

CERTIFICATION OF LANGUAGE PROFICIENCY

This form is OPTIONAL and is not required to be considered for admission to the ASBSN program. If you qualify, submit this form with your application for the additional admission points.

SECTION I Student completes this section

Applicant Name _____

SECTION II The person completing this language proficiency certification:

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

Certification of proficiency in the language of _____

Name _____

Title _____

Organization _____

Address _____ State _____ . Zip _____

Phone _____

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 a 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

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

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

Signature

Date