



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

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

**Application for Evaluation of Substantial Equivalency
of an EAC/ABET Engineering Degree**

This application is only for individuals who graduated from a regionally accredited institution of higher education in the United States. Individuals who attended an institution of higher education outside of the United States must fill out the Application for Evaluation of Foreign Educational Credentials <http://www.jsilny.org/pdf/foreign.pdf>.

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 Substantial Equivalency of an EAC/ABET Engineering Degree signed by the applicant.
2. A non-refundable evaluation fee of \$360 (this includes one evaluation report for the applicant and one report for the appropriate Board of Professional Engineers. This fee is for only **one** board of professional engineers. A separate fee of \$360 is required for each additional state board of professional engineers. Make the bank check or money order payable to Josef Silny & Associates, Inc. If you are paying by credit card you must fill out the Credit Card Information form. All evaluation fees, including fees for rush services, extra evaluation reports, etc. are NON-REFUNDABLE. Please note that all fees are subject to change.
3. EDUCATIONAL DOCUMENTS:
Transcripts showing the degrees earned, graduation dates and detailed course descriptions must be sent to us directly by the issuing colleges or universities.
It is the responsibility of applicants to submit the academic credentials which need to be evaluated.

PROCESSING INFORMATION

The academic credentials received by our company will be kept on file for one year only and will not be given to the applicant. It is the applicant's responsibility to arrange for the necessary academic credentials to be sent by the issuing institution to our office. If the application is not completed within three months, we will close the file. A new evaluation fee will be required for updating the file. Any questions or concerns about the evaluation must be submitted in writing during the year in which the application and credentials are kept on file.

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.

ACCEPTANCE OF OUR EVALUATIONS

At present, the following boards of engineering accept our **foreign** credential evaluations: **Alaska, Florida, Louisiana, Maryland, New Jersey, Puerto Rico, Texas, Virginia**. The Florida Board of Professional Engineers accepts our evaluations of study completed at regionally accredited institutions of higher education in the United States. Before you request such an evaluation for a board of any other state, please make sure that this evaluation will be accepted.

SATISFACTION WITH EVALUATIONS

Our evaluations are based on the ABET requirements and the specific requirements of each Board of Professional Engineers. 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 within the year during which the application and academic credentials are kept on file. Refusal of service: JS&A reserves the right to refuse service to anyone.

PERSONAL INFORMATION

If you have a U.S. Social Security number, please list it: _____ / _____ / _____ Gender: _____ Male _____ Female

Full name: _____
Last name First name Middle name Maiden name

Address: _____

_____ City State Zip code Country (if not US)

Date of birth: _____ Month / Day / Year Country of citizenship: _____ Country of birth: _____

Telephone: _____ Area code and number Fax: _____ Area code and number E-mail: _____

Type of Professional Service Requested:

Basic Fees

Licensing: Engineering (US \$340 basic fee)
 Add US \$340 for each additional State Board of Professional Engineers

Rush Fees

24-Hour Evaluation (US \$150 + basic fee)
 2-Day Evaluation (US \$100 + basic fee)
 5-Day Evaluation (US \$50 + basic fee)

Additional Services

Extra Evaluation Report (US \$20 per report) How many? _____
 Extra Report in Sealed Envelope (US \$25 per report) How many? _____
 Secure Return of Originals US \$ _____
 Other US \$ _____

Please list the Boards of Professional Engineers for which the evaluation is being prepared: _____

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: _____

If you want your evaluation sent to any Board of Professional Engineers (at U.S. \$20 per report), please list name and address 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.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____

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.



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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 phone

Name of Applicant:

If different from the cardholder _____
First Middle Last

Billing Address:

Number Number Street Apt #

City State Zip/Postal code Country

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

VISA MASTER CARD DISCOVER

in the **total** amount of \$ _____ **(total amount must be filled in in order to process your order).**

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.