

Cal State East Bay Nursing Program

CERTIFICATION OF LANGUAGE PROFICIENCY

STRICT NursingCAS DEADLINE for Receipt: DECEMBER 15 (fall) or AUGUST 31 (spring)

*Instructions to the applicant: This category is **OPTIONAL** and not required for admission to the Nursing program, but highly recommended. If submitting separate forms and letters for more than one language and all are approved, only the maximum point value for this category will be assigned (no additional points for additional languages).*

Verify Language Proficiency in one of these two ways:

1. Submit proof of bilingual certification from a National, Regional or Local Organization, such as the Federal Interagency Roundtable, the California Bilingual, Crosscultural, Language and Academic Development Certificate, Language Testing International exam results or Seal of Biliteracy on high school transcripts or diploma.
2. Have an instructor of the language, or an individual who has bilingual certification as described above, complete Section II. Include a copy of their certification if not a language instructor. Section II may NOT be completed by co-workers, family members or friends.

SUBMIT TO NURSINGCAS– UPLOAD TO PROGRAM MATERIALS SECTION

check to make sure all electronic signatures/ information appear correctly after upload – all submissions final

SECTION I:

Applicant Name _____ Birth Date _____

Sign below to confirm you did not adjust or change any information provided below before you uploaded to NursingCAS. If any information is false or forged, you will be denied or dismissed from the Nursing program.

***Applicant Signature _____

SECTION II: THE PERSON COMPLETING THIS LANGUAGE PROFICIENCY FORM: 1) must be fluent in the identified language; 2) must have observed this applicant's language skills **in the past year**; 3) must be an instructor in the language identified below or received bilingual certification and attached a copy of their certification; 4) must not be a co-worker, family member or close friend of the applicant; 5) must include a signed letter of support with this form.

WRITE THE ONE LANGUAGE YOU ARE EVALUATING FOR THIS APPLICANT: _____

THIS FORM WILL NOT COUNT IF THERE ARE ANY BLANK SECTIONS. PLEASE PRINT.

Your Name _____ Phone _____

1. Have you been in contact with this applicant within the past year? _____ Yes _____ No
2. Do you teach individuals how to speak and read in this language? _____ Yes _____ No
3. Do you have certification of bilingual proficiency in this language? _____ Yes _____ No

In each of the following questions, please rate the applicant on a scale from 1 to 5 using the speaking and reading definitions listed in the Language Proficiency table (next page) as a guide.

3. Applicant's proficiency in speaking this language is:	1	2	3	4	5	not observed
4. Applicant's proficiency in reading this language is:	1	2	3	4	5	not observed

5. **LETTER OF SUPPORT** Please write a 1-page letter (maximum) that includes

- ✓ Your full name, job title and relationship to the applicant *including your signature* ***no points if missing signature**
- ✓ Your qualifications to rate language proficiency
- ✓ When/what dates the applicant contacted you to rate his/her language proficiency

Turn in the letter with this form, dated within one year of the application deadline.

The letter must be signed and on company letterhead, or include your full contact info if not affiliated with a particular organization. The signature can be an electronic signature or a handwritten ink signature. The letter will not be considered if there is no signature, or if the signature is simply typed in a different font.

6. **YOUR SIGNATURE TO VALIDATE THE ITEMS FILLED OUT ON THIS FORM.**

Signature

Date

(sign directly in ink or electronic signature using DocuSign, Adobe or similar software – typed signature not accepted)

FORM NOT ACCEPTED WITHOUT YOUR SIGNATURE ON THIS PAGE, ON THE LETTER AND SIGNATURE FROM APPLICANT (AT TOP OF 1st PAGE)

PLEASE RETURN FORM TO APPLICANT

Cal State East Bay Nursing Program

Language Proficiency, as defined by the U.S. Department of State

Proficiency Code	Speaking Definitions	Reading Definitions
0 - No Practical Proficiency	No practical speaking proficiency.	No practical reading proficiency.
1 – Elementary Proficiency	Able to satisfy routine travel needs and minimum courtesy requirements.	Able to read some personal and place names, street signs, office and shop designations, numbers and isolated words and phrases.
2 – Limited Working Proficiency	Able to satisfy routine social demands and limited work requirements.	Able to read simple prose, in a form equivalent to typescript or printing, on subjects within a familiar context.
3 – Minimum Professional Proficiency	Able to speak the language with sufficient structural accuracy and vocabulary to participate effectively in most formal and informal conversations on practical, social, and professional topics.	Able to read standard newspaper items addressed to the general reader, routine correspondence, reports, and technical materials in the individual's special field.
4 – Full Professional Proficiency	Able to use the language fluently and accurately on all levels pertinent to professional needs.	Able to read all styles and forms of the language pertinent to professional needs.
5 - Native or Bilingual Proficiency	Equivalent to that of an educated native speaker.	Equivalent to that of an educated native.