



# TEXAS PROFESSIONAL EDUCATIONAL DIAGNOSTICIANS

## Registry Certificate Renewal Application Covering 2025 - 2027 (June 1, 2025 – 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.

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

**CPE Signature Required:** Signature: \_\_\_\_\_

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

\_\_\_\_ **\$40 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](http://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.***

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### 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.)

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### 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.)

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