



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
 Professional Certification  
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 OLYMPIA WA 98504-7200  
 (360) 725-6400 TTY (360) 664-3631  
 Web Site: <http://www.k12.wa.us/certification/>  
 E-Mail: [cert@k12.wa.us](mailto:cert@k12.wa.us)

## VERIFICATION OF ESA PROGRAM ENROLLMENT

**Complete Section A of this form. Send it to the education department or appropriate department of the college/university where you are completing your educational staff associate preparation program. This form, when returned to you, is to be included with your application packet.**

### SECTION A

TO BE COMPLETED BY APPLICANT				
1. NAME	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS				3. DATE OF BIRTH
CITY/STATE/ZIP				4. SOCIAL SECURITY NO. (OPTIONAL)
5. TELEPHONE: BUSINESS		HOME		6. E-MAIL

### SECTION B

TO BE COMPLETED BY COLLEGE/UNIVERSITY	
<p>The above-named is an applicant for an emergency ESA certificate in Washington State. Complete information in Section B regarding this applicant. To be valid, this form must be signed by the dean or certification officer of the college or the chair of the department at the institution where the applicant is currently completing his/her preparation program. A stamped signature must be initialed by the person using the stamp. Verify the information with the school seal. RETURN THIS FORM TO THE APPLICANT.</p>	
<p>A. Is the applicant currently enrolled in a state-approved program for the training of:</p> <p style="margin-left: 20px;"> <input type="checkbox"/> School Counselor              <input type="checkbox"/> School Psychologist              <input type="checkbox"/> None of the above         </p>	
<p>B. Anticipated date of program completion. _____</p>	
<p>C. Has the applicant completed all course work for a master's degree with the exception of the internship in one of the specializations listed above?      <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>	
<p>D. Will the applicant be eligible to serve in the common schools in your state upon completion of a state-approved program in one of the specializations listed above?      <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>	
<p>E. If specialization is school psychology, is applicant enrolled in a state-approved school psychologist preparation program and participating in a required internship?      <input type="checkbox"/> YES    <input type="checkbox"/> NO    <input type="checkbox"/> N/A</p> <p style="margin-left: 20px;">If yes, anticipated date of program _____</p>	
<p>F. Do you have knowledge that the applicant has been arrested, charged, or convicted of any crime or has a history of any serious behavioral problems?      YES <input type="checkbox"/>    NO <input type="checkbox"/></p> <p style="margin-left: 20px;">List any reason you know of why this applicant should not be certified in Washington. _____</p>	
NAME OF COLLEGE/UNIVERSITY	DATE
ADDRESS	
CITY/STATE/ZIP	
TELEPHONE	NAME (PRINTED)
SIGNATURE AND TITLE (Chairperson of Education Department/Certification Officer)	
<p>COLLEGE SEAL This form must bear the college/university seal.</p>	

**RETURN COMPLETED FORM TO THE APPLICANT**