

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

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



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

# Application for Evaluation of Foreign Educational Credentials for Kentucky Board 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 <u>www.jsilny.org</u>.

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 for Evaluation of Foreign Educational Credentials signed by the applicant
- 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 evaluation fees, including fees for rush report, grade point average equivalent, extra copies, and translation are <u>NON-REFUNDABLE</u>.
- 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

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, and degree, must be sent by the issuing institution(s) <u>directly</u> to JS&A and will be verified. 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. 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 at least 20 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
  - 10-Working Days Rush Evaluation Report

Rush evaluation reports will be completed in a timely fashion, 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 Licensing: Nursing - U.S. \$150 basic fee
- 10-Working Days Rush Evaluation Report U.S. \$100 in addition to the basic fee 2.
- Re-evaluation Re-evaluations based on documents not submitted with the original request are considered new evaluations and a second 3. payment of the basic fee \$150 is required.
- Extra evaluation reports Additional original evaluation reports requested at the time of evaluation cost \$20 each. Each evaluation report 4. 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.
- Return of original documents by secure means: 5.

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

Outside of the United States

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

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

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

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 academic credentials during mailing.

The applicants are responsible for any verification fees charged by their universities. 6.

#### INFORMATION ABOUT EVALUATIONS

Sending your evaluation - Your evaluation will be sent electronically to Kentucky Board of Nursing. 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. \$100 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: Gende  |   |                |                   |                   | Female                  |  |
|---|---|----------------|-------------------|-------------------|-------------------------|--|
| Full name:  | Last name Given name  |                |                   |                   | Middle name/Maiden name |  |
| Street Address:   |   |                |                   |                   |                         |  |
| City State  |   | Zip code       |                   |                   | (if applicable)         |  |
| Date of birth: Month / Day / Year   | Country of c  | eitizenship:   | Cou               | Country of birth: |                         |  |
| Telephone:Area code and number  | and number Fax: Area code and number  |                |                   |                   |                         |  |
| Type of Professional Service Requested:   | :   |                |                   |                   |                         |  |
| Evaluation Basic Fee<br>Licensing: Nursing (U.S. \$150 basic fee)<br>Evaluation Rush Fee<br>10-Day Rush Evaluation (U.S. \$100 + ba | 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. \$ |                |                   |                   |                         |  |
| From whom did you learn of Josef Silny & .  | Associates, Inc.:   |                |                   |                   |                         |  |
| Have you used JS&A services previously?   | Translation:<br>Evaluation:   | No:<br>No:     |                   |                   |                         |  |
| Your evaluation report will be se   | ent electronio  | cally to Kentu | cky Board of Nurs | ing and           | l to you.               |  |

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<br>From - To | Diplomas or Certificates | Year of<br>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:

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

# 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 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, Louisiana, 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: 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, Kentucky, Louisiana, Michigan, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, Oregon, Pennsylvania, Puerto Rico, South Carolina, Texas, 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.

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

I,\_\_\_\_\_, consent to the verification, release of information and records (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:

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 Tel: (305) 273-1616 Fax: (305) 273-1338 E-Mail: info@jsilny.org www.jsilny.org



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# **CREDIT CARD INFORMATION**

| You must include the credit of<br>License OR Foreign Passport | · · · · · · · · · · · · · · · · · · ·            | f the front and back of th   | ne credit card and U.S. Driver's           |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Name of Cardholder:<br>As it appears on the credit card       |  |  |  |  |  |  |  |
|   | First  | Middle   | Last                                       |  |  |  |  |
| E-mail address:   | nail address: Phone No.:<br>Area code and number |  |  |  |  |  |  |
|   |  | Area code and number   |  |  |  |  |  |
| Name of Applicant:<br>If different from the cardholder        |  |  |  |  |  |  |  |
|   | First  | Middle   | Last                                       |  |  |  |  |
| Billing Address: Street address                               |  |  |  |  |  |  |  |
| Street address  |  |  | Apartment number (if applicable)           |  |  |  |  |
| City  | State  | Zip code   | Country (if not U.S.)                      |  |  |  |  |
| I authorize Josef Silny & Ass                                 | ociates, Inc. to charge                          | e my (check one):  |  |  |  |  |  |
| □ VISA □ MASTER CARD  | □ DISCOVER                                       |  |  |  |  |  |  |
| in the <u>TOTAL</u> amount of U.S. \$                         | <u>← (TOT</u>                                    | AL amount of your order m  | ust 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:                                      |  |  |  |  |
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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 **<u>non-refundable</u>**) as stated in the JS&A application.