



VERIFICATION OF PROGRAM ENROLLMENT

Only use this for if you are applying for a Conditional School Behavior Analyst, School Social Worker, or second or third Conditional School Speech Language Pathologist/Audiologist Certificate.

Complete Section A of this forms. Send it to the education department or appropriate department of the college/university where you are completing your master's degree or behavior analyst program. This form, when returned to you, is to be included in your application packet or sent to the OSPI Professional Certification Office.

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:		HOME		6. E-MAIL
BUSINESS		7. CERTIFICATE NUMBER		

SECTION B

TO BE COMPLETED BY COLLEGE/UNIVERSITY

The above-named is an applicant for a conditional 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 their program. A stamped signature must be initiated by the person using the stamp. Verify the information with the school seal. RETURN THIS FORM TO THE APPLICANT.

- A. The applicant is currently enrolled in a:
- Master's degree program for social work or social welfare.
 - Master's degree program for speech-language pathology or audiology.
 - Behavior Analyst Certification Board (BACB) Verified Course Sequence for Board Certified Behavior Analyst (BCBA) certification.
 - Other: _____
- B. Anticipated date of completion. _____
- C. Is the applicant completing satisfactory progress in the program? Yes No
- D. Has the applicant substantially completed the program? Yes No
- E. 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 No
- F. List any reason you know of as to why this applicant should not be certified in Washington.

NAME OF COLLEGE/UNIVERSITY		DATE	COLLEGE SEAL This form must bear the college/university seal.
ADDRESS			
CITY/STATE/ZIP	E-MAIL		
TELEPHONE	NAME (PRINTED)		
SIGNATURE AND TITLE (Chairperson of Education Department/Certification Officer)			