



Company Contact
Information



Website Link



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

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Web Site: www.jsilny.org

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

Application for Evaluation of Foreign Educational Credentials

Information on Josef Silny and Associates, Inc., International Education Consultants (JS&A)

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 PRIOR TO THE RECEIPT OF THE FILLED-OUT AND SIGNED APPLICATION AND CORRESPONDING FEES.

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 US 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

It is the responsibility of applicants to submit the academic credentials which need to be evaluated.
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
5. Please note: a Syllabus of university studies (description of each course or subject studied) may be required for Course-by-Course Evaluations, but you do not need to send this with your application. If it is needed, JS&A will request it.

Processing Information: Josef Silny & Associates, Inc. reserves the right to request to review original documents and may insist that transcripts or examination results be sent directly by the issuing institutions or examination boards to JS&A. For midwifery and nursing licensure: transcript, degree, and course descriptions must be sent by the issuing institution(s) directly to JS&A. 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. Applicants who submit their own original academic documents must read page two of this application for information on return of original documents by secure means. 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. Fraudulent documents will not be returned to the applicant. 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: JSA 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.

It is the responsibility of applicants to request the type of evaluation and additional services they need.

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. Midwifery Course-by-Course – US \$340 (Licensure only)
2. 24-Hour Evaluation - US \$150 in addition to the basic fee
3. 2-Day Evaluation - US \$100 in addition to the basic fee
4. 5-Day Evaluation Report - US \$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 is required.
6. Extra evaluation reports - Additional original evaluation reports requested at the time of evaluation cost US \$20 each. Each evaluation report requested after the evaluation has been completed costs US \$30 (evaluations may be available only within 3 years of the original date of issuance). Please add US \$5 to the cost of each report that you wish to be mailed to you in a specially sealed JS&A envelope.
7. Notarization of Copies of Original Documents – This service is provided for individuals applying to the Florida Department of Education’s Bureau of Educator Certification or other agencies requesting notarized copies of original educational documents. The fee for this service is \$10 per document (diploma, transcript, etc.) Original documents must be presented with payment. If the service is requested by mail, a self-addressed and stamped envelope must be provided for the return of the original documents.
8. Return of original documents by secure means:

Within the continental United States:	- By Priority Mail: US \$20 per address	JS&A does not accept courier airbills filled out by applicants.
	- By courier: US \$45 per address	
Outside of the United States	- By international courier: US \$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 academic credentials during mailing.
9. The applicants are responsible for any verification fees charged by their universities.

INFORMATION ABOUT EVALUATIONS

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 US \$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 within one year from the completion date.

PERSONAL INFORMATION

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

Full name: _____ Last name _____ Given name _____ Middle name/Maiden name _____

Address: _____

_____ City _____ State _____ Zip code _____ Country (if not US) _____

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

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

Type of Professional Service Requested:

Basic Fees

Licensing: Midwifery (US \$340 basic fee)

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 \$ _____

Notarization Service (US \$10 per document) How many? _____

Translation (quote provided upon request) US \$ _____

Other US \$ _____

Please explain the purpose of the evaluation: _____

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 to be sent to an agency, employer, or educational institution (at US \$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.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____

I certify that all information provided in this application is complete, factually accurate, and honestly presented. I certify that I have read the instructions and conditions (including that all fees are **non-refundable**) and agree to the terms stated therein. I understand that the evaluation is advisory and is not binding upon any agency or institution that uses it. I release Josef Silny & Associates, Inc. from any liability for damages resulting from the use to which I or any agency or institution puts the evaluation. Any litigation arising out of this agreement will have its venue in Miami-Dade County, Florida. The prevailing party in 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: _____

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

Architecture: Alaska, California

Barbers: Florida, Minnesota, South Dakota

Cosmetology: 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

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: Arizona, Florida, Missouri, Nebraska, New Hampshire, New Mexico, Oregon, Puerto Rico, Wyoming

Opticianry: Florida

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

Respiratory Care: National Board for Respiratory Care, California, 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, Iowa, Kansas, Kentucky, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, 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.

FOREIGN-TRAINED MIDWIFE APPLICANTS FOR LICENSURE
TO BE COMPLETED BY INSTITUTION ATTENDED ONLY

APPLICANT'S NAME: _____

NAME OF MIDWIFERY SCHOOL: _____

ADDRESS: _____

CITY/COUNTRY: _____

STATEMENT OF INSTITUTION ACCREDITATION: _____

(By whom is the institution recognized or accredited?)

<u>Unit of Study - Classroom and Clinical :</u>	<u>Hours</u>	<u>OR</u>	<u>Credits</u>	<u>If Integrated:</u> <u>(List course or courses)</u>
<u>Basic Nursing/ Healthcare Skills:</u> (Foundations of Nursing, Foundations of Healthcare, Principles of Nursing/Healthcare, Basic Nursing Skills, Community Healthcare etc...)*				
<u>Basic Sciences:</u> (Anatomy, Physiology, Chemistry, Physics, Biology etc...) *				
<u>Behavioral Sciences:</u> (Mental Health, Psychiatry, Psychology, Behavioral Health, Disorders etc...) *				
<u>Female Reproductive Anatomy and Physiology:</u> (Include female reproductive content) *				
<u>Nutrition During Pregnancy and Lactation</u>				
<u>Childbirth Education:</u> (Planning and Preparing, Pregnancy Wellness, Labor and Birth, Women's Health, Birth Defects and Disorders, Prenatal Testing, Pregnancy Complications etc...) *				
<u>Breast Feeding:</u> (May be integrated in Infant Care/Pediatrics, Women's Health, Family Planning etc...) *				
<u>Community Care:</u> (Community Public Health, Environmental Health Problems, Health and Social Care, Healthcare for the Elderly, Population Community Care etc...) *				
<u>Epidemiology:</u> (Includes Introduction, Clinical, Reproductive and Infectious Diseases etc...) *				
<u>Genetics:</u> (Genetics, Genomics, Molecular Biology, Human Molecular Genetics etc...) *				
<u>Embryology</u>				
<u>Neonatology/ Neonatal Pediatrics</u> (Care of young and sick infants) *				
<u>Obstetrics/Common Complications</u>				
<u>Gynecology/ Women's Health</u>				
<u>Pharmacology</u>				

<u>Family Planning:</u> (Marriage and Family Life, Fertility, Contraceptive Choices, Abstinence, Natural Child Birth, Family Counseling, Pregnancy Counseling etc...) *			
<u>Medico/Legal Aspects of Midwifery:</u> (Rules and Statutes, Certification Procedures etc...) *			
<u>Professional Responsibilities:</u> (Administration, Midwifery Laws and Rules etc...) *			

(* 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.)

Length of Program (Months or Years): _____

Total Credits/Hours Required for Completion of the program: _____

<u>Midwifery Knowledge, Skills and Professional Behavior in:</u>	<u>Completed?</u>	<u>Not Completed?</u>
Primary Management:		
Antepartum Care		
Intrapartum Care		
Postpartum Care		
Neonatal Care		
<u>Collaborative Management/ Referral/ Medical Consultation:</u>		
<u>Practicum During Training</u>	<u>Completed:</u>	<u>List Number Obtained</u>
<u>Primary Management of :</u>	<u>Yes or No</u>	
50 Women in the Antepartum		#
50 Women in the Intrapartum		#
25 Observations of Women in the IP		#
50 Women in the Postpartum		#
50 Babies in the Neonatal Period		#

Certificate /Diploma of Midwifery Obtained? (translated into English)

If yes, state date conferred: _____

If no, explain why: _____

License /Documentation of Eligibility to Practice in Country: (translated into English)

Is License required: Yes or No

Is applicant's license current: Yes No Not available

Is applicant's license unrestricted: Yes No Not available

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

NAME **TITLE** **SEAL** **DATE**

**** Institution MUST send completed charts along with the official student's graduation diploma(s), transcripts and course descriptions DIRECTLY to: Josef Silny & Associates, Inc. 7101 SW 102 Avenue, Miami, FL 33173 USA.**



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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.