



Certification of Language Proficiency
•To be submitted with the Registered Nursing Application•

Instructions:

Please complete the following form to meet the criteria for Native Speaker

•To be completed by student•

Name: _____

Phone: _____

Student Certification of Proficiency

Language: _____

English is: First Language Second Language

•To be completed by Professor, Clergy Member, or Supervisor•
(NOT A CLOSE FRIEND/RELATIVE)

Name: _____ Title: _____

Organization: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

•How long have you known the student and in what capacity?

•How often have you observed the student conversing/translating in this language?

Daily 3+ days per week 1= days per week

•Please rate the student on a scale from 1 (low) to 3 (high) •

Student's proficiency in speaking this language: **0** **1** **2** **3**

Student's proficiency in writing this language: **0** **1** **2** **3**

Student's proficiency in reading this language: **0** **1** **2** **3**

I certify that I am fluent in the identified foreign language as listed above and that I have observed the listed student and his/her language skills within the past year.

Signature: _____ Date: _____