
RESIDENCY ESA REISSUANCE APPLICATION

REISSUANCE OF THE RESIDENCY ESA:

This application is for those who hold a residency school counselor, school psychologist, or school social worker certificate and have completed two years of service in the respective role.

EXCERPT FROM REGULATION WAC 181-79A-145:

(c) Beginning September 1, 2017, the first issue of a residency certificate for principals, program administrators, and educational staff associates shall be valid until the holder has completed two years of successful service in the role in Washington with a school district, state approved private school, or state agency that provides educational services for students, at which time their residency certificate will be reissued with a five-year expiration date. Prior to the expiration date, the candidate must meet residency renewal requirements or earn a second-tier certificate for the role under WAC 181-79A-250. Provided, that residency ESA school social worker certificate holders have no residency renewal or professional certificate options and must apply for an initial ESA or continuing ESA certificate for the role under requirements in place at the time of application submission.

RESIDENCY ESA REISSUANCE APPLICATION INSTRUCTIONS:

Submit completed application form and \$39 OSPI processing fee. Attach check or money order to reissuance form and mail to:

Fiscal Office
Office of Superintendent of Public Instruction
Old Capitol Building
PO Box 47200
Olympia, WA 98504-7200

When all requirements have been documented, the OSPI Professional Certification office will reissue the residency ESA certificate. You can then view and download the official certificate from your eCert account.



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

APPLICATION FOR REISSUANCE OF THE RESIDENCY EDUCATIONAL STAFF ASSOCIATE CERTIFICATE

Complete Section I of this form. If you have completed two consecutive years of certificated employment as an educational staff associate (school counselor, psychologist, or social worker) in Washington since the issuance of your residency ESA certificate, send the form to the school district or private school where you were employed. This form, when returned to you, is to be submitted to OSPI at the above address.

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			6. E-MAIL	
BUSINESS ()			HOME ()	
7. Have you ever held a Washington teacher, administrator, or educational staff associate certificate? If yes, what is your certificate number?				7. <input type="checkbox"/> YES <input type="checkbox"/> NO
8. Have you completed two years of employment as an educational staff associate at a public school or approved private school in Washington? <input type="checkbox"/> YES <input type="checkbox"/> NO		If the answer to #8 was YES... answer #9 and #10, and give this form to the employer to complete Section II.		9. DATE COMPLETED
				10. EMPLOYER

AFFIDAVIT

I, _____, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. The intentional misrepresentation of a material fact in this form subjects the holder to revocation of his/her certificate.

Signature

Date

City/State

SECTION II

TO BE COMPLETED BY EMPLOYER OR DESIGNEE WHERE APPLICANT COMPLETED PROVISIONAL STATUS [2 YEARS] EMPLOYMENT

Based on personnel records, this statement MUST be prepared and signed by the superintendent or the personnel director of the school district or approved private school where the applicant was employed. Stamped signatures MUST be initialed by the individual using the stamp. Please return the completed form directly to the applicant.

SCHOOL DISTRICT/PRIVATE SCHOOL NAME	APPLICANT'S POSITION TITLE	DATE OF EMPLOYMENT
HAS APPLICANT COMPLETED TWO YEARS OF SUCCESSFUL EMPLOYMENT IN THIS ROLE SINCE THE ISSUANCE OF THE RESIDENCY CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, DATE COMPLETED TWO YEARS:
ADDRESS		TELEPHONE
CITY/STATE/ZIP		FAX
NAME (PRINTED) AND TITLE		E-MAIL
SIGNATURE		DATE SIGNED

For use by Professional Certification only

Type of Cert. Issued	Endorsement		Mailed
Approved by	Date	State	Issued
Materials Sent			Codes