



Company Contact  
Information



Website Link



Mail applications to:  
7101 SW 102 Avenue  
Miami, FL 33173

**Josef Silny & Associates, Inc.  
International Education Consultants**

Tel.: (305) 273-1616  
Fax. (305) 273-1338/Translation Fax: (305) 273-1984

OR EMAIL TO:  
payment@jsilny.org

E-Mail: info@jsilny.org  
Web Site: www.jsilny.org

**Application for Evaluation of Foreign Educational Credentials  
for Boards of Nursing**

**Information on Josef Silny and Associates, Inc., International Education Consultants (JS&A)**

JS&A is an organization of highly qualified international education consultants. Mr. Silny is recognized nationally and internationally as an expert in the field of foreign credential evaluations and international admissions. He has been the Director of International Admissions at the University of Miami and the City University of New York. He has participated as a panelist or workshop director at national professional conferences annually since 1974. He has held numerous committee chairmanships and memberships in national professional organizations and corporations. Mr. Silny has published a book and numerous articles in the field of international education. All international education consultants associated with Mr. Silny are highly qualified in the field of foreign credential evaluations. JS&A is a member of the National Association of Credential Evaluation Services, Inc. (NACES)

**APPLICATION PROCEDURES - Please be sure to read the complete information on our website at [www.jsilny.org](http://www.jsilny.org).**

PLEASE BE AWARE THAT WE WILL NOT PROCESS YOUR REQUEST FOR ANY SERVICE UNLESS WE RECEIVE YOUR FILLED-OUT AND SIGNED APPLICATION AND CORRESPONDING FEES. JS&A WILL NOT BE RESPONSIBLE FOR DOCUMENTS SENT TO US.

In order to receive an evaluation, an applicant must provide the following:

1. A completed Application for Evaluation of Foreign Educational Credentials signed by the applicant
2. A non-refundable evaluation fee in U.S. dollars. Make the bank check or money order payable to Josef Silny & Associates, Inc. (We cannot accept postal money orders or payments through Western Union). If you are paying by a credit card you must fill out the Credit Card Information form. All evaluation fees, including fees for rush report, 24-hour report, grade point average equivalent, extra copies, and translation are NON-REFUNDABLE.
3. EDUCATIONAL DOCUMENTS:
  - a) Official diplomas and certificates in the original language
  - b) Official transcripts in the original language (names of courses, grades, and hours of instruction) for every year of study
  - c) A Syllabus of university studies (description of each course or subject studied) is required
4. TRANSLATIONS: Documents in a language other than English must be accompanied by professional, certified English translations. Translations supplement, but do not replace the original documents. JS&A offers professional certified translations. JS&A is a Corporate Member of the American Translators Association. For further information on the JS&A Translation Service, call 305-273-1616 or e-mail or fax your request for translation estimate along with all pertinent documents.

E-mail: translation@jsilny.org      Translation fax: 305-273-1984

**Processing Information:** For nursing licensure: transcript, degree, course descriptions, and filled out charts must be sent by the issuing institution(s) directly to JS&A and will be verified. In addition, we need to receive directly from the issuing authority, applicant's nursing license, date issued, date of expiration and if the applicant's license was ever revoked or suspended. Academic credentials received directly from foreign institutions are considered confidential and cannot be given to applicants. The documents you submit with your application, with the exception of any originals, will become the property of Josef Silny & Associates, Inc. and they will not be returned. When it has been determined that documents submitted for evaluation or translation were forged or altered in any way, no evaluation report or translation will be prepared and the fees will not be refunded. All recipients indicated on the application form will be notified. It is the applicant's responsibility to submit the documents which need to be evaluated. If the application is not completed within one year, JS&A will close the file. A new evaluation fee will be required for updating the file. JS&A will keep applications with academic credentials for one year only. Please note that all fees are subject to change without notice. Refusal of service: JS&A reserves the right to refuse service to anyone. In preparing an evaluation report, every effort is made to consult appropriate resources, in order to provide the most accurate evaluation possible. JS&A will provide a list of the references used in making the specific evaluation upon written request. JS&A does not discriminate among applicants as to the age, sex, race, religion, national origin, disability, or marital status.

## **PROCESSING TIME**

1. Standard Processing Time: Evaluations are normally prepared in 10 to 15 working days from the receipt of all required fees, information, documentation and verifications. Evaluations which require extensive research and correspondence may take longer to prepare.
2. Rush Evaluation Reports
  - a) 24-Hour Evaluation Report
  - b) 2-Day Evaluation Report
  - c) 5-Day Evaluation Report

Rush evaluation reports will be completed in a timely fashion, in accordance with the type of rush evaluation report requested, upon receipt of all required fees, information and documentation. If, for any reason, the evaluation report cannot be completed within the specified time after receipt of all required fees, information and documentation, the rush fee will be refunded and the evaluation will be completed as quickly as possible. The rush fee will be adjusted to reflect the actual processing time and a refund of the difference will be issued. Rush evaluation reports must be paid for by bank check, money order or credit card.

## **COST OF EVALUATIONS**

1. Nursing Course-by-Course – U.S. \$380 (Licensure only). The cost for each additional state board is \$380
2. 24-Hour Evaluation - U.S. \$300 in addition to the basic fee
3. 2-Day Evaluation - U.S. \$200 in addition to the basic fee
4. 5-Day Evaluation Report - U.S. \$100 in addition to the basic fee
5. Re-evaluation - Re-evaluations based on documents not submitted with the original request are considered new evaluations and a second payment of the basic fee \$380 is required.
6. Extra evaluation reports - Additional original evaluation reports requested at the time of evaluation cost \$20 each. Each evaluation report requested after the evaluation has been completed costs \$30 (evaluations may be available only within 3 years of the original date of issuance). Please add \$5 to the cost of each report that you wish to be mailed to you in a specially sealed JS&A envelope.
7. The applicants are responsible for any verification fees charged by their universities.
8. Do not send us any of your original academic credentials. If you do, you will be responsible for payment for their safe return (U.S. \$45 for a courier in the United States and U.S. \$85 for a courier to other countries).

## **INFORMATION ABOUT EVALUATIONS**

Sending your evaluation - Your evaluation will be sent electronically to the State Board of Nursing you specified in this application. If you would like to send your evaluation to yourself or anyone else, select an extra evaluation report service and list the name and address in this application.

Method of Operation - To keep the cost of evaluations as low as possible, the evaluation service is conducted by mail. If there are questions concerning an application, Josef Silny & Associates, Inc. will e-mail, write, or telephone the applicant. If the applicant requests a personal interview, the charge will be U.S. \$60 per half hour. Interviews are by appointment only.

Reassessment of Education Systems - Evaluations are based upon the best information and resources currently available to foreign credential evaluators in the United States. Josef Silny & Associates, Inc. reserves the right to reassess educational systems as new and additional information becomes available.

Satisfaction with Evaluations - JS&A generally follows the Placement Recommendations of The National Council on the Evaluation of Foreign Educational Credentials. JS&A guarantees that all evaluations are prepared by highly qualified evaluators, but it cannot guarantee that the applicant will agree with the evaluation. Any questions or concerns about evaluations must be submitted in writing.

**PERSONAL INFORMATION**

If you have a U.S. Social Security Number, please list it: \_\_\_\_\_

Gender:  Male  Female

Full name: \_\_\_\_\_  
Last name Given name Middle name/Maiden name

Street Address: \_\_\_\_\_ Apartment # \_\_\_\_\_  
(if applicable)

City State Zip code Country (if not U.S.)

Date of birth: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_ Country of birth: \_\_\_\_\_  
Month / Day / Year

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Area code and number Area code and number

**Type of Professional Service Requested:**

**Basic Fees**

Licensing: Nursing (U.S. \$380 basic fee)

**Rush Fees**

24-Hour Evaluation (U.S. \$300 + basic fee)

2-Day Evaluation (U.S. \$200 + basic fee)

5-Day Evaluation (U.S. \$100 + basic fee)

**Additional Services**

Extra Evaluation Report (U.S. \$20 per report) How many? \_\_\_\_\_

Extra Report in Sealed Envelope (U.S. \$25 per report) How many? \_\_\_\_\_

Secure Return of Originals U.S. \$ \_\_\_\_\_

Translation (quote provided upon request) U.S. \$ \_\_\_\_\_

Other U.S. \$ \_\_\_\_\_

Please indicate for which State Board of Nursing this evaluation has been requested for: \_\_\_\_\_

From whom did you learn of Josef Silny & Associates, Inc.: \_\_\_\_\_

Have you used JS&A services previously? Translation: No: \_\_\_\_\_ Yes: \_\_\_\_\_ Date: \_\_\_\_\_  
Evaluation: No: \_\_\_\_\_ Yes: \_\_\_\_\_ Date: \_\_\_\_\_

**Your evaluation report will be sent electronically to the State Board of Nursing you specified.**

If you want your evaluation to be sent to an agency, employer, or yourself (at U.S. \$20 per report), please list their names and addresses below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_


**ACADEMIC HISTORY**

Educational Institutions Attended (You must list all educational institutions you have attended. Begin with the first year of elementary school and include any school you are now attending.)

	Name of Institution	City, Country	Attendance From - To	Diplomas or Certificates	Year of Graduation
1.	_____	_____	-	_____	_____
2.	_____	_____	-	_____	_____
3.	_____	_____	-	_____	_____
4.	_____	_____	-	_____	_____
5.	_____	_____	-	_____	_____
6.	_____	_____	-	_____	_____

I, the undersigned applicant, certify and represent that all information provided in this Application is complete, factually accurate, and honestly presented, and that I have read and understand the instructions and conditions (including that all fees are **non-refundable**). I agree to the terms stated herein. I understand that the evaluation is advisory and is not binding upon any agency or institution that uses it. Further, in consideration of the payment by the undersigned applicant, and the mutual undertakings by the parties as stated in this Application ("Agreement"), the undersigned applicant releases JS&A, its officers, directors, employees, and agents, from any liability or damages resulting from: (a) the use to which I or any agency or institution puts the evaluation, and (b) for the loss of any original documents. In addition, any litigation arising out of this Agreement will be under Florida law, and venue will be in Miami-Dade County, Florida. The prevailing party to any litigation arising out of this Agreement is entitled to reasonable attorney's fees and all costs accrued during the litigation.

Signature of the applicant: \_\_\_\_\_ Date: \_\_\_\_\_

 Application must be signed by hand or digital signature (not typed). By signing you agree to all terms on this agreement.



**For all state boards of nursing except for Alabama and Louisiana Boards of Nursing  
Attachment of Nursing Theory and Clinical Clock Hours and Required Coursework  
(TO BE COMPLETED BY CLIENT'S INSTITUTION ONLY)**

Client's Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Language of Instruction: \_\_\_\_\_

Language of Textbooks: \_\_\_\_\_

Language for Clinical Experience: \_\_\_\_\_

Applicant's License/Permit Number: \_\_\_\_\_

- Date Issued and Date of Expiration: \_\_\_\_\_

Was the nursing license ever revoked or suspended? \_\_\_\_\_ No Yes \_\_\_\_\_ (on what date?) \_\_\_\_\_

**(Please note if this information is not available or does not exist)**

<u>Nursing Education Categories</u>	<u>Theory Clock Hours</u>	<u>Clinical Clock Hours</u>	<u>List course in which these topics are integrated:</u>
<b><u>Medical:</u></b>			
<b><u>Surgical:</u></b>			
<b><u>Obstetric:</u></b>			
<b><u>Pediatric:</u></b>			
<b><u>Psychiatric / Mental Health:</u></b>			
<b><u>Geriatric:</u></b>			

**Total number of Theory Clock hours completed: \_\_\_\_\_ hrs.**

**Total number of Clinical Clock hours completed: \_\_\_\_\_ hrs.**

**PLEASE INCLUDE COURSE DESCRIPTIONS, INCLUDING HOURS OF INSTRUCTION  
(THEORY AND CLINICAL) OF ALL SUBJECTS LISTED IN THIS CHART.**



**Please provide us with your name, title, signature and institutional seal for our records.**

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**Name**

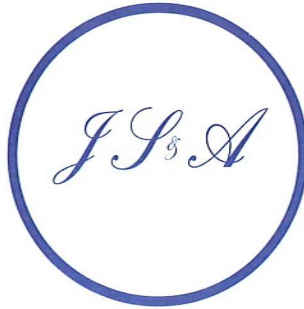
**Title**

**Stamp:**

**Date:** \_\_\_\_\_

**The institution MUST send the completed charts along with the official student's graduation diploma(s), transcripts and course descriptions DIRECTLY to:**

**Josef Silny & Associates, Inc.  
International Education Consultants  
7101 SW 102 Avenue,  
Miami, FL 33173  
USA**



## REQUEST FOR NURSING LICENSE

Foreign licensing board must complete all fields in this form. If this document is completed in a language other than English, it must be accompanied by a certified English translation.

This form must be submitted directly by mail to: Josef Silny and Associates, Inc.  
International Education Consultants  
7101 SW 102 Ave  
Miami, FL 33173  
USA

Applicant's name:

last name	first name	middle name	maiden name
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Applicant's DOB (mm/dd/yyyy):

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Name of licensing board:

Title of Professional License (RN, LPN, etc.)

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Address of licensing board:

License registration number:

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Website of licensing board:

E-mail address of licensing board:

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Method of licensing (national, provincial, state examination)

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License issue date (mm/dd/yyyy):

License expiration date (mm/dd/yyyy):

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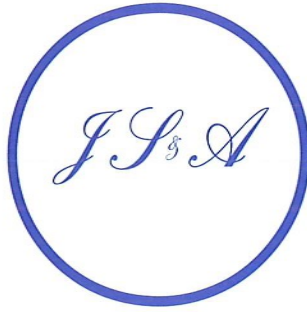
Status of license (circle Yes or No)

Current	Yes/No	Restricted	Yes/No	Suspended	Yes/No	Revoked	Yes/No
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If license was suspended or revoked, list the reason:

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Licensing board official title and name:

Licensing board official signature:

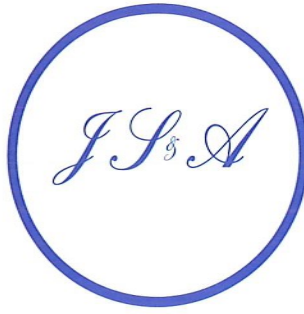
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Date of issue:

Official seal/stamp:

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[www.jsilny.org](http://www.jsilny.org)



**APPLICANT'S CONSENT FOR RELEASE OF NURSING LICENSE INFORMATION TO JOSEF SILNY & ASSOCIATES, INC., INTERNATIONAL EDUCATION CONSULTANTS**

I, \_\_\_\_\_, consent to the release of information and records  
applicant's full name  
regarding my licensing registration and profession in \_\_\_\_\_ by the licensing board  
country  
(authority) \_\_\_\_\_ to Josef Silny & Associates, Inc., International  
name of board/authority  
Education Consultants.

APPLICANT'S NAME:

APPLICANT'S SIGNATURE:

DATE:

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[www.jsilny.org](http://www.jsilny.org)



