

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