



Texas Professional Educational Diagnosticians Board of Registry

Registry Certificate Renewal Application Due for current year (June 1, 2021 – May 31, 2022)

For Office Use Only: # \$ / /

Please complete this form and return with your remittance. Your cancelled check is your receipt.

Please print

Name Registry # Address City State ZIP Home or Cell Phone Email Position ESC Region # Employer

Include my personal contact information in the Board of Registry Directory yes no

Renewals can be made from our website www.regped.com . For questions, contact Debra Hawkins at debhawk1995@live.com.

Registry Renewal Fee

Checks should be payable to TPED.

- \$50.00 PROFESSIONAL - TPED members who have completed all professional requirements for Registry and continue to maintain active status. Contract diags need to use this designation, please. \$40.00 ASSOCIATE - TPED members who have retired or who are in a position other than Educational Diagnostician. (No CPEs Required)

Registration must be continuous. A lapse of time in paying the registration fee means that the individual is NOT a Registered Professional Educational Diagnostician during the lapse. It is prohibited to use the Registry number in any way unless Registration is current. Bylaws Section 9, Prohibited Acts, states:

"A person may not hold himself or herself out as a Registered Professional Educational Diagnostician unless the person has a current Certificate issued under these Bylaws."

CPE Requirement

I have completed at least 10 hours of continuing education in the areas of intervention, evaluation/interpretation, legal issues, and/or professional issues for the year. (Not required for Associate RegPEDs)

Signature

Mail this completed form and your check to:

TPED P.O. Box 53661 Lubbock, TX 79453-3661 806 503-4093

NOTIFY SUPERVISOR(S)

TPED will gladly notify your supervisor(s) regarding your current membership with TPED as a Texas Registered Professional Educational Diagnostician. Please provide us with the following information on your supervisor for TPED notification.

Supervisor

Title _____ (Dr. Mr. Mrs. Ms.)

Name _____

School District Name _____

or Business Name _____

Mailing Address _____

City _____

State _____ ZIP _____

Email address if you prefer email instead of a letter

2nd Supervisor (if desired)

Title _____ (Dr. Mr. Mrs. Ms.)

Name _____

School District Name _____

or Business Name _____

Mailing Address _____

City _____

State _____ ZIP _____

Email address if you prefer email instead of a letter
