



**Texas Professional Educational Diagnosticians  
Board of Registry**

**Registry Certificate Renewal Application**  
*Due for current year (June 1, 2022 – May 31, 2023)*

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 \_\_\_\_\_

**Renewals can be made from our website [www.regped.com](http://www.regped.com) .**  
For questions, contact Debra Hawkins at [debhawk1995@live.com](mailto:debhawk1995@live.com) .

**Registry Renewal Fee**

**Checks should be payable to TPED.**

     **\$50 PROFESSIONAL** – TPED members who have completed all professional requirements for Registry and continue to maintain any form of active diagnostician status.  
*Contract diags need to use this designation, please.*

     **\$40 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*

\_\_\_\_\_

## 2<sup>nd</sup> 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*

\_\_\_\_\_