



## 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**) sent to us directly from you or your university (electronic copies sent from institution are acceptable). 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 ASCP.
- ☐ **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.
  - **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:

**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 this request on Page 2 of this application form. (Please note that the detailed of coursework will be on one report).**

### Time-frame Options:

If no rush service is selected, the evaluation will be completed in approximately 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.**

### Shipping Options:

One complimentary *official* report will be shipped to the ASCP. An unofficial report is sent to you via e-mail. Please fill out the additional copy section if you require additional official reports. Complimentary standard USPS shipping without a tracking number is provided. We also offer USPS domestic priority and expedited delivery for an additional fee. **For international shipping, you are required to pay \$60 for DHL Express.**

### 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!

### How to Send Electronic Copies:

Please submit your application to FCSA. After processing your application, you will receive an FCSA ID# that will be necessary for your institution to submit the documents to us electronically. This will help insure that your documents get processed correctly. Failure to do so may cause delays in processing your documents.

# FCSA Application for Credentials Evaluation – American Society for Clinical Pathology\* 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: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

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

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

Gender: ☐ Male ☐ Female

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 (\$140)

**\$140**

## Time-frame Options

Approximately 10 business days (free)

3 Working Days (\$75)

One Day Service (\$195)

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

### Complimentary Report to ASCP Shipping Options:

ASCP  
33 W Monroe St, Ste 1600  
Chicago, IL 60603

USPS without tracking (Free)

Domestic USPS, 2-3 business days with tracking (\$10)

Domestic Expedited USPS, 1-2 business days with tracking (\$25)

Shipping cost for Complimentary Report: \_\_\_\_\_

**Additional Copies** can be purchased for \$25 per report for up to four years. Changes can be made to a completed report within two years.

**Additional Copy Shipping Address:** (\$25 per report)

Receiver's Name: \_\_\_\_\_

Street, Apt/Suite: \_\_\_\_\_

City, State, Zip (Country, if not USA\*\*): \_\_\_\_\_

Return my official documents, if applicable, to the address above (**\$10 domestic USPS tracking is required for the return of official documents**)

USPS without tracking (Free)

Domestic USPS, 2-3 business days with tracking (\$10)

Domestic Expedited USPS, 1-2 business days with tracking (\$25)

**International DHL Express, 3-5 business days (\$60)**

**\*Required for all international addresses\***

If you need additional space to request more reports, please attach another sheet of paper to this application for the other addresses.

**Shipping cost for Additional Report(s) +**

**Cost for the Additional Report(s) (\$25/copy):** \_\_\_\_\_

## 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 \_\_\_\_\_

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

Credit Card Number \_\_\_\_\_

Expiration Date (xx/xx): \_\_\_\_\_ CVV# \_\_\_\_\_

Authorization Signature \_\_\_\_\_

### 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 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.