



INSTITUTIONAL APPLICATION FOR AN EDUCATIONAL STAFF ASSOCIATE CERTIFICATE

Please complete the following questions and sign the affidavit.

Type of ESA certificate requested:

School Counselor
 School Psychologist

School Social Worker

Two levels of certification exists:

Initial (until 8/31/05) or Residency (as of 9/1/05) (first level) and Continuing (second level). All ESA personnel must eventually qualify for the Continuing certificate or the Professional certificate (requirements in place after 8/31/07).

Initial (requirements met by 8/31/05)

Residency (as of 9/1/05)

Initial or Residency Certificates allow the holder to assume independent responsibility with children, youth center, youth, and adults. The certificate is endorsed with the ESA specialization (e.g., school counselor) and allows regular or substitute service in that role.

Continuing

Continuing Certificate is required for continued service in Washington's common schools. Continuing validity of the certificate requires that the holder complete at least 150 clock hours of continuing education (equivalent to 15 quarter or 10 semester hours of college/university study) every five years.

Certificate requested:

Initial \$35 (until 8/31/05)

Residency \$35 (as of 9/1/05)

Continuing \$70

College/university attending:

1. NAME	LAST	FIRST	MIDDLE
2. ADDRESS			
CITY/STATE/ZIP			
5. TELEPHONE:			
BUSINESS ()		HOME ()	

MAIDEN/FORMER NAME
3. DATE OF BIRTH
4. SOCIAL SECURITY NO. (OPTIONAL)

6. Have you ever held a Washington certificate or permit authorizing teacher or other educational service in the schools of Washington? If yes, what was your certificate number?

6. YES NO

7. Have you held an educational certificate in another state? If yes, list all such states and complete FORM SPI/CERT 4020C.

7. YES NO

8. If you are applying for the Continuing Certificate, a course or course work (minimum 1 quarter hour or 10 clock hours) relating to issues of abuse is required. Indicate class title, date, and where (college, university, SD, etc.), requirement was completed.

CLASS TITLE	DATE	WHERE COMPLETED
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COLLEGE/UNIVERSITIES

9. List the name of every community college, undergraduate, and graduate institution you have attended in the space below and provide the additional information requested.

Institution	Location City/State	Dates Attended		Degrees Granted	Post BA Credits Earned	
		From	To		Semester	Quarter

Attach separate page for additional education, if necessary.

EXPERIENCE

10. In the space below, list all educational experience. Please list your most recent experience first.

Grades Taught	Dates of Employment	District	City/State	No. of Days if less than Full-Time	Type of Certificate Held

Attach a separate sheet for additional listing if necessary.

AFFIDAVIT

I, _____, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing and all information included in this application is true and correct. If the answers to any question on the application or the moral character and personal fitness section on the application change prior to my being granted certification, I must immediately notify Professional Education and Certification at OSPI.

Signature

Date

Signature

Date

THIS FORM MUST BE INCLUDED IN THE APPLICATION PACKET - ATTACH YOUR CHECK TO THIS FORM

APPLICATIONS RECEIVED THAT DO NOT INCLUDE ALL OF THE REQUESTED MATERIALS WILL BE RETURNED TO THE APPLICANT.