



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
 Professional Certification  
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## VERIFICATION OF MASTER'S DEGREE PROGRAM ENROLLMENT

Only use this form if you are applying for a conditional school social worker or second or third conditional school speech language pathologist/ Audiologist certificate.

Complete Section A of this form. Send it to the education department or appropriate department of the college/university where you are completing your master's degree program. This form, when returned to you, is to be included with your application packet.

A conditional school social worker certificate requires verification of enrollment in a master's degree program for social work or social welfare. The conditional school social worker certificate may be reissued upon request from the employer and verification of continued enrollment in the master's degree program for social work or social welfare.

A second conditional school speech-language pathologist or audiologist certificate (first reissue) requires verification of enrollment in a master's degree program leading to an initial ESA certificate for the role. A third and final conditional school speech language or audiologist certificate (second reissue) requires verification of continued enrollment plus satisfactory progress in the master's degree program resulting in issuance of an initial ESA certificate for the role.

### SECTION A

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:		6. E-MAIL		
BUSINESS		HOME		
				7. CERTIFICATE NUMBER

### SECTION B

TO BE COMPLETED BY COLLEGE/UNIVERSITY				
<p>The above-named is an applicant for a conditional ESA certificate in Washington State. Complete information in Section B regarding this applicant. To be valid, this form must be signed by the dean or certification officer of the college or the chair of the department at the institution where the applicant is currently completing his/her master's degree program. A stamped signature must be initialed by the person using the stamp. Verify the information with the school seal. RETURN THIS FORM TO THE APPLICANT.</p>				
<p>A. The applicant is currently enrolled in a master's degree program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>B. The master's degree program major is for:  <input type="checkbox"/> Social work or Social Welfare <input type="checkbox"/> Speech-language Pathology or Audiology <input type="checkbox"/> Other</p>				
<p>C. Anticipated date of completion. _____</p>				
<p>D. Is the applicant completing satisfactory progress in the program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>E. Has the applicant substantially completed in the program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>F. Do you have knowledge that the applicant has been arrested, charged, or convicted of any crime or has a history of any serious behavioral problems? YES <input type="checkbox"/> NO <input type="checkbox"/> List any reason you know of why this applicant should not be certified in Washington. _____</p>				
NAME OF COLLEGE/UNIVERSITY			DATE	
ADDRESS				
CITY/STATE/ZIP		E-MAIL		
TELEPHONE		NAME (PRINTED)		
SIGNATURE AND TITLE (Chairperson of Education Department/Certification Officer)				
<p>COLLEGE SEAL This form must bear the college/university seal.</p>				