

**EDUCATIONAL STAFF ASSOCIATE CERTIFICATE
INITIAL**

School Counselor
School Psychologist
School Social Worker

(Completed all program requirements by 8/31/05)**

Verification of Program Completion

The persons listed below have completed a program of preparation in conformity with the State Board of Education standards for the initial ESA certificate. The proper check for good moral character and personal fitness of the applicants has been made. THE DEAN/DIRECTOR'S AFFIDAVIT IS ON FILE, BUT THESE APPLICANTS LISTED HAVE HELD CERTIFICATES IN OTHER STATES. FORM SPI/CERT 4020C for each individual is attached listing those states.

The undersigned attests that the documentation required by the Professional Education and Certification office is on file. Also, the undersigned certifies under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct:

Institution: _____ Telephone Number: _____

Signature: _____ Date: _____

Dean/Director of Education/Certification Officer or Designee

List Names in Alphabetical Order

Complete Legal Name - Last, First, Middle	Birthdate	Washington Certificate Number	ESA Role	All Academic Requirements Met	Written Comp Exam 1988	Field Exp. Requirement Met	WSP/FBI Clearance Received*	SPI Use Only

*Not required if candidate holds any type of valid Washington certificate.

**Must have completed all requirements by 8/31/05. College/university must submit verification list to OSPI no later than 12/31/05.