

## San Diego Mesa College Allied Health Program Language Certification Form

This form is provided to the applicant to verify proficiency in a language other than English for the multicriterion screening process for their allied health application.

If the applicant is using upper-division language courses (equivalent of 3 semesters of upper division language courses) the applicant should fill out the top portion only. Transcripts must be provided in the application to confirm completion of the courses included in the form.

If the applicant is using a documented proficiency, the bottom portion should be completed by an employer, volunteer supervisor, professor, fluency testing center, recipient of translation services or other official individual or organization.

A separate form must be submitted in the application to verify proficiency or advanced level coursework in each language other than English; for example, if an applicant has completed 3 or more upper division courses in Spanish and AMSL, 2 Language Certification Forms (1 to verify Spanish and 1 to verify AMSL) and unofficial transcripts must be submitted in the application.

APPLICANTS NAME:						
		Last		First	CSID#	
Language Certification – Upper Division Language Courses						
Please provide the information below to verify completion of upper division language courses (a language other than English). Unofficial transcripts are required in the application.						
	Course Number	# of Units	Semester Completed	Co	ollege	Letter Grade
1.						
2.						
3.						
OR						
Language Certification						
Language Spoken:						
Observer/Employer's Name:				Observer/Employer's Title:		
Observer/Employer's Organizational Affiliation:						
By signing below, I certify that I have directly observed the applicant's language skills and am qualified to attest to their fluency in a language other than English.						
Signature:					Date:	