
RESIDENCY RENEWAL OR PROFESSIONAL EDUCATIONAL STAFF ASSOCIATE CERTIFICATION REQUIREMENTS

School Psychologist

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. For ESA certification as a school nurse, school occupational therapist, school physical therapist, school social worker, or school speech language pathologist or audiologist, or school counselor, please visit our website at www.k12.wa.us/certification/ESA/NotCertified.aspx

REQUIREMENTS:

RESIDENCY ESA RENEWAL CERTIFICATE

NOTE: We recommend that individuals who are not employed pursue renewal ONLY when they are ready to serve in the role in Washington to ensure the validity will allow time to complete the requirements to obtain the professional ESA certificate.

Two-year renewal options:

- School psychologists in the process of obtaining Nationally Certified School Psychologist (NCSP) certification from the National Association of School Psychologists (NASP) may apply for a one-time two-year renewal with verification of NCSP submission. Additionally, individuals with expiring certificates in 2014, 2015, 2016, or 2017, may apply for a second two-year renewal with verification of NCSP submission.
- School psychologists with residency ESA certificates dated to expire June 30, 2013, 2014, 2015, 2016, or 2017, may apply until June 30, 2016, for a two-year renewal. These individuals may apply for a second two-year renewal until June 30, 2018.

Five-year renewal option:

- Individuals who hold, or have held, a residency ESA **school psychologist** certificate who are not employed in the role may have their certificate(s) renewed for five years with completion of one of the following options:
 - 15 quarter/10 semester credits of college course work from an accredited institution of higher education directly related to the current performance-based standards as defined in WAC 181-78A 270f5) since the issuance of the residency ESA certificate for the role.
 - 150 clock hours directly related to the performance-based standards as defined in WAC 181-78A-270(5) since the issuance of the residency ESA certificate.

PROFESSIONAL CERTIFICATE (Valid for five years)

All must be met:

- Hold a **Nationally Certified School Psychologist** (NCSP) certificate issued by the National Association of School Psychologists (NASP).
- **Issues of Abuse:** The issues of abuse course or course work must include information related to identification of physical, emotional, sexual, and substance abuse; the impact on learning and behavior; the responsibilities of an ESA to report abuse or to provide assistance to victimized children; and methods of teaching about abuse and its prevention.
- **Suicide Prevention Training** (per RCW 28A.410.226): The candidate shall attest to the completion of a Professional Educator Standards Board approved suicide prevention training (within the previous five years), Effective July 1, 2015. Please visit <http://www.pesb.wa.gov/educators/professional-certificate/education-staff-associate> for current information and course listing.

APPLICATION INSTRUCTIONS

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.

**RESIDENCY RENEWAL OR PROFESSIONAL
EDUCATIONAL STAFF ASSOCIATE
CERTIFICATION APPLICATION CHECKLIST**
School Psychologist ONLY

- FORM SPI/CERT 4095A APPLICATION FOR WASHINGTON STATE RESIDENCY RENEWAL OR PROFESSIONAL
ESA CERTIFICATION
- RENEWAL: OFFICIAL TRANSCRIPTS Verifying completion of 15 quarter/10 semester credits of study since
issuance of residency ESA certificate (for five-year renewal, if eligible), or
- PROFESSIONAL: Verification of Nationally Certified School Psychologist (NCSP) assessment submission.
- PROFESSIONAL: Copy of valid Nationally Certified School Psychologist (NCSP) certificate.
- ISSUES OF ABUSE Complete Form 4095A, page 1, question 13.
- SUICIDE PREVENTION Complete Form 4095A, page 1, question 14.
- FEE In addition to the certification fee, a \$39.00 OSPI processing fee per certificate action are required. Please select the
appropriate box for the certificate(s) you are requesting and attach your check in the amount indicated made out to OSPI
- Fiscal Office.
 - Five-year Residency ESA Renewal only: \$25 + \$39 (OSPI) = \$64
 - Five-year Residency ESA Renewal & Substitute ESA: \$25 + \$15 + \$78 (OSPI) = \$118
 - Two-year Residency ESA Renewal only: \$10 + \$39 = \$49
 - Two-year Residency ESA Renewal & Substitute ESA: \$10+ \$15 + \$78 (OSPI) = \$103
 - Professional ESA only: \$25 + \$39 (OSPI) = \$64
 - Professional ESA & Substitute ESA: \$25 + \$15 + \$78 (OSPI) = \$118

If you do not hold a valid Washington certificate, the following are also required:

- FORM SPI/CERT 4020B CHARACTER AND FITNESS SUPPLEMENT
- FORM SPI/CERT 4020C VERIFICATION OF GOOD STANDING FOR CERTIFICATES HELD IN OTHER STATES
- FINGERPRINT BACKGROUND CHECK Please indicate the date submitted: _____

**SEND YOUR COMPLETE APPLICATION PACKET AND FEE TO OSPI, FISCAL OFFICE, P.O. BOX 47200, OLYMPIA,
WA 98504-7200.**

I am enclosing a COMPLETE Washington ESA certification application.

_____/_____
Signature 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

APPLICATION FOR WASHINGTON STATE EDUCATIONAL STAFF ASSOCIATE CERTIFICATION

Please complete the following questions and sign the affidavit.

ESA role requested:

School Psychologist

Certificate requested:

- Five-year Residency Renewal
- Two-year Residency Renewal
- Professional
- Substitute

Each certificate (role) 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				6. E-MAIL
BUSINESS ()		HOME ()		

7. What is your Washington educational certificate number?

8. Have you held an educational certificate in another state? If yes, list all such states here.
 Complete Form SPI/CERT 4020C if you do not hold a currently valid Washington certificate.

8. YES NO

9. From what accredited college or university did you receive your master's degree?

	DATE
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10. If you are applying for a five-year residency ESA renewal, you must verify that you are not employed in the role.

I am am NOT employed in the role of school psychologist and am enclosing official transcripts verifying completion of the required course work for renewal.

11. Your residency ESA certificate expired/expires on June 30, 2013, 2014, 2015, 2016, or 2017 and you are applying for your first two-year renewal. YES N/A

12. Your first two-year residency ESA renewal expired/expires on June 30, 2013, 2014, 2015, 2016, or 2017 and you are applying for your second/final two-year renewal. YES N/A

13. If you are applying for the professional ESA certificate, a course or course work relating to issues of abuse is required. Indicate class title, date, and where (college, university, SD, etc.) requirement was completed.

CLASS TITLE	DATE	WHERE COMPLETED
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14. If you are applying for the professional ESA certificate, completion of a Professional Educator Standards Board approved suicide prevention training within the last five years is required. (For details and current training listing, please visit www.pesb.wa.gov/educators/professional-certificate/education-staff-associate.)

Indicate class title, date, and provider of the completed suicide prevention training.

CLASS TITLE	DATE COMPLETED	PROVIDER
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15. **Five-Year Residency ESA Renewal ONLY:** List the credits you completed since issuance of your residency ESA certificate in the space below and provide the additional information requested. Official transcripts (those with the college or university seal) must be submitted with your application.

Institution	Location City/State	Dates Attended		Course Title	Post BA Credits Earned	
		From	To		Semester	Quarter

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
 Office of Professional Practices
 Old Capitol Building, PO BOX 47200
 OLYMPIA WA 98504-7200
 OPP (360) 725-6130 TTY (360) 664-3631
 Web Site: <http://www.k12.wa.us/certification>
 E-Mail: cert@k12.wa.us

CHARACTER AND FITNESS SUPPLEMENT

Please complete the following questions carefully and completely before providing information and signing the affidavit. **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.**

ALL REQUIRED DOCUMENTATION REQUESTED BELOW MUST ACCOMPANY THIS FORM. ALL QUESTIONS MUST BE ANSWERED. IF ADDITIONAL SPACE IS NEEDED, ATTACH ON A SEPARATE SHEET OF PAPER.

SECTION I - PERSONAL INFORMATION (please print or type)

1. NAME	LAST	FIRST	MIDDLE	2. MAIDEN NAME
3. ADDRESS				4. DATE OF BIRTH
CITY/STATE/ZIP				5. SOCIAL SECURITY NO. (OPTIONAL)
6. TELEPHONE				7. E-MAIL
BUSINESS: ()				HOME: ()

8. Please list all former names you have used and approximate dates of use. (If more than three, list on separate sheet of paper.)

	Date
	Date
	Date

SECTION II - PROFESSIONAL FITNESS

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you ever held or do you currently hold a Washington education certificate?
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you ever held or do you currently hold any education certificate, credential or license authorizing service in the public/private schools in another state, province, territory, or country? If "yes," list the states, provinces, territories, and/or countries:
<input type="checkbox"/>	<input type="checkbox"/>	3. Are you currently or have you ever been the subject of any certificate or licensing investigation or inquiry by any certification or licensing agency for allegations of misconduct? If "yes," on a separate sheet of paper, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry.

If you answer "yes" to questions 4 through 11 (Section II), on a separate sheet of paper, give a complete explanation, including duties, circumstances, and supporting documentation.

<input type="checkbox"/>	<input type="checkbox"/>	4. Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions [including stayed], revocations, voluntary surrenders, or avoidance.)
<input type="checkbox"/>	<input type="checkbox"/>	5. Have you ever been denied, or otherwise rejected for cause, an education certificate, credential, or license?
<input type="checkbox"/>	<input type="checkbox"/>	6. Have you ever withdrawn an application for any education certificate, credential, or license?
<input type="checkbox"/>	<input type="checkbox"/>	7. Have you ever practiced in any educational position in a public school for which you did not hold the appropriate valid educational certificate, credential, or license for that position?
<input type="checkbox"/>	<input type="checkbox"/>	8. Have you ever been dismissed, discharged, or fired from any employment position involving children or dependent adults? (Do not include RIFs)
<input type="checkbox"/>	<input type="checkbox"/>	9. Have you ever resigned from or otherwise left any employment (e.g., settlement agreement) while allegations of misconduct were pending?

- Yes No 10. Have you ever been disciplined by a past or present employer because of allegations of misconduct?
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

