

SADDLEBACK NURSING PROGRAM 2ND LANGUAGE PROFICIENCY TEMPLATE

[Your Organization/Institution Letterhead]

[Date]

Dear Saddleback Nursing Committee,

Subject: Verification of Second Language Proficiency for [Name]

I am writing to confirm the language proficiency of [Name of Individual], who has demonstrated their skills through [specify the course, organization, institution, position, program, or assessment] in [Language].

Based on the assessments conducted, [Name] has achieved a proficiency level of [insert proficiency level, e.g., "Intermediate," "Advanced," "Fluent," etc.], indicating their capability to effectively communicate in [Language].

If you require any further information or specific details regarding [Name]'s proficiency, please feel free to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title/Position]

[Your Organization/Institution]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

MUST BE ON COMPANY LETTERHEAD TO COUNT