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**WASHINGTON STATE  
RESIDENCY EDUCATIONAL STAFF ASSOCIATE  
CERTIFICATION REQUIREMENTS  
School Counselor and/or School Psychologist**

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In Washington, certain specialists who serve in the K-12 schools are certified as educational staff associates (ESAs). This packet is for the above-mentioned roles only.

**REQUIREMENTS:**

**RESIDENCY OR SUBSTITUTE ESA SCHOOL COUNSELOR**

- **Degree** - Must have completed a **master's degree** with a major in **counseling\***.
- **Program** - Must have completed a state-approved program for certification in the school counselor role;  
or  
**No Program** - Must have completed at least three years of out-of-state experience as a school counselor under appropriate certification, if certification was required.
- **Exam** - Must have successfully completed a comprehensive examination of the knowledge included in the course work for the required master's degree in counseling OR provide verification of completion of the Praxis II specialty area test in guidance and counseling (test code 20420), administered by the Educational Testing Service ([www.ets.org/praxis](http://www.ets.org/praxis)) with a score of 600 or better.

**RESIDENCY OR SUBSTITUTE ESA SCHOOL PSYCHOLOGIST**

- **Degree** - Must have completed a **master's degree** with a major in **school psychology\***.
- **Program** - Must have completed a state-approved program for certification in the school psychologist role;  
or  
**No Program** - Must have completed at least three years of out-of-state experience as a school psychologist under appropriate certification, if certification was required;  
or  
**National Certificate** - Must hold a Nationally Certified School Psychologist (NCSP) certificate issued after December 31, 1991 by the National School Psychology Certification Board ([www.nasponline.org/](http://www.nasponline.org/)).
- **Exam** - The applicant must have successfully completed a written comprehensive examination of the knowledge included in the course work for the required master's degree in school psychology OR provide verification of completion of the Praxis II specialty area test in school psychology (test code 10401\*\*), administered by the Educational Testing Service and used by the National Association of School Psychologists ([www.nasponline.org/](http://www.nasponline.org/)) with a score of 165 or better. (Please visit [www.ets.org/praxis/](http://www.ets.org/praxis/) and select NASP from the State Testing Requirements menu.)

\*It is not necessary for a candidate who holds a master's degree or doctorate in another field to obtain the specified master's degree if he or she has completed all course work requirements relevant to the required master's degree.

\*\*Prior to 9/13/2008, this was test code 10400 with a passing score of 660.

**COMPREHENSIVE EXAMINATION REQUIREMENT  
FOR EDUCATIONAL STAFF ASSOCIATE (ESA) SCHOOL COUNSELOR, SCHOOL PSYCHOLOGIST,  
AND SCHOOL SPEECH LANGUAGE PATHOLOGIST OR AUDIOLOGIST CERTIFICATION  
(WAC 181-79A-221)**

Candidates for ESA school counselor and school psychologist certification shall complete a comprehensive exam required in a master's degree program from a regionally-accredited institution of higher education, or an approved alternative (see below). The 1988 Standards for ESA school speech language pathologist or audiologist require successful completion of a written comprehensive exam in a master's degree program, or an approved alternative (see below).

<b>ESA Role</b>	<b>Approved Alternative Exams</b>
School Counselor	<p>The Praxis II specialty area test in guidance and counseling (code 5421 or 0421*), administered by the Educational Testing Service. The minimum passing score is 156.</p> <p>*Prior to January 2013, this was test code 0420 with a passing score of 600.</p> <p style="text-align: center;">Or</p> <p>The National Counselor Examination for Licensure and Certification(NCE) or National Certified School Counselor Examination (NCSCE) administered by the National Board for Certified Counselors (NBCC - <a href="http://www.nbcc.org/examinations">www.nbcc.org/examinations</a>). A copy of NBCC certification is acceptable in lieu of a score report.</p>
School Psychologist	<p>A written comprehensive examination required for a master's degree in school psychology.</p> <p style="text-align: center;">Or</p> <p>The Praxis II specialty area test in school psychology (code 5402*), administered by the Educational Testing Service and approved by the National Association of School Psychologists (NASP – <a href="http://www.nasponline.org/">www.nasponline.org/</a>). The minimum passing score is 147.</p> <p>A copy of NCSP certification is acceptable in lieu of a score report.</p> <p>*Prior to September 2008, this was test code 0400 with a passing score of 660. *Prior to October 2014, this was test code 0401 with a passing score of 165.</p>
School Speech-Language Pathologist or Audiologist	<p>Praxis II Test Code 5331* for speech language pathology with a passing score of 162. Praxis II Test Code 5342** for audiology with a passing score of 170.</p> <p>*The SLP code was previously 0330 and 5330 with passing scores of 600. **The audiology code was previously 0340 and 0342 with passing scores of 170.</p> <p>The Praxis II is administered by the Educational Testing Service and used by ASHA. A copy of ASHA certification (valid or expired) is acceptable in lieu of a score report.</p>

For Praxis II testing information, please visit <http://www.ets.org/praxis/wa/requirements/>.

Please be aware that we are not able to automatically receive testing results from the Educational Testing Service. If you've completed the appropriate Praxis II specialty exam, you must mail, fax, or e-mail a copy to this office.

**Professional Certification, OSPI**

Old Capitol Building, PO Box 47200, Olympia WA 98504-7200  
 Phone: (360) 725-6400, Fax: (360) 586-0145  
 E-mail: [cert@k12.wa.us](mailto:cert@k12.wa.us), Web site: [www.k12.wa.us/certification/](http://www.k12.wa.us/certification/)

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## APPLICATION INSTRUCTIONS

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**Only COMPLETE applications (all items except your fingerprint cards) will be accepted for processing by the Office of Superintendent of Public Instruction.**

It is your responsibility to collect the items needed for evaluation for certification and submit them in one envelope to the OSPI Office.

All fees are non-refundable.

Washington State law requires that any applicant who does not hold a valid Washington certificate at the time of application must be fingerprinted for a state and national background check. Since this could delay the application, we urge you to initiate this process as soon as possible.

**Fingerprints.** You may select one of the following options to complete the fingerprint process:

- A. You may utilize the live scan fingerprinting process in person at one of the ESD locations. This process does not require a fingerprint card and is subject to an additional processing fee. Please contact the ESD of your choice for details.
- B. If your fingerprints are worn and not easily discernible the State Patrol recommends you have your prints processed by the ink and roll method using the fingerprint card and instruction sheet which can be obtained from our office. Once you have the card and instructions, this may be completed by contacting a law enforcement agency that will fingerprint applicants for non-criminal background checks. Please check with the agency for additional processing fees. Some ESD offices may provide the ink and roll method in addition to the electronic Live Scan.

If the background check reveals a criminal record, or if you answer “yes” on the character and fitness supplement (Form SPI/CERT 4020B), your application materials will be forwarded to the Office of Professional Practices for review. This may delay the certification process for several months. The Professional Certification office cannot act on your application materials until clearance is received from the Office of Professional Practices.





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)

## APPLICATION FOR WASHINGTON STATE EDUCATIONAL STAFF ASSOCIATE CERTIFICATION

Please complete the following questions and sign the affidavit.

**Type of ESA role requested:**

- School Counselor  
 School Psychologist

**Type of ESA certificate requested:**

- Residency (as of 9/1/05)  
 Conversion (Initial to Residency)  
 Substitute

Each certificate requested requires a separate fee payment.

**Please provide your full, legal name.**

1. NAME	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS				3. DATE OF BIRTH
CITY/STATE/ZIP				4. SOCIAL SECURITY NO. (OPTIONAL)
5. TELEPHONE				E-MAIL
BUSINESS (            )		HOME (            )		

6. Have you ever held a Washington educational certificate?  
 If yes, what is your certificate number?

6.  YES  NO

7. Have you held an educational certificate in another state? If yes, list all such states here and complete Form SPI/CERT 4020C.


7.  YES  NO

8. Complete the following information on your noneducational employment history for the past ten years.

Employer or District	Dates of Employment	Name and Address of Immediate Supervisor
Position	Telephone No.	
Employer or District	Dates of Employment	Name and Address of Immediate Supervisor
Position	Telephone No.	

If necessary, attach a separate sheet for additional listings.

For use by Certification only				
Type of Cert. Issued		Endorsement		Mailed
Approved by	Date	State		Issued
Materials Sent				Codes

9. From what institution did you complete your state-approved preparation program?
10. Have you successfully completed a comprehensive examination of the required master's degree or an approved alternative?  YES  NO
- If not, date you have taken or will take the appropriate Praxis II.

If you have completed the appropriate Praxis II exam, please submit a hard copy of the score report. We do not receive these results electronically/automatically from the testing agency.

11. In the space below, list all educational experience. Please list your most recent experience first.

Grades Taught	Dates of Employment	District	City/State	No. of Days if Less Than Full-Time	Type of Certificate Held

If necessary, attach a separate sheet for additional listings.

12. List the name of every community college and undergraduate and graduate institution you have attended in the space below and provide the additional information requested.

Institution	Location City/State	Dates Attended		Degrees Granted	Post BA Credits Earned	
		From	To		Semester	Quarter

Attach separate page for additional education, if necessary.

13. Official transcripts (those with the college or university seal) must be submitted and attached to this page of your application. List all transcripts that you are providing:


**NOTE:** ALL OFFICIAL TRANSCRIPTS MUST BE SUBMITTED WITH THIS APPLICATION.

**AFFIDAVIT**

I, \_\_\_\_\_, certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing and all information included in this application is true and correct. If the answers to any question on the application or the character and fitness supplement change prior to my being granted certification, I must immediately notify Professional Certification at OSPI.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City/State

**THIS FORM MUST BE INCLUDED IN THE APPLICATION PACKET. ATTACH YOUR CHECK TO THIS FORM.**



- Yes  No
10. Have you ever been disciplined by a past or present employer because of allegations of misconduct?
- Yes  No
11. Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct?

### SECTION III - CRIMINAL HISTORY

**If you answer "yes" to any of the questions 1–5 (Section III), please provide the following:**

- A. On a separate sheet of paper state the following:
- A detailed statement including what occurred, the nature of the offense, charge or warrant.
  - The name and address of the arresting agency.
  - If a court was involved, the name and address of the court.
  - The date of the arrest.
  - The final disposition, if any.
- B. If a court was involved, provide a copy of the court docket (can be obtained at the court in which the charge[s] were filed).
- C. Provide a copy of the complete arresting officer's report.
- D. If a court was involved, provide the sentence and judgment (can be obtained at the court in which the charge[s] were filed).
- E. If the arrest was driving related, provide a copy of a current and complete 5-year driving abstract.

NOTE: For questions 1, 2, 3, DO NOT include minor in possession (MIP)/minor in consumption (MIC) occurring more than 2 years ago or driving under influence (DUI) occurring more than 5 years ago.

- Yes  No
1. In the last 10 years, have you ever been arrested for any crime or violation of the law? (Do NOT include Minor in Possession [MIP]/Minor in Consumption [MIC] occurring more than 2 years ago or Driving Under Influence [DUI/DWI] occurring more than 5 years ago.) (Note: For "yes" responses to 1, 2, 3, even if your case was dismissed or your record was sealed you must answer this question in the affirmative.) You need not list traffic violations for which a fine or forfeiture of less than \$300 was imposed.
2. In the last 10 years, have you ever been fingerprinted as a result of any arrest for any crime or violation of the law?
3. In the last 10 years, have you ever been convicted of any crime or violation of any law? (Note: For the purpose of this question "convicted" includes [1] all instances in which a plea of guilty or nolo contendere is the basis of conviction, [2] all proceedings in which a sentence has been suspended or deferred, [3] or bail forfeiture.) You need not list traffic violations or fines for which a fine or forfeiture of less than \$300 was imposed.
4. Have you ever been convicted of any felony crime?
5. Do you currently have any outstanding criminal charges or warrants of arrest pending against you? This would include Washington State, any other state, province, territory, and/or country.
6. Have you ever been or are you presently under investigation in any jurisdiction for possible criminal charges? If your answer is "yes," identify agency and location (street address, city, state) and the circumstances or details relating to the investigation on a separate piece of paper.

### SECTION IV - FITNESS

**If you answer "yes" to any question (Section IV), provide a written explanation on a separate sheet of paper:**

- Yes  No
1. Have you ever exhibited any behavior or conduct which might negatively impact your ability to serve in a role which requires a certificate, credential, or license?
2. In the past 10 years, have you ever engaged in any conduct which resulted in the damage or destruction of property? (For purposes of questions 2 and 3, property includes both real and personal property owned by you or another. Do not list damages done as the result of an automobile accident.)
3. In the last 10 years, have you ever threatened to damage or destroy property?
4. Have you ever engaged in any conduct which resulted in the physical injury or harm of any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)
5. Have you ever threatened to do physical injury or harm to any person(s)? (Do not list threats issued as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)



**SECTION IV - FITNESS**

- Yes No  
  6. Do you have a medical condition which in any way impairs or limits your ability to serve in a certificated role with reasonable skill and safety?
- N/A 7. If you use chemical substance(s), does this use in any way impair or limit your ability to serve in a certificated role with reasonable skill and safety?
- N/A If you disclosed a "yes" answer to questions 6 or 7 above, are the limitations or impairments caused by your medical condition(s) or substance abuse reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.
8. Do you currently use illegal drugs?
9. Have you used illegal drugs in the last year?
- N/A If you disclosed a "yes" answer to question 9 above, have you successfully completed or are you participating in a supervised rehabilitation program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.

**If you answer "yes" to questions 10 or 11, attach copies of any court orders entered in the proceeding.**

- Yes No  
  10. Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor?
11. Have you ever been found in any dependency or domestic relation matter to have physically abused any person?

**If you answer "yes" to questions 12 or 13, and a repayment agreement has been established, attach copies of the repayment agreement from the appropriate agency.**

- Yes No  
  12. Are you currently in default status on any educational loan or scholarship? (Do not include loans that are currently in a compliant deferment status.)
13. Are you currently in non-compliance with a support order?

**SECTION V - CHARACTER REFERENCES**

List three individuals, not related to you, who will serve as character references.

NAME		TELEPHONE NUMBER (        )
MAILING ADDRESS		CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)		
NAME		TELEPHONE NUMBER (        )
MAILING ADDRESS		CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)		
NAME		TELEPHONE NUMBER (        )
MAILING ADDRESS		CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)		

**\* ATTENTION \***

**Please complete the appropriate sections on the next page (pg. 4 of 4).**

**ALL APPLICANTS MUST COMPLETE THE AFFIDAVIT**

**AFFIDAVIT**

I, \_\_\_\_\_ certify (or declare) under the penalty of perjury under the laws of the state of Washington that the foregoing and all information included in the application is true and correct.

If the information provided or answer(s) to any question on the application or character and fitness supplement changes prior to my being granted certification, I must immediately notify the Office of Professional Practices and my college/university if I am a college/university candidate.

I understand I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CITY/STATE

**COLLEGE/UNIVERSITY STUDENTS ONLY**

Please also complete the release below:

**AFFIDAVIT**

I hereby authorize \_\_\_\_\_ to release, orally or in writing as may be requested,  
(name of college/university)  
all student records and other personally identifiable information to the Office of the Superintendent of Public Instruction (OSPI) for the purpose of investigating and determining my eligibility for Washington State certification pursuant to RCW 28A.410, WAC 181-86, and WAC 181-87, as now or hereafter amended.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE



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)

## INSTITUTIONAL VERIFICATION OF PROGRAM COMPLETION AND CHARACTER

**Complete Section A of this form. Send it to the education department or appropriate department of the college/university where you completed your educational staff associate preparation program. This form, when returned to you, is to be included with your application packet.**

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: BUSINESS (        )				HOME (        )		
				E-MAIL		

SECTION B		TO BE COMPLETED BY COLLEGE/UNIVERSITY
<p>The above-named is an applicant for certification 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 completed his/her preparation 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. This individual completed a program for the training of:</p> <p><input type="checkbox"/> School Counselor</p> <p><input type="checkbox"/> School Psychologist</p>	<p>B. Date of program completion _____</p>	
<p>C. Did the program include completion of a comprehensive examination relevant to the specialization?</p> <p style="text-align: center;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>		
<p>D. Does your state require an educational certificate to serve in the specialized role identified in "A" above in the common schools (K-12) of your state?</p> <p style="text-align: center;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>		
<p>E. Does the program the applicant completed have state approval for purposes of certification for serving in a K-12 school setting?</p> <p style="text-align: center;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>		
<p>F. Was the applicant eligible to serve in the specialized role in the common schools in your state when he/she completed the program?</p> <p style="text-align: center;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>		
<p>G. What type of state certification, if any, was this applicant eligible to receive on completing your program?</p> <p>_____</p>		
<p>H. Is there any reason you know of why this applicant should not be certified in Washington? If so, please explain:</p> <p>_____</p>		

NAME OF COLLEGE/UNIVERSITY	DATE	<b>COLLEGE SEAL</b> This form must bear the college/university seal.
ADDRESS		
CITY/STATE/ZIP		
TELEPHONE (        )	E-MAIL	
SIGNATURE AND TITLE		SIGNATURE





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 EXPERIENCE

**USE THIS FORM IF YOU HAVE AT LEAST THREE YEARS OF OUT-OF-STATE TEACHING EXPERIENCE.**

### SECTION I

#### TO BE COMPLETED BY APPLICANT

Fill out Section I and send it to your employer(s). When this form has been returned to you, include it in your application packet with a notarized copy of your out-of-state certificate.

1. NAME	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS				3. DATE OF BIRTH
CITY/STATE/ZIP				4. SOCIAL SECURITY NO. (OPTIONAL)
5. TELEPHONE: BUSINESS (        )				6. E-MAIL
				HOME (        )

Attach certified copies of these documents. If they are coded, include photocopy of official explanation of code.

Title of Certificates/Licenses	Issuing State or City	Effective Date	Expiration Date	Valid for What Subjects, Areas or Professions

Verification of three years of appropriate service in the respective role (teacher, educational staff associate, administrator) is required. If verifying experience for more than one employer, photocopy this form and send to each employer.

### 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, 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		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**