



TEXAS PROFESSIONAL EDUCATIONAL DIAGNOSTICIANS

Registry Certificate Renewal Application

Covering 2026 - 2027 (June 1, 2026 – May 31, 2027)

Name _____ Registry # _____

Address _____

City _____ State _____ ZIP _____

Home or Cell Phone _____

Email _____

Position _____ ESC Region # _____

Employer _____

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.

_____ **\$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.*

CPE Signature Required: Signature: _____

_____ **\$40 ASSOCIATE** – TPED members who have retired or who are in a position other than Educational Diagnostician. *No CPEs Required.*

_____ **\$20 RETIRED** – TPED members who are fully retired but want to retain their registration status. *No CPEs Required.*

Mail this completed form and your check to:

Your cancelled check will be your receipt.

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

Renew at our website:
www.regped.com



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 _____

Email or 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 _____

Email or Mailing Address _____

City _____

State _____ ZIP _____

Email address (Please include all above information.)
