

# Chabot College - Nursing Program

## CERTIFICATION OF LANGUAGE PROFICIENCY (Optional Form) To be submitted with the Nursing Application

*Instructions to the applicant: This form is OPTIONAL and is not required to be considered for admission to the Nursing degree program. Section I : Enter your name and birth date below and follow directions. Section II: Ask a member of your community (not your close family) to complete this section. PLEASE PRINT.*

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**SECTION I:**

Applicant Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
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**SECTION II: CERTIFICATION OF PROFICIENCY in \_\_\_\_\_ LANGUAGE**

THE PERSON COMPLETING THIS LANGUAGE PROFICIENCY CERTIFICATION 1) must be fluent in the identified foreign language and 2) must also have known the applicant and observed his/her language skills in the past year. Please complete the following:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Title \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

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/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

**Please submit this form to:**  
With your Nursing application Chabot College  
Box 5 - Nursing Application  
25555 Hesperian Blvd.  
Hayward, CA 94542