



Company Contact
Information



Website Link



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

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

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:
processing@jsilny.org

**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 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 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 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 application is not completed within one year, JS&A will close the file. A new 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. 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.

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 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 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.

PROCESSING TIME

- Standard Processing Time: The certification is normally prepared in 10 working days from receipt of all required fees, information, documentation and verifications.
- Rush Fees

2-Working Days Rush Fee	5-Working Days Rush Fee
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COST OF CERTIFICATION

- 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)
- U.S. \$500 (basic fee)
- Additional Paper Certification (U.S. \$50 each)
- Digital Visa4Nurses-Renewal (U.S. \$400 basic fee)
- 2-Working Days Rush Fee - U.S. \$300 in addition to the basic fee
- 5-Working Days Rush Fee - U.S. \$200 in addition to the basic fee
- Extra Certification - Additional Certification requested \$50 each Certification. Certification requested after it has been completed costs \$100.
- We only send Certification by secure means:

Within the continental United States: - By Priority Mail: U.S. \$25 per address
- By courier: U.S. \$50 per address

Outside of the United States - By international courier: U.S. \$90 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.

**JS&A does not accept courier
airbills filled out by applicants.**
- The applicants are responsible for any verification fees charged by their universities.

VISA4NURSES-RENEWAL

This service is only for nurses who received the Certificate for Health Care Workers from our company. This Certificate is valid for 5 years. If you need a renewal certificate, you must apply within 6 months of expiration of your certificate. In addition to the filled-out application and the \$400 fee, we must receive a color passport photograph, updated validation of every nursing license you have held, and updated proof of English language proficiency. You will be exempted from the updated English proficiency test, if you worked as a registered nurse in the United States for at least 27 months, including at least 9 months in the year prior to the dates your renewal application is submitted. Your employer would have to send us a letter with this information.

INFORMATION ABOUT CERTIFICATIONS

Method of Operation - 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 of Registered Mental Nursing will not be issued the Certification.

Satisfaction with Evaluations - 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

(Please complete the form in block letters or typewritten)

Gender: _____
Male FemaleFull name: _____
Last name Given name Middle name/Maiden nameStreet Address: _____ Apartment # _____
(if applicable)

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

Date of birth: _____ Country of citizenship: _____ Country of birth: _____
Month / Day / YearTelephone: _____ Fax: _____ E-mail: _____
Area code and number Area code and number**Type of Professional Service Requested:****Certification Basic Fee**

- ☐ Digital Certification (U.S. \$600 basic fee)
☐ Digital Certification (U.S. \$500 basic fee) is for nurses for whom we previously completed an evaluation for any board of nursing
☐ Digital Visa4Nurses-Renewal (U.S. \$400 basic fee)

Additional Services

- ☐ Additional Paper Certification (U.S. \$50 each) How many? _____
☐ Sending Paper Certification U.S. \$ _____
☐ Translation (quote provided upon request) U.S. \$ _____
☐ Other U.S. \$ _____

Certification 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 & Associates, Inc.: _____

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

Did the applicant receive passing scores on an acceptable English proficiency test? If yes, on what date? _____ (These scores must be sent to us directly).

On what date did the applicant pass the NCLEX examination? _____ In which state? _____

List all nursing licenses held, including country, date of issue and date of expiration:

Complete address where the Certification is to be sent to:

1. _____ 2. _____

ACADEMIC HISTORY

Educational Institutions Attended (You must list all educational institutions you have attended).

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.

08/11/2025

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, Florida, Indiana, Kentucky, Michigan, New Mexico, Ohio, Pennsylvania, South Dakota, Tennessee, Virginia
Architecture: Alaska, California
Barbers: Florida, Minnesota, South Carolina, 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 (license by endorsement only), 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 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

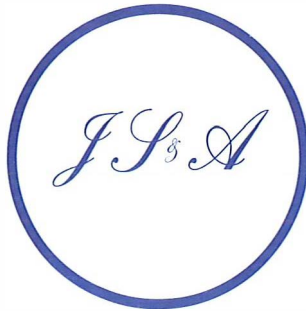
Title

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**



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
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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):

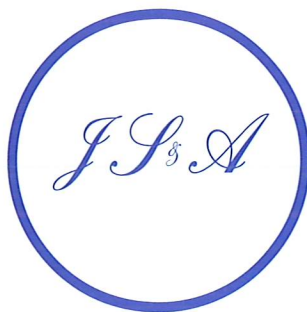
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Status of license (circle Yes or No)

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:

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Licensing board official signature:

--

Date of issue:

--

Official seal/stamp:

--

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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.

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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 _____
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.