

Company Contact Information



Website Link



# Josef Silny & Associates, Inc. International Education Consultants

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

**OR EMAIL TO:** payment@jsilny.org

Miami, FL 33173

Mail applications to:

7101 SW 102 Avenue

# VISA4NURSES Certification for Health Care Workers (Nurses)

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. IF ACADEMIC CREDENTIALS ARE SENT TO US FROM ISSUING INSTITUTIONS, BE SURE THAT WE RECEIVE YOUR FILLED OUT APPLICATION WITH PAYMENT FIRST. IT IS THE APPLICANT'S RESPONSIBILITY TO SUBMIT THE DOCUMENTS WHICH NEED TO BE EVALUATED.

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

- 1. A completed Application signed by the applicant
- 2. A <u>non-refundable</u> 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 fees 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 a translation estimate along with all pertinent documents.

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

Processing Information: Official transcript, degree, course descriptions, and filled out chart 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. We must receive directly the official results of English proficiency test, which must have been taken within two years of this application. Also, you must email us your square, color passport picture (https://travel.state.gov/content/travel/en/passports/how-apply/photos.html) and high school credentials (Applicants who graduated from high school at least 10 years ago are not required to submit their high school credentials). 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 certification 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. If the 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. JS&A does not discriminate among applicants as to the age, sex, race, religion, national origin, disability, or marital status.

#### ENGLISH PROFICIENCY SCORES REQUIRED

In general, applicants who graduated from a nursing program in a country where English is the sole and official language will not be required to submit the English proficiency examination results.

YOU MUST RECEIVE PASSING SCORES IN ONE OF THESE ENGLISH PROFICIENCY EXAMINATIONS.

(We do not combine test scores. Submit only test results in which you have passing scores)

English Competency Tests	Required Minimum Scores for Registered Nurses
Cambridge Assessment English: B2 First, C1 Advanced, or C2 qualifications exams	Cambridge English Scale 176 overall and 185 Speaking
Educational Testing Service: Test of English as a Foreign Language (TOEFL) Paper-delivered Test	540
Educational Testing Service: TOEFL Internet-Based Test	81 with a minimum of 57 on Reading, Listening, and Writing and 24 on Speaking
Educational Testing Service: TOEIC (Listening and Reading)	725
Educational Testing Service TOEIC (Speaking/Writing)	160 Speaking/150 Writing
International English Language Testing System (IELTS)	6.5 academic with a minimum of 7 on Speaking
Michigan English Test (MET)	Overall 55; minimum Speaking section score of 55
Occupational English Test (OET)	OET Grade C+ for Reading, Writing, and Listening OET Grade B for Speaking
Pearson PTE Academic	55, no section below 50

#### NCLEX EXAMINATION

In order to be eligible to receive the Certification for Health Care Workers, international nurses must pass the NCLEX.

We issue the digital Certificate for Health Care Workers. If you also want to receive the paper version, there is an additional fee of \$50 and you must pay for the mailing fee.

#### PROCESSING TIME

- 1. <u>Standard Processing Time</u>: The certification is normally prepared in 10 working days from the receipt of all required fees, information, documentation, and verifications.
- 2. Rush Fees
  - a) 2-Working Days Rush Fee
- b) 5-Working Days Rush Fee

#### COST OF CERTIFICATION

- 1. U.S. \$600 (basic fee) is the non-rush fee for nurses for whom we did not complete an evaluation for a board of nursing. (This fee is also for U.S educated nurses)
- 2. U.S. \$500 (basic fee) is the non-rush fee for whom we previously completed an evaluation for any board of nursing
- 3. Additional Paper Certification (U.S. \$50 each)
- 4. 2-Working Days Rush Fee U.S. \$300 in addition to the basic fee
- 5. 5-Working Days Rush Fee U.S. \$200 in addition to the basic fee
- 6. Extra Certification Additional Certification requested \$50 each Certification. Certification requested after it has been completed costs \$100.

7. We only send Paper Certification by secure means:

Within the continental United States: - By Priority Mail: U.S. \$20 per address

- By courier: U.S. \$45 per address

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

Outside of the United States

- By international courier: U.S. \$85 per address

If 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 the Certification.

8. The applicants are responsible for any verification fees charged by their universities.

### INFORMATION ABOUT CERTIFICATIONS

<u>Method of Operation</u> - To keep the cost as low as possible, the service is conducted by mail. If there are questions concerning an application, Josef Silny & Associates, Inc. will e-mail the applicant.

Only those with a Registered Nurse license should apply. Individuals whose license is only in midwifery or Registered Mental Nursing will not be issued the Certification.

<u>Satisfaction with Evaluations</u> - 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 (PIC	ease complete the form in	block letters or typewrit	ten)	Gender:	Female	
Full name:  Last name	Given name		Middle name/Maiden name		n name	
Stuart Address				<b>A</b> mon	ton ant #	
Street Address:				Apar	tment #(if app	licable)
City State		Zip code	(	Country (if not U.S.)		
Date of birth: Month / Day / Year	Country of citiz	zenship:		Country of bi	rth:	
Telephone: Area code and number	Fax:		E-mail:			
Area code and number  Type of Professional Service Requested:	Area code a	nd number				
Certification Basic Fee  ☐ Certification (U.S. \$600 basic fee) ☐ Certification (U.S. \$500 basic fee) is for nurs previously completed an evaluation for any box Rush Fee ☐ 2-Day Rush Fee (U.S. \$300 + basic fee) ☐ 5-Day Rush Fee (U.S. \$200 + basic fee) From whom did you learn of Josef Silny & A	ard of nursing	☐ Sending Pape ☐ Translation ( ☐ Other U.S. \$	per Certification or Certification quote provided	on (U.S. \$50 each) l U.S. \$ upon request) U.S.	\$	
Have you used JS&A services previously?	Translation: Evaluation:	No: No:	Yes: Yes:	Date:		
Did the applicant receive passing scores on a must be sent to us directly).	n acceptable Engl	ish proficiency tes	st. If yes, on w	nat date?		(These scores
On what date did the applicant pass the NCL	EX examination?		Ir	which state?		
List all nursing licenses held, including coun  Complete address where the Certification is t  1.	to be sent to:	<u>2.</u>				
ACADEMIC HISTORY Educational Institutions Attended (You must Name of Institution  1.	City, Country	Attenda From -	nnce To	Diplomas or Co		Year of Graduation
2						_
I, the undersigned applicant, certify and represent I have read and understand the instructions and cevaluation is advisory and is not binding upon any mutual undertakings by the parties as stated in the agents, from any liability or damages resulting fredocuments. In addition, any litigation arising out party to any litigation arising out of this Agreement Signature of the applicant:	that all information conditions (including agency or institutions Application ("Ageom: (a) the use to voor this Agreement with its entitled to reason	provided in this Apg that all fees are <b>n</b> on that uses it. Furth greement"), the undwhich I or any agen will be under Floridanable attorney's fee	plication is compon-refundable). er, in consideratersigned applica cy or institution a law, and venue s and all costs ac	plete, factually accur I agree to the term ion of the payment l nt releases JS&A, it puts the evaluation will be in Miami-I	rate, and honestly s stated herein. I by the undersigned s officers, directo , and (b) for the l Dade County, Flor gation.	presented, and that understand that the d applicant, and the ors, employees, and oss of any origina ida. The prevailing

#### 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

USCIS -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

Armv

Marines

#### 3. Licensing Boards

Accounting: Arkansas, California, Colorado, Connecticut, Florida, Indiana, Kentucky, Michigan, New Mexico, Ohio,

Pennsylvania, South Dakota, Tennessee, Virginia

Architecture: Alaska, California

Barbers: Florida, Minnesota, South Dakota

Cosmetology: Georgia, Louisiana, Minnesota, North Carolina, South 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: California, 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

Nursing: Alabama, Arizona, Arkansas, California (vocational nursing only), Colorado, District of Columbia, Florida, Hawaii, Idaho,

Illinois, Indiana, Kentucky, Louisiana, Massachusetts, Michigan, Missouri, Montana, Nebraska, Nevada, New Hampshire,

New Mexico, North Dakota, Northern Mariana Islands, Oklahoma, Oregon, Pennsylvania, Puerto Rico, South Carolina, Texas, Utah,

Vermont, Virginia, 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.





# Certification for Healthcare Workers (nurses) addendum (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 Numb	er:		
- Date Issued and Date of Expiration	on:		
Was the nursing license ever revol	xed or suspended?	No Yes_	(on what date?)
(Pleas	se note if this infor	mation is not availa	able or does not exist)
Nursing Education Categories	Theory	<u>Clinical</u>	List course in which these topics are
	<u>Clock</u> <u>Hours</u>	<u>Clock</u> <u>Hours</u>	integrated:
Medical:			
Surgical:			
Obstetric:			
Pediatric:			
Psychiatric / Mental Health:			
<u>Geriatric:</u>			
<u>Total 1</u>	number of Theory	Clock hours comple	eted: hrs.

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

Total number of Clinical Clock hours completed:

hrs.



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Tra.	
Title	
<b>Date:</b>	

 $\begin{tabular}{ll} The institution MUST send the completed charts along with the official student's graduation diploma(s), transcripts and course descriptions DIRECTLY to: \\ \end{tabular}$ 

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 the email address of your evaluator which can be found under **CONTACT US**.

Applicant's name:				
last name	first name	middle name	maiden name	
Applicant's DOB (mm/c	dd/yyyy):			
Name of licensing board	l:	Title of Professional Lie	cense (RN, LPN, etc.)	
Address of licensing boa	ard:	License registration nun	nber:	
Website of licensing board:		E-mail address of licensing board:		
: 				
Method of licensing (nat	tional, provincial, state ex	amination)		
License issue date (mm/dd/yyyy): License expiration date (mm/dd/yyyy):		(mm/dd/yyyy):		
Status of license (circle)				
Current Yes/No	Restricted Yes/No	Suspended Yes/No	Revoked Yes/No	
If license was suspended	or revoked, list the reaso	n:		

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



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



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

(Applicant's Full Name) to Josef Silny & Associates, Inc., International Education Consultants during the academic year of to at
(Nursing School / College / University)
APPLICANT'S NAME:
APPLICANT'S SIGNATURE:
APPLICANTS SIGNATURE:
DATE:

This form must be completed and signed by the applicant and sent to Josef Silny & Associates, Inc., International Education Consultants upon application of service.

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



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

, consent to the release	of information and records
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	ountry
to Josef Silny	& Associates, Inc., International
1	d profession inc

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# **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			
71s it appears on the creat care	First	Middle	Last
E-mail address:	I	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 & Asso	ciates, Inc. to charge my	y (check one):	
□ VISA □ MASTER CARD	□ DISCOVER		
in the <u>TOTAL</u> amount of U.S. \$	<u>← (TOTAL a</u>	mount of your order must	t be filled in to process your pa
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.