



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
 Professional Certification  
 Old Capitol Building, PO BOX 47200  
 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 EDUCATIONAL STAFF ASSOCIATE EXPERIENCE

### SECTION I

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				WA CERT. NO.
BUSINESS ( )		HOME ( )		
E-MAIL				
If you are applying for the professional ESA certificate, you will need to verify appropriate experience on this form.				

### SECTION II

TO BE COMPLETED BY EMPLOYER, OR HIS/HER DESIGNEE, WHERE APPLICANT WAS EMPLOYED				
Based on personnel records, this statement MUST be prepared and signed by the superintendent or the personnel director of the school district, or private school. Stamped signatures MUST be initialed by the individual using the stamp. <u>Please return this completed form directly to the applicant.</u>				
SCHOOL DISTRICT			APPLICANT'S POSITION TITLE	
FROM	TO	IF PERSON SERVED IN DUAL ROLE, INDICATE PERCENTAGE OF FULL-TIME EQUIVALENCY IN EACH ROLE:	NUMBER OF DAYS OF SERVICE EACH YEAR:	
SERVICE WAS	<input type="checkbox"/> FULL-TIME	FROM _____ TO _____		
		(DATE) (DATE)		
SERVICE WAS	<input type="checkbox"/> PART-TIME	FROM _____ TO _____		
		(DATE) (DATE)		
SERVICE WAS	<input type="checkbox"/> SUBSTITUTE	FROM _____ TO _____		
		(DATE) (DATE)		
ADDRESS			PRINTED NAME	
CITY/STATE/ZIP			TITLE OF PERSON COMPLETING FORM	
SIGNATURE			DATE	TELEPHONE ( )

**RETURN COMPLETED FORM TO APPLICANT**

APPLICANT: INCLUDE THIS COMPLETED FORM WITH YOUR OTHER APPLICATION FORMS. RETURN ALL APPLICATION FORMS TO THE COLLEGE/UNIVERSITY WHERE YOU ARE COMPLETING YOUR PROFESSIONAL CERTIFICATION PROGRAM.