



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/cert/>

## SUICIDE PREVENTION TRAINING VERIFICATION

Please print your full, legal name

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

**School counselors, school nurses, school psychologists, school social workers only:** Effective July 1, 2015, candidates shall attest to the completion of a Professional Educator Standards Board approved **suicide prevention training** within five years for issuance or renewal of a continuing or professional ESA certificate, as well as continuing reinstatement or prior to issuance of a one-time transitional ESA certificate (per RCW 28A.410.226).

Training for suicide prevention, approved by PESB and the Department of Health, are eligible for three (3) hours continuing credit per [RCW 28A.410.226](#) and [RCW 28A.415.020](#), and is considered approved continuing education.

### PESB Approved Suicide Prevention Curricula

For the most up-to-date information on approved trainings, please visit the Professional Educator Standards Board website at [www.pesb.wa.gov](http://www.pesb.wa.gov).

Verification you completed an approved suicide prevention training in the last five years has not been received. Please complete the following statement. Sign and date the affidavit and return this form to Professional Certification.

Class Title \_\_\_\_\_ Date Completed \_\_\_\_\_

Provider \_\_\_\_\_ Number of Hours \_\_\_\_\_

### AFFIDAVIT

I, \_\_\_\_\_, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

\_\_\_\_\_  
 Signature / Date