CERTIFICATION OF LANGUAGE PROFICIENCY
(Proficiency in English and One Other Language)
(Optional Form)  Deadline for Receipt: February 14

Instructions to the applicant: This form is OPTIONAL and is not required to be considered for admission to the Nursing degree program. Enter your name and birth date below and follow directions in Section I. Ask a member of your community, NOT your close family or friends, to complete Section II.

SECTION I:
Applicant Name__________________________  Birth Date________

To be eligible for the additional 5 points, applicant should score minimum 50th percentile on the English and Reading section of the TEAS (Test for Essential Academic Skills).

SECTION II:
CERTIFICATION OF PROFICIENCY in __________________________ (NON-ENGLISH) LANGUAGE

THE PERSON COMPLETING THIS LANGUAGE PROFICIENCY CERTIFICATION 1) must be fluent in the identified foreign language and 2) must also have known the applicant and observed his/her language skills in the past year.

**Letters of recommendation or documents that summarize test scores cannot substitute for this form. THIS FORM WILL NOT COUNT IF THERE ARE ANY BLANK SECTIONS. PLEASE PRINT.

Name__________________________  Phone__________________________

Title__________________________  Organization__________________________

Address__________________________

1.  How long have you known the applicant?______________________________________________

2.  How do you know the applicant?

   ________________________________________________________________________________

3.  How often have you observed the applicant conversing/ translating in this language?

   Daily  2+ days per week  1 day/week  Other:________________________________________

In each of the following questions, please rate the applicant on a scale from 1 (low) to 5 (high):

1 = inadequate second language proficiency for professional communication
3 = able to translate in a medical emergency
5 = highly competent in speaking and writing proficiency

4.  Applicant’s proficiency in speaking this second language is:  1  2  3  4  5

5.  Applicant’s proficiency in writing this second language is:  1  2  3  4  5

__________________________  ____________________________
Signature  Date

FORM INVALID WITHOUT SIGNATURE ON THIS PAGE

Please submit this form to:
Department of Nursing & Health Sciences
25800 Carlos Bee Blvd.
Hayward, CA  94542-3086
FAX: (510) 885-2156

form updated 6/5/2014