International Consultants of Delaware

GLOBAL CREDENTIALS EVALUATION SERVICES

a division of CGFNS International

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Courier Delivery
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Philadelphia, PA 19104-2651 USA
Web site: www.icdeval.com

Reprocess an Expired ICD Credentials Evaluation Application

Provide all information requested below. Use a typewriter or print legibly in ink.

A Your name

Print or type your full name as you would like it to appear on all correspondence. Put only one letter in each box.

First (given) and middle names (Leave a blank square between names)

Surname (last/family name) (Leave a blank square between names)

B Your other names

Print or type other names appearing on your documents. Include legal documentation/evidence verifying name change.

Name before marriage

Other names

C Your birth date (Spell the month, enter numbers for the day and year)

Month

Day

Year

D Your gender

Female

Male

E ICD file number (if known)

F Your details

Print or type the address where ICD should mail correspondence to you.

Address

Address

City

State/Province

Post code

Country

Telephone (include country code)

Fax (include country code)

E-mail

G Report recipients

Print or type the names and addresses of as many as two different recipients for your report.

Note: If you would like to receive a copy of the report for yourself, you will need to designate yourself as one of the recipients.

Name and address of first report recipient

Name

Address

City, post code, country

Name and address of second report recipient

Name

Address

City, post code, country

H Fees

Select only one report type. If you are sending the report to two different recipients and they requested different report types, choose the most detailed report requested. Please confirm the report type needed with your recipient(s) before sending this application.

Check ■ to indicate selection (Check all that apply)			Total fees due
■ Reprocess an expired General Statement Report	$ 25.00		$.
■ Reprocess an expired Course-by-Course Report	$ 60.00		$.
■ 14 Day* Priority Service** (optional)	$100.00	+	$.
Fees for additional services (Check all that apply)			
■ Additional report recipient	$ 25.00	+	$.
■ Faxed copy of your report	$ 25.00	+	$.
■ Overnight courier, Domestic	$ 40.00	+	$.
■ Overnight courier, International	$ 75.00	+	$.
■ Originals returned by courier	$ 25.00	+	$.
■ Document translation (per page)	$ 75.00	+	$.
		total	$.

** business days*

*** In order to ensure efficient service, ICD reserves the right to limit the number of priority service requests to be processed at a given time. If you are requesting priority service, you may want to include the additional overnight courier service to mail your report to the recipient(s).*

Full payment for all services requested must be included with your application. Send only a certified bank check or international money order, drawn in U.S. dollars on a U.S. bank and made payable to ICD, or pay by credit card using the *Credit Card Payment Form*. Personal checks and cash are not accepted. All fees are subject to change without notice.

I Terms and Conditions of the *ICD Reprocess an Expired Credentials Evaluation Application*

The following clarifies the obligations of the provider (ICD) and the applicant (you) of the *Reprocess an Expired ICD Credentials Evaluation Application*, as well as the manner in which this service is delivered.

- ICD reserves the right to evaluate any material it deems applicable to the *Reprocess an Expired ICD Credentials Evaluation Application.*
- No evaluation is conducted until a completed application and payment in full has been received by ICD.
- Fees are subject to change and are non-refundable, except in the case of overpayment.

ICD's evaluations provide assistance in understanding foreign educational credentials by comparing them to the U.S. educational system. ICD's opinions are strictly advisory and recipients of ICD evaluations make their own decisions and interpretations based on the information provided in the evaluation.

J Attestation

Please note: Each applicant must sign his/her full name in English on the applicant's signature line. Do not submit this application unless you understand and agree to the following terms:

I agree to the Terms and Conditions of the *Reprocess an Expired ICD Credentials Evaluation Application* as outlined in Item I (above).

I certify that all information that ICD has received as a part of this application, or in the past, from me, or from a third party on my behalf, is true and complete. I certify that all documents that have been submitted to ICD for any purpose have not been falsified, altered or tampered with.

I understand that ICD and others will rely on this application and on the documents and information submitted, and that if any of it is falsified, altered or tampered with, or if I alter an ICD credentials evaluation Report or misrepresent a copy as an original, ICD may take action against me, and the consequences could adversely affect my professional license, immigration status, employment and other matters, from which I release ICD from all liability.

I release ICD from any liability for damages resulting from the use of a Credentials Evaluation Report, and agree to reimburse ICD for any and all costs, including legal expenses that ICD may incur as a result of any claim I (or anyone having an interest in my earnings or services) may make, based upon the evaluation determination. Further, I release ICD from any liability for the loss or damage to documents submitted with respect to an application for an evaluation.

I authorize ICD to contact any relevant institutions for verification purposes, to request any additional information needed prior to completing the evaluation and to disclose the information and documents in this application, the status of any reports, verifications or evaluations prepared by ICD, any other information obtained by ICD and the results and reasons for any action taken against me by ICD to any person or organization I designate in writing or to any other recipient that ICD may determine has a legitimate interest in receiving the same, such as government agencies and potential employers.

Applicant signature (do not print) — Date (month / day / year)

You must sign and date this application in order for it to be processed.

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Credit Card Payment Form

Please type or print. If you, or a third party on your behalf, would like to pay by credit card, please enter your name (as you have entered on this application) and your ICD file number (if known). Complete the cardholder information requested below. Enclose this form with all other materials you are sending ICD.

1 Applicant name

Given (first) and middle names

Surname (last/family name)

2 ICD file number (if known)

3 Applicant birth date (Spell the month and enter numbers for the day and year)

Month/Day/Year

4 Cardholder information

Cardholder name (as it appears on card)

Given name, middle initial and surname

Credit card type (check one) ☐ Visa ☐ Mastercard ☐ Discover

Cardholder address (For processing credit card payments only)

Address

Address

City

State/Province Post code Country

Credit card number

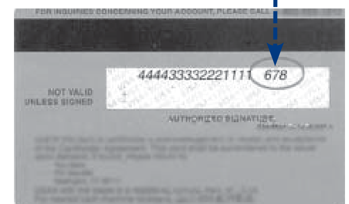
CVV2 number* (See below for explanation)

Expiration date Month Year

Total charges (see fee schedule) US $.

*Explanation of credit card CVV2 number

Visa and MasterCard: This number is printed in the signature area on the back of the card — they are the last three (3) digits after the credit card number.



5 Cardholder signature (payment authorization)

I hereby authorize **CGFNS INTERNATIONAL** charge to my credit card for the total of all services requested in this application including any fee adjustments in effect as of the date the order is received by ICD.

Authorized cardholder signature

A division of CGFNS INTERNATIONAL
Global Credibility