



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.

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 three months, 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 ten working days from the receipt of all required fees, information and documentation. 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. \$340 (Licensure only). The cost for each additional state board is \$340
2. 24-Hour Evaluation - U.S. \$150 in addition to the basic fee
3. 2-Day Evaluation - U.S. \$100 in addition to the basic fee
4. 5-Day Evaluation Report - U.S. \$50 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 \$340 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. Return of original documents by secure means:
 - Within the continental United States: - By Priority Mail: U.S. \$20 per address
 - By courier: U.S. \$45 per address
 - Outside of the United States - By international courier: U.S. \$85 per addressIf the fee paid by the applicant does not cover the cost of the courier, we may use USPS Priority Mail Express instead.
Those in extended delivery areas will be billed for the balance of the fee.
JS&A accepts no liability for loss or damage of academic credentials during mailing.
8. The applicants are responsible for any verification fees charged by their universities.

| |
|--|
| JS&A does not accept courier airbills filled out by applicants. |
|--|

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. \$340 basic fee)

Rush Fees

24-Hour Evaluation (U.S. \$150 + basic fee)

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

5-Day Evaluation (U.S. \$50 + 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.

ORGANIZATIONS WHICH ACCEPT EVALUATIONS DONE BY JS&A

JS&A is a Member of the National Association of Credential Evaluation Services, Inc. (NACES). Evaluations prepared by JS&A are accepted and recognized by the organizations listed below:

1. U.S. Federal Government

The United States Citizenship and Immigration Services
The United States Department of Agriculture
The United States Department of Defense
The United States Labor Department
The United States Office of Personnel Management
Federal Bureau of Prisons
Health Care Financing Administration

2. U.S. Armed Forces

Air Force
Army
Marines

3. Licensing Boards

Accounting: Arkansas, California, Colorado, Connecticut, District of Columbia, Florida, Indiana, Kentucky, Michigan, Nebraska, Nevada, New Mexico, Ohio, Pennsylvania, South Dakota, Tennessee, Utah, Vermont, Virginia, Wisconsin, Wyoming

Architecture: Alaska, California

Barbers: Florida, Minnesota, South Dakota

Cosmetology: Georgia, North Carolina, Tennessee, Utah, Vermont

Engineering: Alaska, Florida, Louisiana, Maryland, New Jersey, Puerto Rico, Texas, Virginia

Law: California, Florida, Texas

Marriage and Family Therapy, Mental Health: Florida

Massage Therapy: Florida, Michigan, Nevada, Utah, Virginia

Medical Laboratory: American Medical Technologists, American Society of Clinical Pathologists, Health Care Financing Administration, California, Connecticut, Florida, Georgia, Nevada, North Dakota, Tennessee

Midwifery: Florida

Nursing: Alabama, Arizona, Arkansas, Colorado, Florida, Hawaii, Idaho, Kentucky, Louisiana, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, Oregon, Puerto Rico, South Carolina, Texas, Washington, Wyoming

Opticianry: Florida

Psychology: California, Delaware, District of Columbia, Florida, Maryland, Ohio, Oregon, Virginia

Respiratory Care: National Board for Respiratory Care, California, Florida

Social Work: Florida

Speech-Language Pathology and Audiology: American Speech-Language-Hearing Association, Florida, Georgia

Texas Medical and Dental Schools Application Service

4. State Departments of Education

Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

5. Other Governmental and Private Agencies

American Association for Clinical Chemistry
Association of Colleges of Osteopathic Medicine
American Association of Colleges of Podiatric Medicine
Association of American Veterinary Medical Colleges
Broward County Sheriff's Office
CASPA - Central Application Service for Physician Assistants
Florida Department of Health and Rehabilitative Services
National Career Development Association
NCAA
Office of Personnel of: City of Miami, Ft. Lauderdale, Miami Beach, New York City, State of New York

6. Hundreds of Colleges and Universities

Many other organizations which do not appear on this list may also accept evaluations done by JS&A. Applicants are advised to check with the agency, institution, or organization to which they intend to submit the evaluation to make certain that the evaluation will be recognized.



**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> |
|--|---------------------------|-----------------------------|--|
| <u>Medical:</u> | | | |
| <u>Surgical:</u> | | | |
| <u>Obstetric:</u> | | | |
| <u>Pediatric:</u> | | | |
| <u>Psychiatric / Mental Health:</u> | | | |
| <u>Geriatric:</u> | | | |

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.

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



**For ALABAMA BOARD 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> |
|-------------------------------------|---------------------------|-----------------------------|--|
| <u>Adult Medical:</u> | | | |
| <u>Adult Surgical:</u> | | | |
| <u>Maternal/Infant</u> | | | |
| <u>Nursing Care of Children:</u> | | | |
| <u>Psychiatric / Mental Health:</u> | | | |

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

Official original high school credential must also be submitted. If the high school credentials were not issued in English a certified English translation must also be submitted.

If nursing courses and textbooks were not taught in English, provide proof of passage of an English Proficiency Exam. The Board accepts the following:

- o IELTS Academic – computer- or paper-based
- o TOEFL iBT produced by Educational Testing Service (ETS)
- o PTE Academic
- o MELAB produced by Cambridge Michigan Language Assessments (CaMLA)



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

| | |
|-------------|--------------|
| 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**



**For Louisiana State Board 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: _____

Applicant's License/Permit Number: _____

- Date Issued and Date of Expiration: _____

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

Is there any record of disciplinary action? _____ 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> |
|--|-------------------------------|---------------------------------|--|
| <u>Medical:</u> | | | |
| <u>Surgical:</u> | | | |
| <u>Obstetric:</u> | | | |
| <u>Pediatric:</u> | | | |
| <u>Psychiatric / Mental Health:</u> | | | |

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.**



| <u>CLINICAL TRAINING EXPERIENCE:</u> | COMPLETED | | List courses in which these topics are integrated: |
|--|------------------|-----------|---|
| | YES | NO | |
| <u>Clinical Training - Acute Care:</u> {Care of critically ill patients: intensive care units (ICUs): pediatric ICUs, neonatal ICUs, cardiac care units, cardiac catheter labs, telemetry units, progressive care units, emergency departments, and recovery rooms, home healthcare, managed care organizations, outpatient surgery centers, clinics, and flight units...} * | | | |
| <u>Clinical Training – Long-term Care:</u> (Patient assessment; care planning; managing clinical emergencies; safe medication administration; ethical issues; residents’ rights; infection control; integrative care...) * | | | |
| <u>Clinical Training – Community Health Settings:</u> (Identification of common health problems in the community while treating patients and creation of intervention plans to correct or prevent the health and safety issues) * | | | |

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

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**



EXCLUSIVELY FOR THE FLORIDA BOARD OF NURSING

APPLICANT'S NAME: _____

| <u>UNIT OF STUDY:</u> | COMPLETED | | List courses in which these topics are integrated: |
|---|------------------|-----------|---|
| | YES | NO | |
| <u>THEORETICAL AND CLINICAL INSTRUCTION</u> | | | |
| <u>Personal, Family and Community Health Concepts:</u> (Parent-Child Courses, Pediatrics Courses, Community Health, Public Health, Home Health, Health Promotion) * | | | |
| <u>Nutrition:</u> | | | |
| <u>Human Growth and Development Throughout the Life Span:</u> (Child Psychology, Psychology of Human Development, Developmental Psychology) * | | | |
| <u>Body Structure and Function:</u> (Anatomy, Physiology, Physiopathology) * | | | |
| <u>Interpersonal Relationship Skills:</u> (Introduction to Health Communication, Interpersonal Communication, Psychiatric Mental Health, Health History Assessment) * | | | |
| <u>Mental Health Concepts:</u> (Psychiatric Nursing, Mental Health Nursing, Psychology and Mental Health)* | | | |
| <u>Pharmacology and Administration of Medications</u> | | | |
| <u>Legal Aspects of Practice:</u> (Professional Issues Courses, Legal Issues and Trends, Legal Issues and Ethics, Practice and Ethics, Leadership)* | | | |
| <u>Interpersonal Relationships and Leadership Skills:</u> (Leadership and Management) * <i>This category is required ONLY for professional or registered nurses. This content is not required for practical nurses.</i> | | | |



| <u>UNIT OF STUDY:</u> | COMPLETED | | List courses in which these topics are integrated: |
|--|------------------|-----------|---|
| | YES | NO | |
| <u>Professional Role and Function:</u> (Professional Issues in Nursing, Issues and Trends in Nursing)* <i>This category is required ONLY for <u>professional or registered nurses</u>. This content is not required for practical nurses.</i> | | | |
| <u>Health Teaching and Counseling Skills:</u> (Nursing Assessment, Nursing Process and/or Health Promotion) * <i>This category is required ONLY for <u>professional or registered nurses</u>. This content is not required for practical nurses.</i> | | | |
| <u>CLINICAL TRAINING EXPERIENCE</u> | | | |
| <u>Clinical Training - Acute Care:</u> {Care of critically ill patients: intensive care units (ICUs): pediatric ICUs, neonatal ICUs, cardiac care units, cardiac catheter labs, telemetry units, progressive care units, emergency departments, and recovery rooms, home healthcare, managed care organizations, outpatient surgery centers, clinics, and flight units...} * | | | |
| <u>Clinical Training – Long-term Care:</u> (Patient assessment; care planning; managing clinical emergencies; safe medication administration; ethical issues; residents' rights; infection control; integrative care...) * | | | |
| <u>Clinical Training – Community Health Settings:</u> (Identification of common health problems in the community while treating patients and creation of intervention plans to correct or prevent the health and safety issues) * | | | |

* Denotes course names which may pertain to the respective unit of study. However, this is not an all-inclusive list of courses which may apply.

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

_____ 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

or electronically to: nursing@jsilny.org

Applicant's name:

| | | | |
|-----------|------------|-------------|-------------|
| last name | first name | middle name | maiden name |
|-----------|------------|-------------|-------------|

Applicant's DOB (mm/dd/yyyy):

| |
|--|
| |
|--|

Name of licensing board:

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

| | |
|--|--|
| | |
|--|--|

Address of licensing board:

License registration number:

| | |
|--|--|
| | |
|--|--|

Website of licensing board:

E-mail address of licensing board:

| | |
|--|--|
| | |
|--|--|

Method of licensing (national, provincial, state examination)

| |
|--|
| |
|--|

License issue date (mm/dd/yyyy):

License expiration date (mm/dd/yyyy):

| | |
|--|--|
| | |
|--|--|

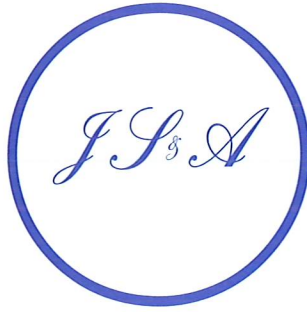
Status of license (circle Yes or No)

| | | | | | | | |
|---------|--------|------------|--------|-----------|--------|---------|--------|
| Current | Yes/No | Restricted | Yes/No | Suspended | Yes/No | Revoked | Yes/No |
|---------|--------|------------|--------|-----------|--------|---------|--------|

If license was suspended or revoked, list the reason:

| |
|--|
| |
| |

Josef Silny & Associates, Inc.
International Education Consultants
7101 SW 102 Avenue
Miami, FL 33173
Tel: (305) 273-1616 Fax: (305) 273-1338
E-Mail: info@jsilny.org
www.jsilny.org



Licensing board official title and name:

Licensing board official signature:

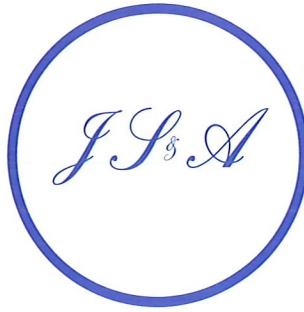
| | |
|--|--|
| | |
|--|--|

Date of issue:

Official seal/stamp:

| | |
|--|--|
| | |
|--|--|

Josef Silny & Associates, Inc.
International Education Consultants
7101 SW 102 Avenue
Miami, FL 33173
Tel: (305) 273-1616 Fax: (305) 273-1338
E-Mail: info@jsilny.org
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:

Josef Silny & Associates, Inc.
International Education Consultants
7101 SW 102 Avenue
Miami, FL 33173
Tel: (305) 273-1616 Fax: (305) 273-1338
E-Mail: info@jsilny.org
www.jsilny.org



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

Tel.: (305) 273-1616
Fax: (305) 273-1338 / Translation Fax: (305) 273-1984
E-Mail: payment@jsilny.org
Website: www.jsilny.org

CREDIT CARD INFORMATION

You must include the credit card holder's copies of the front and back of the credit card and U.S. Driver's License OR Foreign Passport.

Name of Cardholder:

As it appears on the credit card _____
First Middle Last

E-mail address: _____ Phone No.: _____
Area code and number

Name of Applicant:

If different from the cardholder _____
First Middle Last

Billing Address:

_____ Street address Apartment number (if applicable)

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


I authorize Josef Silny & Associates, Inc. to charge my (check one):

VISA MASTER CARD DISCOVER

in the **TOTAL** amount of U.S. \$ _____ **← (TOTAL amount of your order must be filled in to process your payment.)**

CREDIT CARD NUMBER: _____

3-digit security code on back of card: _____

Expiration Date (month/year): _____ 

Signature of Cardholder (Required): _____ Date: _____

This signature authorizes Josef Silny & Associates, Inc. (JS&A) to charge the amount for the requested services in U.S. dollars and the cardholder agrees to be bound by all Terms and Conditions (including that all fees are **non-refundable**) as stated in the JS&A application.