Yuba College Nursing Program
Application Supporting Documentation Form
Criterion 5
This page is required to be submitted with the application to document qualifying points

Applicant Name (Print): _____ Student I.D. #: _____

Verification of Proficiency in a High-Frequency Language other than English This portion of the form must be completed by someone who can verify your proficiency. The person must be fluent in the identified foreign language, have observed your language skills over the last year, and not be a family member or friend.

Certification of proficiency in the language of _____.

Contact Information of person verifying language:

Name (print): _____

Title: _____

Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please answer the following questions:

1. How long have you known the applicant and in what capacity?
   _____
   _____
2. How often have you observed the applicant conversing/translating in the language?
   _____ Daily _____ 2+ days per week ____ 1 day a week _____ Other_____
3. Is the applicant proficiency in reading this language? _____ Yes _____ No
   a. Reading Definition: Able to read standard newspaper items addressed to the general reader, routine correspondence, reports, and technical materials in the individuals' field.
4. Is the applicant proficient in speaking the language? _____ Yes _____ No
   Speaking Definition: Able to speak the language with enough structural accuracy and vocabulary to participate effectively in most formal and informal conversations on practical, social, and professional topics.

*Definitions from the U.S. Department of State "Language Proficiency Definitions"

Applicant Signature: _____ Date: _____

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

Person Verifying Language Signature: _____ Date: _____

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

2/14/23 lg