



Chico State School of Nursing Verification of Proficiency in a Second Language

Applicant:

This form is used to certify oral proficiency in a language other than English or American Sign Language, and must be uploaded into the documents section of your NursingCAS application.

The person certifying this form **must be an instructor** for the language being verified.

Certification:

Applicant's name as it appears on valid photo ID: _____

Language being certified: _____

After conducting an oral/visual interview with the above-named individual based on ACTFL or ASL standards, I attest:

_____ This individual possesses a speaking or signing proficiency at the intermediate level.

_____ This individual possesses a speaking or signing proficiency at the Advanced level (fluency).

Name: _____ Title*: _____

Organization: _____

Street Address (including city, state, zip): _____

Email: _____ Phone: _____

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

Signature (cannot be typed): _____ Date: _____

*title must include instructor, professor, teacher, etc and language being tested. e.g. "Spanish Teacher"