



INSTITUTIONAL/ORGANIZATIONAL APPLICATION FOR AN EDUCATIONAL STAFF ASSOCIATE CERTIFICATE

Please complete the following questions and sign the affidavit.

Type of ESA certificate requested:

- Residency
 Professional
 Continuing (if holds valid Initial)

Role requested:

- School Counselor
 School Psychologist

Certificate requested:

- Residency \$35 + \$33 (OSPI) = \$68 Professional \$25 + \$33 (OSPI) = \$58 Continuing \$70 + \$33 (OSPI) = \$103

College/university attending:

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. Have you ever held a Washington certificate or permit authorizing teacher or other educational service in the schools of Washington? If yes, what is 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 or Professional Certificate, a course or course work 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

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	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 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.