



American University of the Caribbean
School of Medicine

Licensure Credit Card Request

For the processing of California, Illinois, and Massachusetts licensure applications, please be advised that there is a \$125 fee.

Fill out the request below and submit along with the transcript request, if your state licensing board requires it.

State	Fee	Total

If paying with a CHECK, you will need to mail all forms and documents along with your check:

Make checks payable to: **AUC**

Mail to:

Assistant Registrar
Medical Education Administrative Services
901 Ponce de Leon Blvd., Suite 700, Coral Gables, FL 33134

If paying with a Credit Card, you may fax all to (305) 444-6791, or scan and e-mail all to spino@aucmed.edu:

Credit Card Type: _____ **Payment Amount:** _____
(Visa or MC only)

Credit Card #: _____ Expiration Date: _____

CVC Security Code: Please enter your Credit Card's CVC Security Code at the bottom of this page. Once an approval authorization is received from your credit card company, this information will be cut out and shredded.

Credit Card Billing Address _____
(required, even if same as above)

Name of Student/Applicant _____ Name on Card _____
(please print)

Authorizing Signature _____ Today's Date: _____
(required)

FOR OFFICE USE ONLY:

Date Received: _____ Received by: _____

Authorization Number: _____

CVC Security Code: _____
(located on the back of your credit card)