



Texas Professional Educational Diagnosticians
Board of Registry

Registry Certificate Renewal Application

Due June 1 for current year (June 1, 2018 – May 31, 2019)

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 _____ Continuing ed opportunities will go to this address.

Position _____ ESC Region # _____

Employer _____

Include my personal contact information in the Board of Registry Directory _____yes _____no

Check out our "members only" Tool Kit at www.regped.com and watch for our free webinars that will be sent to the email address listed on your application.

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. (**Please sign CPE Requirement statement.)

_____ \$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

For questions, contact Debra Hawkins at debhawk1995@live.com or phone 806.853-9399.

NOTIFY SUPERVISOR(S)

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

1st 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 _____