



Application for Evaluation of Foreign Educational Credentials

Fees Effective September 1, 2009

APPLICATION MAILING INSTRUCTIONS:

- a) For 1st class mail, certified, registered mail please mail the application, documents and fees to ACEI, P.O. Box 6908, Beverly Hills, CA 90212, USA.
- b) For courier/overnight mail (e.g. FedEx, DHL, TNT, UPS), please mail the application, documents and fees to ACEI, Box 188, 9461 Charleville Boulevard, Beverly Hills, CA 90212, USA.

NOTE: ACEI does not have a walk-in service. All applications and documents must be mailed to one of the 2 addresses shown above.

DO NOT FAX DOCUMENTS. DO NOT EMAIL DOCUMENTS.

Before completing this form, make sure that you have read the information in [ACADEMIC EVALUATION](#). This form allows you to click on each field, type in the requested information, and then print out the form with the information you typed in. Or, you can print and complete this form and return it together with your fee(s) to ACEI.

Please PRINT or TYPE clearly

NOTE: Failure to provide complete information will delay the application process.

APPLICATION FORM

A. PERSONAL INFORMATION

A1. Name: _____ Male Female
(Last/Family Name) (First Name) (Middle Name)

A2. Mailing Address: _____
(Number & Street) (Apt./Flat/Suite#)

(City) (State) (Zip/Postal Code) (Country)

A3. Telephone: (____) _____ (____) _____ (E-mail)
(Daytime) (Fax)

A4. Birth Date: _____ Country of Birth: _____
(Month) (Day) (Year)

A5. Have you ever applied to ACEI:

NO YES - If yes, when ? (date) _____ ACEI Ref.# _____

A6. Who referred you to ACEI? _____

B. ACADEMIC HISTORY

List all educational institutions attended and now attending, beginning with primary school (if additional space is needed, please use a separate sheet of paper and attach to this form). This section must be completed.

Name of institution(s)	City/Country	Dates of Attendance (From/To)	Credential(s) Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. PRIMARY PURPOSE FOR EVALUATION

Please check:

- Further Education Employment Immigration Military
- Other (pls. specify) _____
- Professional Licensure - State _____ Profession _____

D. EVALUATION MAILING

Please check (one):

- ACEI to mail OFFICIAL evaluation report and duplicate unofficial COPY to the address in [A2](#) above.
- ACEI to mail OFFICIAL evaluation report to the address(es) shown below and the duplicate unofficial COPY to the address in [A2](#) above. If you list more than one address below, an extra charge of \$30.00 is required for each extra address. See Section [E2](#). Attach an additional sheet if needed.

Select Type of Mailing

1st Class Priority
 Air Mail Overnight

Select Type of Mailing

1st Class Priority
 Air Mail Overnight

1. _____ 2. (extra address, extra fee, see Section [E2](#).) _____
- _____
- _____
- _____

Tel. () _____

Tel. () _____

E. TYPES OF EVALUATION REPORTS & ADDITIONAL SERVICES

E1. Evaluation Report:

Please check to indicate selection of Report:

- BASIC REPORT** (for employment/immigration/military enlistment)
 - High School/Secondary Education (only)** (\$85.00) \$ _____
 - College/University Education**
 - Fee for 1st degree/credential (\$100.00) \$ _____
 - Fee for each additional degree/credential (specify # of credentials) _____ x (\$30.00) \$ _____
 - Health Profession*** (\$120.00) \$ _____
 - Fee for each additional degree/credential prior/post health professional studies (specify # of credentials) _____ x (\$60.00) \$ _____
- California Board of Accountancy (CPA Exam) - Course Report** (suitable ONLY for State of California Board of Accountancy)
 - College/University Education**
 - Fee for 1st degree/credential (\$140.00) \$ _____
 - Fee for each additional degree/credential (specify # of credentials) _____ x (\$40.00) \$ _____
 - Health Profession*** (\$160.00) \$ _____

- COMPREHENSIVE REPORT** (Course-By-Course) (for further education/teacher credentialing/professional certification, e.g. CPA but NOT California Board of Accountancy)
 - High School/Secondary Level Education (only)** (\$160.00) \$ _____
 - College/University Education**
 - Fee for 1st degree/credential (\$180.00) \$ _____
 - Fee for each additional degree/credential (specify # of credentials) _____ x (\$90.00) \$ _____
 - Health Profession*** (\$200.00) \$ _____

*Health Profession: Dentistry; Dietetics; Laboratory Science; Medical Technology; Medicine (Western/Traditional); Nursing; Occupational Therapy; Pharmacy; Physical Therapy; Respiratory Therapy; Veterinary Medicine.

E2. Extra Official Report (optional):
(specify #) _____ x (\$30.00) \$ _____

E3. RUSH Service (optional, check only one):

Payments for RUSH service evaluations must be submitted by money order/cashier's check/credit card (Visa/MasterCard only).

- One (1) Business Day (\$250.00) \$ _____
- Three (3) Business Days (\$200.00) \$ _____
- Five (5) Business Days (\$150.00) \$ _____

E4. Mailing/Delivery Fees of Evaluation (check as many as applicable):

(Evaluation fee does not include the cost for mailing.)

- First Class** (domestic/US only) (specify # of mailings) _____ x \$5.00 \$ _____
- Air Mail** (overseas/international) (specify # of mailings) _____ x \$10.00 \$ _____
- Priority Mail** (domestic/US only) (specify # of mailings) _____ x \$12.00 \$ _____
- Overnight/Express** (domestic/US only) (specify # of mailings) _____ x \$35.00 \$ _____

Overnight/ Express
(overseas/international) (specify # of mailings) _____ x \$65.00 \$ _____

TOTAL FEES: \$ _____

Credit Card Payments - Please complete the following:

Card Type: MasterCard VISA Card Number: _____

Expiration Date: _____ / _____
month year 3 Digit security code: _____
(on back of card)

Billing address of credit card: _____
Street/P.O. Box Apt/Suite#

_____ City State Zip Code Country

Card Holders Name (please print): _____

I hereby authorize the Academic Credentials Evaluation Institute, Inc. to utilize my credit card for the detailed billing as noted on the ACEI application for education credentials evaluation.

Signature: _____ Date: _____

F. CERTIFICATION BY APPLICANT/AGENT REPRESENTING APPLICANT

- F1. I certify that, to the best of my knowledge, all the information provided in this form is true, complete and correct.
- F2. I certify that I have read Sections 1 through 6 of INSTRUCTIONS and TERMS & CONDITIONS of Academic Evaluation as posted under Services: Academic Evaluation on this website and agree to the terms stated herein.
- F3. I understand that the evaluation prepared by ACEI is advisory and not binding upon any individual, institution or agency that uses it and release ACEI from any liability for damages resulting from the use of the evaluation report.

(Name, Printed) (Signature) (Date)