

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

My CGFNS ID number

--	--	--	--	--

(if known)

My order number

--	--	--	--	--

(if known)

License/Registration/Diploma number

--	--	--	--	--

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

--

Address

City

--	--	--

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*Please attach an explanation if the applicant's registration / license / diploma has ever been revoked, suspended, limited or placed on probation.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