



# Nationally Certified Educational Diagnostician

## NCED (Retired) Application

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My signature below indicates my decision to retire my Nationally Certified Educational Diagnostician (NCED) certification, and change my certification status to NCED (Retired). Further, my signature below indicates my assurance to the NCED Board that I understand that I am changing my certification status, and that I have read and agree to abide by all of the following requirements:

- I am not currently employed as a professional educational diagnostician, nor am I performing the duties, roles or responsibilities of an educational diagnostician for remuneration as defined in the Retired Status section of the bylaws.
- I understand that if I return to special education assessment and educational diagnostics practice of any type, I must have my NCED status changed to accurately reflect my practice or relinquish my certification entirely.
- I will continue to abide by the NCED *Code of Ethics*.
- I understand that I will no longer be required to complete continuing education units (CEUs) for renewal of my NCED (Retired) certification.
- I will disclose to the NCED Board any change, complaint or conviction about a criminal, civil, state board or other professional disciplinary matter(s) within 60 days of occurrence.
- I understand that in order to change my certification status from retiree back to active, or vice versa, my account must be current on fees and I must be a holder in good standing.
- I understand that I must pay the regular NCED annual (or triannual) certification fee.
- I understand that, if I allow my NCED (Retired) certification to lapse, and if I want to be reinstated, then I will be required to retake and pass the NCED exam.
- I will cease from using the designation, NCED, and will instead use the designation, NCED (Retired), upon approval of my retirement status.

I affirm the information herein is true and accurate, and that I meet eligibility requirements for NCED (Retired) status.

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

Printed Name: \_\_\_\_\_

NCED Number: \_\_\_\_\_

Physical/Mailing Address: \_\_\_\_\_

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Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Please send completed application to: NCED Chair, 6 Winding Way, Madison, NJ 07940

FOR NCED BOARD USE:      Approval Date: \_\_\_\_\_