



# TEXAS PROFESSIONAL EDUCATIONAL DIAGNOSTICIANS

## Registry Certificate Renewal Application

Due for two years (June 1, 2022 – May 31, 2024)

Name \_\_\_\_\_ Registry # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home or Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

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)

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.”**

**Three years of non-payment will mean the loss of your status as a registered diagnostician and registry number.**

### Registry Renewal Fee

*Checks should be payable to TPED.*

\_\_\_ **\$100 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.*

\_\_\_ **\$80 ASSOCIATE** – TPED members who have retired or who are in a position other than Educational Diagnostician. *No CPEs Required.*

### CPE REQUIREMENT SIGNATURE

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 last two years. *Not required for Associate RegPEDs.*

**Signature:** \_\_\_\_\_

Mail this completed form and your check to:

Your cancelled check will be your receipt.

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

For Office Use Only:

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# Notification of Supervisors

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. *We will need ALL the information for either a mailed letter or an emailed letter.*

**Supervisor 1**

Title (please mark one)      Dr. \_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

School District Name \_\_\_\_\_

or Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

**Email address** (Please include all above information.)

\_\_\_\_\_

**Supervisor 2**

Title (please mark one)      Dr. \_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

School District Name \_\_\_\_\_

or Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

**Email address** (Please include all above information.)

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