



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: nursing@jsilny.org

Applicant's name:

VELASCO	CINDY	RAIZ	CINDY AGRAAN RAIZ
last name	first name	middle name	maiden name

Applicant's DOB (mm/dd/yyyy): 02/20/1986

Name of licensing board: TEXAS BON Title of Professional License. (RN, LPN, etc.) RN

Address of Licensing board: License registration number:

Website of Licensing board: E-mail address of licensing board:

Method of licensing (national, provincial, state examination)

License issue date (mm/dd/yyyy):

License expiration date (mm/dd/yyyy):

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:

Josef Silny & Associates, Inc.
International Education Consultants
7101 SW 102 Avenue
Miami, Florida 33173
Tel: (305) 273-1616 Fax: (305) 273-1338
Email: info@jsilny.org
www.jsilny.org



Licensing board official title and name:

Licensing board official signature:

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Date of issue:

Official seal/stamp:

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

I, CINDY RAIZ VELASCO, consent to the release of information and records
Applicant's full name
regarding my licensing registration and profession in PHILIPPINES by the licensing board
country
(authority) PROFESSIONAL REGULATION COMISSION to Josef Silny & Associates, Inc.,
International
name of board/authority
Education Consultants.

APPLICANT'S NAME: CINDY RAIZ VELASCO

APPLICANT'S SIGNATURE:

DATE: FEBRUARY 12, 2023

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