

NORTH FLORIDA/SOUTH GEORGIA VETERANS HEALTH CARE SYSTEM

NAME: _____ POSITION: _____

1. U.S. CITIZENSHIP

Check One:

_____ I am a U.S. citizen, born in the United States.

_____ I am a U.S. citizen, naturalized **. Place of birth _____

_____ I am a U.S. citizen, born outside the U.S. **. Place of birth _____

**You must provide proof of naturalization/citizenship to Human Resources Management Services prior to your appointment.

2. ENGLISH LANGUAGE PROFICIENCY

Public Law 95-201 requires that nurses appointed to direct patient care must be proficient in spoken and written English. The following criteria will be used to determine English language proficiency.

Please check applicable statements:

____ My primary and native written and spoken language is English.

____ I have completed a combination of education and/or experience, totaling four or more years of the following:

____ a) Education in this country or in any school in which the basic curriculum (including science, social studies, mathematics, etc.) is conducted in English, which may include any time spent in graduate or postgraduate training. Number of years _____
in _____.
(specify country and/or school).

____ b) Successful work experience in a health care facility in which the primary written and spoken language is English. Number of years _____ in _____

(specify name and location of facility).

If the above are not applicable, you must submit the following certification prior to your appointment:

____ I have successfully completed the Test of English as a foreign language. Copy of test results included.

Signed: _____

Date: _____

