



Certification of Language Proficiency

**Submit with Paramedic Application if applicable*

Instructions:

Please complete the following form to meet the criteria for Category 8: 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: _____

Business Address: _____ City/State/Zip: _____

Business Phone: _____ Business 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 5 (high)

	1	2	3	4	5
Student's proficiency in <u>speaking</u> this language:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student's proficiency in <u>writing</u> this language:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student's proficiency in <u>reading</u> this language:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: _____