

Texas Professional Educational Diagnosticians Board of Registry

Registry Certificate Renewal Application

For Office Use Only: #_____ \$_____/____/____

Due June 1 for two years (June 1, 2019 – May 31, 2021)

Your Certificate of Registration is one (1) year in arrears. While you are in arrears, you are not registered and cannot display your certificate or use your Registry number. Without renewal, we cannot share member benefits. *Please let us know how we can help.*

<u>Please print</u>

| Name | Registr | ry # |
|--|---|-------------------------------|
| Address | | |
| City | StateZIP_ | |
| Home or Cell Phone | | |
| Email | | |
| Position | ESC Re | egion # |
| Employer | | |
| Include my personal contact information in the Board of Registr | | no |
| Watch for our free webinars, legal updates fr All of these will be delivered to the email ac For questions, contact Debra Hawkins at <u>debhawk1995@li</u> | om Walsh et al and the T Idress you furnish us on the ve.com or <u>www.regped.com</u> for cre | his renewal. dit card use. |
| Registry Renewal Fee \$100.00 PROFESSIONAL TPED members who have co Registry and continue to maintain active status. (Please | <u>Checks should be payal</u> completed all professional requirem | ble to TPED. |
| \$80.00 ASSOCIATE – TPED members who have retired Diagnostician. (<i>No CPEs Required</i>) | d or who are in a position other tha | n Educational |

<u>Registration must be continuous.</u> 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 20 hours of continuing education in the areas of intervention, evaluation/interpretation, legal issues, and/or professional issues for the years 2019 & 2020. *(Not required for Associate RegPEDs)*

Signature_

Mail this completed form and your check to:

TPED

P.O. Box 53661 Lubbock, TX 79453-3661

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.

| 1 st 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 Second Second (if the institute | | | | |
| 2 nd Supervisor (if desired) | | | | |
| 2 nd Supervisor (if desired) Title | (Dr. | Mr. | Mrs. | Ms.) |
| | | | | , |
| Title | | | | |
| Title Name | | | | |
| Title Name School District Name | | | | |
| Title Name School District Name or Business Name | | | | |
| Title Name School District Name or Business Name Mailing Address | | | | |