

# Request for Validation of License/Registration/Diploma

## FOR APPLICANT TO COMPLETE BEFORE SENDING TO LICENSING OR SCHOOL AUTHORITY

My current name

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First (given) name

Middle name

Last (family/surname) name

My birth date

Month	Day	Year
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My CGFNS ID number

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(if known)

My order number

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(if known)

License/Registration/Diploma number

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Professional title

The license/registration/diploma was issued under the name

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First (given) name

Middle name

Last (family/surname) name

Applicant signature

My current address

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Address

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Address

City

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State/Province

Post/Zip code

Country

## FOR LICENSING OR SCHOOL AUTHORITY TO COMPLETE

Dear Licensing or School Authority:

Please promptly **complete this section of the form** and attach a copy of the above applicant's professional license/registration/diploma documents issued in its original language, *accompanied by a certified English translation.*

1. This is to certify that \_\_\_\_\_ was first issued license/registration/diploma

Applicant name

number \_\_\_\_\_ to practice as a \_\_\_\_\_ on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Specify legal title

Month / Day / Year

The expiration date of this registration / license is \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Applicant birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month / Day / Year

Month / Day / Year

2. Ability to practice granted by:  National / Provincial / State examination  Licensure exam date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month / Day / Year

Registration  Review of another license (endorsement)

Diploma (**NOTE:** Please attach a copy of the original language diploma/certificate with literal English translation)

Other \_\_\_\_\_

3. Status:  Active / Current  Expired  Inactive  Restricted\*

\*Please attach an explanation if the applicant's registration / license / diploma has ever been revoked, suspended, limited or placed on probation.

4. Name and address of professional school \_\_\_\_\_

5. Graduation date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month / Day / Year

6. Is this school accredited or government approved?  Yes  No

By whom? \_\_\_\_\_ Approval date \_\_\_\_\_ / \_\_\_\_\_

Is this educational program accredited or government approved?  Yes  No By whom? \_\_\_\_\_

7. Program type:  Diploma  Baccalaureate degree  Associate degree  Other (specify) \_\_\_\_\_

8. Licensing or school authority signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do not print, sign entire name. Licensing or school authority seal or stamp must cover signature.

Month / Day / Year

Print name

Licensing or school authority title

State / Province and country

Telephone number (include country code and area code)

Fax number (include country code and area code)

Email address

Web address

Please send this document and any attachments, in English, in an envelope with your seal or stamp over the flap after sealing. Send to: CGFNS International, Inc., ATTN: Director of Credentials Evaluation Services, 3600 Market Street, Suite 400, Philadelphia, PA 19104

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