

**DSH-A/CUESTA COLLEGE PSYCHIATRIC TECHNICIAN PROGRAM**  
**Verification of Proficiency in a Language Other than English**

**(Submit this form with your completed application. Incomplete forms will not be accepted.)**

**Requirements:**

**Coursework does not equal proficiency.** Applicant must have the ability to speak, interpret, and write in the language at a conversational level as well as be able to translate during a medical emergency. The person verifying language ability may not be a relative or family member. Applicants claiming proficiency may be asked to verify this through assessment testing at Cuesta College.

**Instructions to Applicant:**

1. Print this form.
2. Ask a community member with whom you have had sufficient interaction and who can verify that you are proficient in a language other than English to complete the Community Member Language Proficiency Verification section. **This person must not be a relative or family member.**
3. Sign and date the Applicant's Acknowledgment section.
4. Submit this form with your application by the due date.

**Community Member Language Proficiency Verification:**

*Please print clearly:*

I verify that \_\_\_\_\_ is able to speak, read, and write in \_\_\_\_\_ at a level  
(Name of Applicant) (Language)

that allows common everyday communication, **and** has the ability to translate in a medical emergency.

**Signed:**

**Date:**

**Name:**

**Address:**

**Phone:**

**Email:**

**Please describe your relationship to the applicant (you must not be a relative or family member):**

**Applicant's Acknowledgement:**

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

\_\_\_\_\_  
**Applicant's name**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**