



TEXAS PROFESSIONAL EDUCATIONAL DIAGNOSTICIANS

Registry Certificate Renewal Application

Due for two years (June 1, 2024 – May 31, 2026)

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

For questions, contact Debra Hawkins at 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 year. *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:

\$ _____

____/____/____



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.)
