



Ashland Educational Services, Inc.

www.AshlandEducationalServices.com

Email: Info@AshlandEducationalServices.com

Instructions to complete the Nursing Application Agreement Form (AAF -1000)

- Step I Read the “Policies, Procedures on authenticity, Conditions and Disclaimer” section of the end of the Nursing Application Agreement Form. (AAF-1000) Page #3.
- Step II Complete and sign the Nursing Application Agreement Form (AAF-1001) and email this Form AAF-1000 electronically as an attachment to the following email address: info@AshlandEducationalServices.com to generate an e-file with your name.
- Step III All support documents need to be in English; otherwise, we will translate for you for additional fee.
- Step IV Pay online or by a bank deposit the full amount (non-refundable after one day).
- Step V Original documents are required. The official transcript needs to be sent directly by the institution(s), the breakdown of didactic and clinical hours, course description and evidence of clinical exposure to acute care, long-term critical care, community setting.
- Due to the privacy of the applicant, application inquiry will be accepted by email message only at evaluators@AshlandEducationalServices.com.
- It takes around 60 days after all the documents are submitted the payment, AAF-1000 and all the documents are submitted.

Applicant Personal Information:

Last Name (Family) _____

First Name: _____

Middle/ Maiden name: _____

Legal Gender: _____ Date of Birth: _____ / _____ / _____

Mailing Address: _____

Apt No. ____ City: _____ State/Providence: _____ Zip Code: _____

Country: _____

Contact Phone Number: _____

Email address: _____

- Note: The submitted information becomes part of your Board of Nursing application and it becomes public records.

Applicant Academic History:

Nursing Program Education

Name of the academic institution(s) attended: _____

Location of the institution(s): _____

Province/State/District: _____

Region/Country: _____

Institution website: _____

Email address: _____

Name of the Nursing program completed: _____

Length of the nursing program: _____

Major / Field of study: _____

Language(s) of instruction: _____

Textbooks language (s): _____

Years of study: _____

Degree earned: _____

Number of Semesters / Quarters: _____

Graduation date / Completion program date: _____

Florida Board of Nursing File Number: _____

High School / Secondary Education

Name of the High School Attended: _____

City: _____

State/Region: _____

Graduation Date: _____

Language of Instructions: _____

Website: _____

Licensure History:

Do you have a U.S. Board of Nursing? Yes/No: _____

State issued the license: _____

Do you have a license from the country that you earned your nursing degree?

Yes/ No: _____

License No.: _____ Expiration Date: _____

Additional Information:

Purpose of Evaluation:

Circle one: (a) Nursing License (b) Endorsement of License (3) Other

Comments:

Ashland Credentials Report follows authenticity procedures stated in our website and our agency procedure manual. We use research tools to verify the submitted documents. Plan ahead, the process might take **around two (2) months** when all-parties involved verified the request information. Translation services requires extra fee.

Ashland Educational Services is also named AES and/or Agency.

Conditions and Disclaimer:

1. If we determine that your academic institution records misrepresent your education or are in anyway fraudulent (including records from a Diploma Mill School), **no evaluation** will be prepared, no refund will be made, and evaluation agencies and nursing boards will be notified.
2. **Refund policy:** The client has the right to cancel within one working days for a full refund after signed the Ashland Application AAF-1000 when the applicant requests the refund in writing.
3. **Nursing Evaluation Fees:** Online Payment through "Zelle Application". <https://www.zellepay.com/>
4. We reserve the right to request an institution's catalog with course description of the attended **program study**. It will take longer time than the average 60 days.
5. The Agency is no liable for any damaged or loss of original documents from couriers such UPS/USPS/Fed Ex and others. The return of any original will be done after 30 days after the nursing evaluation is done. A postage of at least \$8.00 payment is required.
6. **Authenticity:** a client needs to submit original documents from the high school, college or university to be able to process the application. We will verify the authenticity of your documents.
7. The client needs to abide to the **code of ethics stated** in our website.
8. The foreign credential are advisory documents and are not binding upon any agency, institution, licensing board organization, which may use them. Limited acceptance.
9. I release AES from all liability whatsoever resulting from the use of a credential evaluations advisory report by third party or myself during the evaluation process and after the Ashland Credential Evaluation Report is done.
10. All support documents transcripts, diplomas; records should be in the native language of the institution awarding the degree and only then authorized authority, as an ATA translator must translate all the submitted documents.
11. The Ashland Credential Report is final. **It cannot be disputed.**
12. **Nursing Evaluators, CIO, Advisory Board Members and/or AES staff** follow ICAE, NAFSA.org. AACRAO and EIAl.org and the State Statues, Board of Nursing regulations, procedures and mandates. Visit our website for the latest information on policies, ethics code standards, authenticity procedures, and disclaimers.
13. **Status of Application:** the applicant may reach us at the following email: info@AshlandEducationalServices.com

Satisfaction with Evaluations – Ashland Educational Services (AES) follows the Placement Recommendations of The National Council on the Evaluation of Foreign Educational Credentials. AES guarantees that highly qualified evaluators prepare all evaluations, but it cannot guarantee that the applicant will concur with the outcome of the evaluation. Any questions or concerns or complain about evaluations must be submitted in writing by email to:

Evaluators: @AshlandEducationalServices.com

Services and Fees

1. Nursing Course-by-Course Credentials Evaluation – \$340.00 on-line payment by Zelle Online Application.
2. The cost for each additional State Board of Nursing is \$325.00.
 After all the documents including AAF-1000 and payment are received in our mailing facility.....
 Two (2) Business Day Evaluation Report- U.S. \$499.00 in addition to the basic fee of \$340.00
 Five (5) Business Day Evaluation Report - U.S. \$399.00 in addition to the basic fee of \$340.00
 Original credentials evaluation: \$100.00 plus \$10.00 U.S. Postal Services Postage
 Additional fee may be requested to cover research and courier Services

I certified that the information provided in this application agreement form and all support materials are true and correct. I have read the instructions, policies, authenticity procedures, code of ethics in this application and/or our web site and accept the policies, procedures and disclaimer stated herein. The signature below authorizes Ashland Educational Services to search academic and /or clinical information of your attended institution(s) and/or government agency (ies) to support the Ashland Credentials Report.

Applicant's Signature/online Acknowledgement: _____

Date: _____ / _____ / _____

Mailing Instructions:

Send by USPS Mail Certified /Returned Receipt, UPS, DHL and Fed/EX all your original documents with the Certified English translation if it is required to:

Ashland Educational Services Mailing Address:

917 West Washington Blvd. Box 126. Chicago, Illinois, 60607

Form: Request for Academic Records / Transcripts

To: University/College/School – Office of the Registrar Staff

1. Complete all area on this form. All documents must have a certified English translation; otherwise, Ashland Translators will do so for a fee and it needs to be paid by the applicant.
2. Attached an official Academic Record / Transcript of this applicant’s nursing education. This official documentation or academic record needs to state the applicant’s courses, credits, clock hours, grade achieved, didactic and clinical rotation assignments, and credentials earned.
3. Send directly via mail with a tracking number (courier as DHL, UPS, Fed-Ex or local service provider).
4. Mailing Address in City of Chicago, State of Illinois:

Ashland Educational Services
Attn: Registrar
Box: 126
917 West Washington Boulevard
Chicago, Illinois, 60607
United States of America

Student Name when attended: _____

Student Date of Birth: _____

Institution: or authority name where academic records: _____

Email address: _____

Institution Telephone number: _____

Institution Website: _____

Acknowledgement by the Ashland Educational Services Applicant:

I, _____, hereby confirm that I am providing authentic information /documents I. I understand that our approved agency reserves the right to reject any certificate / document that it appears to be altered, falsified, tampered. No refunds will be given for the evaluation fee and translation if it is applied.

Applicant Signature: _____

Date: _____