



**EVEN YEAR**

**Texas Educational Diagnosticians' Association  
Nominee for Executive Board Profile**

**Submission Deadline is December 31**

**Any Educational Diagnostician wishing to be nominated for a state board position must hold a membership at the ACTIVE level and be:**

- Certified by the State of Texas as an Educational Diagnostician
- Currently performing, or have performed, the duties of an Educational Diagnostician
- A currently paid member of TEDA for at least the last three (3) years
- Active in TEDA (local or state level) for at least the last 3 years. Active will be defined as actively serving on a committee or as an officer.

**Nominated for the Position of:**

**President Elect       Secretary       Membership Secretary**

**Name:** \_\_\_\_\_

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

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

**Local TEDA Chapter name and (region) number:** \_\_\_\_\_

Activity in local chapter, the state board and/or committee(s); include month and year:

Year 1    \_\_\_/\_\_\_    \_\_\_\_\_

Year 2    \_\_\_/\_\_\_    \_\_\_\_\_

Year 3    \_\_\_/\_\_\_    \_\_\_\_\_

Certifications: \_\_\_\_\_

Credentials/Degrees: \_\_\_\_\_

Current work position: \_\_\_\_\_

Years of experience as an educational diagnostician: \_\_\_\_\_

Work experience in fields related to educational diagnosticians: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional Organizations: \_\_\_\_\_

\_\_\_\_\_

**Name of Person Completing Form:** \_\_\_\_\_

**Your Phone Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Email completed form to [tedapastpresident@gmail.com](mailto:tedapastpresident@gmail.com)**