

**EDUCATIONAL STAFF ASSOCIATE CERTIFICATE  
RESIDENCY (FIRST ISSUE)**

School Counselor  
School Psychologist  
School Social Worker

**Verification of Eligibility**

The persons listed below have completed a program of preparation for the residency ESA certificate. The proper check for good moral character and personal fitness of the applicants has been made. IT WAS NOT POSSIBLE TO OBTAIN A DEAN/DIRECTOR'S AFFIDAVIT FOR THESE INDIVIDUALS. If an individual holds or has held certification in another state, form 4020C is kept on file at the college/university.

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	WSP/FBI Clearance Received*	All Academic Requirements Met	Written Comp Exam	Field Exp. Requirement Met	SPI Use Only

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