all documents are received unless a rush service is selected below.

OPTIONAL FEES

- One Day Service** \$195 (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 (1-2 business days)** \$25 (US) . . per address _____
- **International DHL Express (3-5 business days)** \$60 (US) . . per address _____
- Additional copies (Any number, any time)** \$25 (US) . . per add'l copy _____
Copies of your evaluation are available for up to four years. Please write any address(es) in the comments section of this application (page 2) or on 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** _____

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!

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

4. 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: _____

5. 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 can provide your own translations.

6. 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). 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.

7. 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 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 Texas Medical Board at their request, without my further consent, to be used at their discretion.

Signature of Applicant _____ Date _____