



American Society for Clinical Pathology (ASCP)

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**)
 - o **We must receive official documents in a university-sealed envelope** (this includes certified official copies produced by your university) in order to comply with the verification requirements of the ASCP. **We cannot make exceptions to this policy.**
- 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 or submit one performed by a friend or family member.

Personal Information:

Name of Applicant: Enter your full current legal name exactly as you want it to be written 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. **Please note that the city the institution is located MUST be included in order to provide, you with the requested evaluation.**

Service:

The **Detailed Evaluation of Coursework** is automatically selected for you, as it provides the course-by-course evaluation with GPA calculation required by the American Society for Clinical Pathology.

If you want a Detailed Evaluation of your secondary school (high school) coursework, in addition to a Detailed Evaluation of your post-secondary (university) coursework, **an additional fee of \$140 will be required.** Please contact our office if you require this service or make a note of such in Page 2 of this application form.

Evaluation Time-Frame Options:

The standard processing time is 10 business days. Alternatively, rush services are guaranteed (we will refund the rush fee if the time-frame is not met). **Please note that all time-frames begin the business day after we receive everything necessary for evaluation and do not include shipping time.**

Delivery Options:

Your evaluation report includes free USPS shipping with tracking number. We also offer expedited delivery for an additional fee. USPS Express Mail arrives within 1-2 business days to most domestic addresses. For International Express delivery, the time frame may vary. Please refer to your USPS tracking number for details.

Return of Official Documents:

Indicate the address to where you would like your official documents returned. If no address is provided, your documents will stay on file for **two years**. First-class USPS shipping with tracking number is included at no cost to you. Expedited shipping options are available for an additional fee.

Additional Copies:

Your evaluation includes one complimentary official signed and stamped report which will be shipped directly to the American Society for Clinical Pathology and an unofficial report sent to you via e-mail. Please fill out the additional copy section if you require additional official reports.

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 specific requests or comments you would like to include with your application for foreign credential evaluation.

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

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 Family Name(s) that might appear on documents: _____ 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 blank paper if necessary

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

Service (required – see page 1 for description of services)

Detailed Evaluation of Coursework (\$140) \$140

Evaluation Timeframe Options

10 Business Days (free) 3 Working Days (\$75) One Day Service (\$210) _____

Delivery Options The time of delivery is not included in the evaluation processing timeframe options.

First-Class USPS shipping with tracking number (free) US Expedited Delivery to ASCP (\$25) _____

Return of Official Documents

Shipping Address: Attention to: _____
 Street, Apt/Suite: _____
 City, State, Zip (Country, if not USA): _____

Return of Official Documents Expedited Delivery Options
 First-Class USPS shipping with tracking (free)
 US Expedited Delivery (\$25) _____
 International Expedited Delivery (\$35)

Additional Copies

Number of Additional Copies Needed (\$25 per report, any amount can be requested at any time*) _____ x \$25 = _____

Additional Copy Address: (Attach a separate sheet of blank paper to this application for additional addresses)
 Attention to: _____
 Street, Apt/Suite: _____
 City, State, Zip (Country, if not USA): _____

*Reports are guaranteed to be available for two years following the exact original date of evaluation but are typically available for up to four years.

Additional Copy Shipping Options: _____
 First-Class USPS shipping with tracking (free)
 US Expedited Delivery (\$25) (Per address)
 International Expedited Delivery (\$35) (Per address)

Payment Information

Enclosed US Check or US Money Order (Make payable to FCSA) Total _____

Credit Card

Visa MasterCard American Express **Billing Address:** _____

Name On Card _____
 Credit Card Number _____

Expiration Date: _____ 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 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. I understand that a copy (electronic or physical) of my evaluation report may be made available to the American Society for Clinical Pathology 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 American Society for Clinical Pathology. Resumes and references are available upon request.