



Verification of Proficiency in a Foreign Language Documentation Form Criteria 8

Applicant: If you are proficient in a language other than English, please refer to the ADN Program Admission Criteria for all acceptable supporting documentation. You may use this form to certify proficiency. The completed form must be submitted with the application and multi-criteria forms.

Section 1 – Student completes this section

Applicant's Name (print Last, First): _____

Section 2 – Please have someone complete this portion, who can verify that you are proficient in a language other than English.

The person completing this proficiency certification must:

- 1. be fluent in the identified foreign language AND
2. have known the applicant and observed his/her language skills in the past year AND
3. not be a close family member or friend

Certification of proficiency in the language of _____.

Contact information:

Name: _____ Title: _____

Organization: _____ Phone: _____

Address: _____ Email: _____

City, State, Zip: _____

1. How long have you known the applicant and in what capacity? _____

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

___ Daily ___ 2+ days per week ___ 1 day per week ___ other _____

Please answer the following questions:

- Is the applicant able to translate using this language in a medical emergency? Yes No
Is the applicant proficient in writing this language? Yes No
Is the applicant proficient in speaking this language? Yes No

I acknowledge, by my signature below, that the information on this form is true and correct.

Signature: _____ Date _____