



# National Certification *of* Educational Diagnosticians

## **FAST TRACK APPLICATION**

FOR APPROVAL TO TAKE THE  
NATIONAL CERTIFICATION EXAMINATION  
LEADING TO THE CREDENTIAL OF  
NATIONALLY CERTIFIED  
EDUCATIONAL DIAGNOSTICIAN (NCED)

**This application is intended for applicants who reside in states that issue a license or certificate for educational diagnosticians or equivalent (see page 2 for a listing of these states), or for individuals who hold the PRSE-Educational Diagnosis credential.**

*This document includes a total of 5 pages.*

The National Certification of Educational Diagnosticians Board has established a ‘Fast Track’ application process leading to the credential of Nationally Certified Educational Diagnostician (NCED).

### **Who is Eligible for Fast Track?**

Two groups of individuals qualify for the Fast Track application process:

- ▶ Any state credentialed assessment professional who holds state licensure/certification indicating that they have met the state requirements for assessment professionals are eligible to apply to take the national examination. This includes individuals from **Texas, Louisiana, New Jersey (LDT/C)** and any other applicable state education agency that licenses/certifies educational diagnosticians (or equivalent assessment professional) which would also include **Alabama, Alaska, District of Columbia, U.S. Department of Defense, Idaho, Indiana, Maine, Michigan, Mississippi, Missouri, New Hampshire, New Mexico, New York, North Dakota, Oklahoma, South Dakota, Vermont, and Wyoming.**
- ▶ Individuals who have earned the PRSE-ED (*Professionally Recognized Special Educator-Educational Diagnostician*) credential from the Council for Exceptional Children are also eligible upon presentation of credentials and certificate. Note: The PRSE-ED credential is no longer issued by CEC.

### **What is the Process?**

In order to become eligible to take the examination leading to national certification, you must submit the following:

- A copy of your state license/certificate and/or PRSE-ED certificate;
- Documentation of two academic years (or equivalent) of professional education assessment experience in a public and/or private setting;
- Fully completed contact information sheet including a short essay (form supplied in this application packet);
- Documentation of current membership in the Council of Exceptional Children (CEC) and the Council of Educational Diagnostics Services (CEDS)—Do not submit original membership card; a copy of your card will suffice;
- Two (2) letters of reference—Your letters of recommendation, which includes ratings of your competency in educational assessment (form supplied in this application packet), should be sent directly to the NCED Board from the referencing agent; Note that one of your recommendations should be from a supervisor; and
- Application fee in the amount of \$300.00. Make check/money order payable to NCED Board.

### **How are Application Materials Submitted?**

- ▶ Hard documents only, through USPS mail or other express ground shipping. Package all application materials and mail/ship to NCED Board, c/o Dr. Teresa Montani, 115 Thomas St, Cranford 07016

**LETTER OF RECOMMENDATION (1)**

*For Application to take the National Certification Examination Leading to the  
Nationally Certified Educational Diagnostician (NCED) Credential*

Applicant: \_\_\_\_\_

The above listed candidate has applied to take the Certification Examination leading to the credential of Nationally Certified Educational Diagnostician (NCED). Please complete the following reference attesting to the applicant’s credentials, ethics, and the source of your knowledge of this applicant’s qualifications and competencies in educational assessment in special education. NOTE: Asterisk signifies required response on this recommendation form.

**Competencies:** Please rank the applicant from 1 to 5 on the following criteria: 1—not capable; 2—needs more experience and guidance; 3—satisfactory; 4—capable; 5—extremely capable.

- \_\_\_\_ Has clear knowledge of educational diagnostics
- \_\_\_\_ Has clear knowledge of test administration and interpretation.
- \_\_\_\_ Has clear knowledge of recommendations related to test results
- \_\_\_\_ Works collaboratively with team members, parents, students and staff
- \_\_\_\_ Seeks to maintain work as an educational diagnostician through professional development activities and ethical practice

**\*Comments:** Please provide a description of the applicant’s work in educational assessment.

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Thank you for completing this letter of recommendation. Please provide contact information before mailing or faxing.

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

Relation to Applicant: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone or e mail: \_\_\_\_\_

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

Mail completed form to NCED Board, c/o Dr. Teresa Montani, 115 Thomas St, Cranford 07016.

## LETTER OF RECOMMENDATION (2)

*For Application to take the National Certification Examination Leading to the  
Nationally Certified Educational Diagnostician (NCED) Credential*

Applicant: \_\_\_\_\_

The above listed candidate has applied to take the Certification Examination leading to the credential of Nationally Certified Educational Diagnostician (NCED). Please complete the following reference attesting to the applicant's credentials, ethics, and the source of your knowledge of this applicant's qualifications and competencies in educational assessment in special education. NOTE: Asterisk signifies required response on this recommendation form.

**Competencies:** Please rank the applicant from 1 to 5 on the following criteria: 1—not capable; 2—needs more experience and guidance; 3—satisfactory; 4—capable; 5—extremely capable.

- \_\_\_\_\_ Has clear knowledge of educational diagnostics
- \_\_\_\_\_ Has clear knowledge of test administration and interpretation.
- \_\_\_\_\_ Has clear knowledge of recommendations related to test results
- \_\_\_\_\_ Works collaboratively with team members, parents, students and staff
- \_\_\_\_\_ Seeks to maintain work as an educational diagnostician through professional development activities and ethical practice

**\*Comments:** Please provide a description of the applicant's work in educational assessment.

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Thank you for completing this letter of recommendation. Please provide contact information before mailing or faxing:

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

Relation to Applicant: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone or e mail: \_\_\_\_\_

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

Mail completed form to NCED Board, c/o Dr. Teresa Montani, 115 Thomas St, Cranford 07016.

**APPLICANT CONTACT INFORMATION**

*To be completed by Applicant. Asterisked items reflect required information.*

\*Exam Location (from Web site): \_\_\_\_\_ Exam Date: \_\_\_\_\_

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

\*Address/City/State/Zip: \_\_\_\_\_

\*Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

\*Email address: \_\_\_\_\_

\*Please provide a brief rationale for seeking national certification. Your written response should include your qualifications and experience in seeking this national certification (200-500 words).

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Please read and sign the following statement:

*I certify that the accompanying documents are true, valid, and represent fair evidence of my professional background and experience. I agree to abide but the 80 percent accuracy score set as the minimum, passing cutoff score for the national examination. Further, I certify that I have read the Standing Rules, By-laws, and Code of Ethics posted on the NCED Web site (www.ncedb.org). I have also read the Advanced Common Core Standards for Educational Diagnosticians posted on the NCED Web site, and agree to abide by all posted standards.*

\*Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Pending acceptance to take the national certification examination and successful passing of the examination, I would like the following name to be imprinted on my certificate (please print):

\* \_\_\_\_\_

Applicant must include this form with other application materials and mail to  
NCED Board, c/o Dr. Teresa Montani, 115 Thomas St, Cranford 07016.