



Texas Professional Educational Diagnosticians Board of Registry

Registry Certificate Renewal Application Due June 1 for three years (June 1, 2021 – May 31, 2023)

For Office Use Only:

\$ _____

____/____/____

Your Certificate of Registration is two (2) years in arrears without renewal, you will lose your registry status. While you are in arrears, you are not registered and cannot display your certificate or use your Registry number. Please let us know how we can help.

Please print

Name _____ Registry # _____

Address _____

City _____ State _____ ZIP _____

Home or Cell Phone _____

PERSONAL Email _____

Position _____ ESC Region # _____

Employer _____

Renewals can be made on our website www.regped.com.

For questions, contact Debra Hawkins at debhawk1995@live.com.

Registry Renewal Fee

Checks should be payable to TPED.

\$150.00 PROFESSIONAL TPED members who have completed all professional requirements for Registry and continue to maintain active status. (Please sign CPE Requirement statement.)

\$120.00 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 30 hours of continuing education in the areas of intervention, evaluation/interpretation, legal issues, and/or professional issues for the years 2020, 2021 & 2022. (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.

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
