Yuba College Nursing Program Application Supporting Documentation Form

*\*\*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

1. Is the applicant proficiency in reading this language? Yes No (must be yes to qualify for points)
   1. Reading Definition: Able to read standard newspaper items addressed to the general reader, routine correspondence, reports, and technical materials in the individuals’ field.
2. Is the applicant proficient in speaking the language? Yes No (must be yes to qualify for points)

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.

04/09/25