
CONDITIONAL CERTIFICATE REQUIREMENTS

The conditional certificate may be issued under specific circumstances for a limited period of service to an individual who does not meet requirements for regular teacher, school nurse, or school speech-language pathology or audiology (SSLPA) certification.

Conditional certificates are issued if one of the following conditions is verified:

- The applicant is highly qualified and experienced in the subject matter to be taught and has unusual distinction or exceptional talent demonstrated through public records of accomplishments and/or awards, or
- No person with regular teacher certification in the endorsement area is available as verified by the district or educational service district superintendent or private school administrator, or circumstances warrant consideration of issuance of a conditional certificate.

In addition, conditional certificates are issued to persons in the following categories only if no person with regular certification is available:

- The applicant is assigned instructional responsibility for intramural/interscholastic activities which are part of the district or private school approved program.
- The applicant possesses a state of Washington license as a registered nurse and does not have a bachelor's degree in nursing. (Requires orientation, plan of assistance, legal liability, etc. as described in WAC 181-79A-231(1).)
- The applicant has completed a baccalaureate degree. (First conditional SSLPA only.)
- The applicant is enrolled and making satisfactory progress in a master's degree program for speech-language pathology or audiology. (Second conditional SSLPA.) Only two conditional SSLPA certificates may be issued.

For special education assignments, the following requirements must be met:

- The applicant for a conditional teacher certificate in special education shall hold a bachelor's degree or higher from a regionally-accredited college/university.
- The issuance of a conditional certificate to a special education teacher is contingent upon the individual being enrolled in an approved teacher preparation program resulting in a residency teacher certificate endorsed in special education. The conditional certificate is valid for up to two years and may be reissued once for one year upon verification by the college/university that the individual is completing satisfactory progress in the residency teacher certificate program.
- An individual with full certification and endorsed in special education shall be assigned as a mentor to the special education teacher serving on a conditional certificate for the duration of the conditional certificate.

The ESD or local district superintendent or private school administrator will verify that the following criteria have been met when requesting the conditional certificate:

- The district or ESD superintendent or private school administrator will indicate the basis on which he/she has determined that the individual is competent for the assignment.
- The individual is being certificated for a specific assignment and responsibility in a specified activity/field.

Renewal of the conditional certificate requires verification from the employing school district, approved private school, or ESD that the applicant has completed 60 clock hours since the issuance of the most recent certificate. A second conditional SSLPA certificate also requires verification of enrollment and satisfactory progress in a master's degree program for speech language pathology or audiology.

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.

CONDITIONAL CERTIFICATE CHECKLIST

- FORM SPI/CERT 4025A APPLICATION FOR WASHINGTON STATE CONDITIONAL CERTIFICATION
(attach payment for certification fee to this form)
- FORM SPI/CERT 4025E DISTRICT REQUEST FOR CONDITIONAL CERTIFICATION
- OFFICIAL TRANSCRIPTS Required if assignment is special education or conditional SSLPA (first issue)
- FEE

In addition to the certification fee, a \$39 OSPI processing fee per certificate action is 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.

- Conditional fee: \$10 + \$39 (OSPI) = \$49

If you are a speech-language pathologist or audiologist applying for a second conditional certificate the following form is required:

- FORM SPI/CERT 4025E-1 VERIFICATION OF MASTER'S DEGREE PROGRAM ENROLLMENT

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.
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I am enclosing a COMPLETE Washington teacher certification application.

Signature

/

Date



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
 OLD CAPITOL BUILDING, PO BOX 47200
 OLYMPIA WA 98504-7200
 (360) 753-6773 TDD (360) 664-3629
 Web Site: <http://www.k12.wa.us/certification/>
 E-Mail: cert@k12.wa.us

APPLICATION FOR WASHINGTON STATE CONDITIONAL CERTIFICATE

Please complete the following questions and sign the affidavit.

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 ()

7. Have you ever held a Washington teacher, administrator, or educational staff associate certificate? If yes, what was your certificate number?

7. YES NO

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

8. YES NO

9. 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.	

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

10. List the name of every community college, 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.

11. 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 NEEDED TO EVALUATE YOUR APPLICATION FOR A CERTIFICATE 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.



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 | Question |
|--------------------------|--------------------------|--|
| <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 voidance.) |
| <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?
- 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 FAX (360) 586-0145
Web Site: <http://www.k12.wa.us/certification/>
E-Mail: cert@k12.wa.us

VERIFICATION OF GOOD STANDING FOR CERTIFICATES HELD IN OTHER STATES

COMPLETE SECTION A ONLY, AND INCLUDE THIS FORM IN YOUR APPLICATION PACKET. DO NOT SEND THIS FORM TO THE STATE(S) IN WHICH YOU HAVE BEEN CERTIFIED.

SECTION A Carefully complete information in Section A only, indicating certificate type and number when possible.

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 ()				6. E-MAIL
HOME ()				

STATE	TYPE OF CERTIFICATION	CERTIFICATE NUMBER

I, _____ certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. I hereby allow the above-mentioned state(s) to release the information concerning my certificate to the Office of Superintendent of Public Instruction.

Signature

Date

SECTION B

WASHINGTON STATE CERTIFICATION OFFICE WILL PROCESS THE REMAINDER OF THIS FORM (IF NECESSARY)

The individual noted above holds or has held certification in your state. Washington Administrative Code requires that we have a statement from you confirming that none of his/her certificates held in your state have been suspended, surrendered, or revoked. DO NOT RETURN QUESTIONNAIRE TO APPLICANT.

- I confirm that the above-named individual has never had a certificate suspended, surrendered, or revoked in this state.
- I confirm that the above-named individual has had a certificate suspended, surrendered, or revoked. I have attached explanatory materials which fully disclose the reasons for such action. (Permission to provide this information is granted in the center portion of this form.)

AGENCY	DATE
ADDRESS	SIGNATURE
	TITLE



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 Professional Certification
 Old Capitol Building, PO BOX 47200
 OLYMPIA WA 98504-7200
 (360) 725-6400 TTY (360) 664-3631
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 E-Mail: cert@k12.wa.us

NOTE: THIS FORM MAY BE DUPLICATED. A SEPARATE FORM IS REQUIRED FOR EACH DISTRICT IN WHICH THE APPLICANT WILL SERVE.

DISTRICT REQUEST FOR CONDITIONAL CERTIFICATE

INFORMATION TO BE GIVEN BY DISTRICT SUPERINTENDENT OR PERSONNEL DIRECTOR ONLY

APPLICANT NAME	SPECIFIC ASSIGNMENT IN WHICH THE APPLICANT WILL BE SERVING
DISTRICT	THE ASSIGNMENT WILL BEGIN TERMINATE
ADDRESS	TELEPHONE NUMBER ()
CITY/STATE/ZIP	E-MAIL

Is this a renewal of the conditional certificate? YES NO

If yes, has the applicant completed 60 clock hours since the issuance of the most recent certificate? YES NO

I confirm that the following is true:

- The applicant meets the following condition(s) for application (check any that apply):
 - The applicant is highly qualified and experienced in the subject matter to be taught and has unusual distinction or exceptional talent demonstrated through public records of accomplishments and/or awards.
 - No person with regular teacher certification in the endorsement area is available as verified by the district or educational service district superintendent or approved private school administrator, or circumstances warrant consideration of issuance of a conditional certificate.
 - Applicant is qualified to instruct in the traffic safety program as a paraeducator pursuant to WAC 392-153-020(2)(3).
 - Applicant is assigned instructional responsibility for intramural/interscholastic activities which are part of the district approved program.
 - Applicant possesses a state of Washington license as a registered nurse but does not have a bachelor's degree in nursing.
 - Applicant has completed a baccalaureate degree in speech-language pathology or audiology.
 - Applicant for special education possesses a baccalaureate degree, is enrolled in a residency teacher program in special education and (for renewals) is making satisfactory progress.
 - Applicant for a second conditional school speech language pathologist or audiologist certificate is enrolled and making satisfactory progress in a master's degree program for SLP or audiology.

- The district has determined the applicant is competent on the following basis (attach additional sheet if necessary):

- The individual is being certificated for a limited assignment and responsibility in a specified activity/field.
- The local school board has authorized submission of the application. (Required only for classroom instruction assignment.)

For individuals providing classroom instruction, the following criteria will be met:

- The individual will receive the direct assistance of a school district mentor. (Endorsed in special education for special education applicants.)
- The individual will be delegated primary responsibility for planning, conducting, and evaluating instructional activities and will not be serving in a paraeducator role which would not require certification.
- Within the first 60 working days, personnel so certificated will complete 60 clock hours (six quarter hours or four semester hours) of course work in pedagogy and child/adolescent development appropriate to the assigned grade level(s) as approved by the employing school district.
- Personnel so certificated will be oriented and prepared for the specific assignment and will be apprised of any legal liability, the responsibilities of a professional educator, the lines of authority, and the duration of the assignment. A written plan of assistance will be developed in cooperation with the person to be employed within 20 working days from the commencement of the assignment. This condition is also required for school nurses serving under the conditional certificate.

SIGNATURE OF SUPERINTENDENT/PERSONNEL DIRECTOR	PRINTED NAME AND TITLE	DATE
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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

VERIFICATION OF MASTER'S DEGREE PROGRAM ENROLLMENT

Only use this form if you are applying for a second conditional school speech-language pathologist or 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.

First conditional certificates, issued to speech-language pathologists or audiologists after June 30, 2003, which are valid for up to two years, may be reissued once for up to two years, if the individual provides evidence that he/she is enrolled in and completing satisfactory progress in a master's degree program resulting in the initial ESA school speech-language pathologist or audiologist certificate.

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. Is the applicant currently enrolled in a master's degree program for Speech Language Pathology or Audiology? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Is the applicant completing satisfactory progress in the program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Anticipated date of program completion. _____</p> <p>D. 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>	