

**Department of World Languages and Literatures**

**Nursing Proficiency Testing**

**ORAL PROFICIENCY TESTING TO OBTAIN POINTS TO THE SACRAMENTO STATE NURSING PROGRAM  
EVALUATION FORM**

**Instructions to Students**

- § This form is for the Oral Proficiency Testing in all languages for obtaining points to apply to the Nursing Program at Sacramento State.
- § Language testing is done on an individual basis with an authorized examiner. The TEST is an INTERVIEW. A list of authorized evaluator names is available on the Dept. website at: <http://csus.edu/wll/for-students/forms/nursing1.pdf>.
- § No fee is required through the Department of World Languages and Literatures.  
However, faculty or authorized examiners outside the department may elect to charge a fee, payable directly to the examiner. Students should verify fees with their examiner in advance of testing. STUDENTS fill out Section #1 (Please write legibly)

**Section 1: Student Information**

Today's Date: \_\_\_\_\_ First Name & Last Name: \_\_\_\_\_

Identification Type:  License  Passport  Sac State ID Other: \_\_\_\_\_

Identification Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Semester & Year: \_\_\_\_\_ Language: \_\_\_\_\_

**Section 2: Evaluation of Speaking skill (to be completed by the evaluator).**

Speaking Proficiency (Intermediate) \_\_\_\_\_ Acceptable \_\_\_\_\_ Not Acceptable  
based on ACTFL standards

Evaluator must attach a signed letter on company/agency/institution letterhead describing the proficiency skill above in detail, and information stating how the evaluator knows the language. (This is waived if the evaluator is a faculty/staff member at Sac State University or in the World Languages and Literatures Dept.) Evaluator Comments or recommendations:  
\_\_\_\_\_  
\_\_\_\_\_

**Section 3: Verification by evaluator**  \_\_\_\_\_ (evaluator initials) Picture ID Card has been checked.

Evaluator name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Evaluator Contact Info: Tel: \_\_\_\_\_ Evaluator e-mail: \_\_\_\_\_

Evaluator Agency/Institution name (print) \_\_\_\_\_

Student paid the exam fee to me: \_\_\_ Yes \_\_\_ No fee required. Date: \_\_\_\_\_

Return this completed form AND the letter on letterhead signed by the Evaluator to: World Languages and Literatures Department in Mariposa Hall, Room 2051. OR mail to: Sac State University, World Languages and Literatures Dept, Attn: Proficiency Testing Coordinator, 6000 J Street, Sacramento, CA 95819-6087. Once the form is received, a copy of the form will be sent to the Nursing Department. Any further questions in regards to the processing of the form, contact the Nursing Department at 916-278-4106.  
(Updated 1/17/2017-AY)