



National Certification *of* Educational Diagnosticians

GENERAL 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 do not issue a license or certificate for educational diagnosticians (or equivalent), but who hold a state license or certificate in special education to practice educational assessment.

This document includes a total of 6 pages.

The process of becoming eligible to take the examination which will provide you with National Certification as an Educational Diagnostician (NCED) begins by asking you to provide documentation for your credentials detailing your educational and professional experience and background. This is necessary in order to ensure uniform, advanced practice in educational assessment and to provide uniform credentialing across the country.

Following submission of the necessary documents which are explained on the following pages, your documents will be reviewed by the outsourcing NCEDB agency. If all documents are in order, an acceptance letter will be issued to you. Please read the application and documentation outlines carefully. **Failure to provide the necessary documentation will delay the process of your acceptance.** Thank you for your interest in national certification.

Documentation to Submit

In order to become eligible to take the NCED examination, you must mail or ship the following documentation as part of your application:

1. Advanced degree in special education or related field

Documentation should include a copy of your advanced degree (master's, educational specialist, or doctorate) in special education or related field (e.g., Learning Disabilities, Reading Specialist, etc.) and an official transcript which documents coursework in testing and evaluation, curriculum and instruction, and an internship of substantial (100 or more hours) activities in educational assessment and intervention.

2. State certification/licensure to practice educational assessment

Documentation should include a copy of your residence/employment state license or certificate that is valid, current, and in a non-psychology area. Additionally, include documents from your State Department of Education's professional standards which substantiate your right to practice educational assessment, or a letter from your school district that stipulates that educational assessment is part of your professional role.

3. Professional teaching experience

Documentation of professional teaching experience of at least two (2) academic years or equivalent is necessary. Teaching experience may include either general or special education in a public or private setting. Employment/personnel records verifying your classroom teaching experience, or a letter from a school administrator will suffice.

4. Educational assessment experience

Documentation of professional educational assessment experience of at least two (2) academic years or cumulative equivalent in a public and/or private setting is required. Employment service records, letters verifying part/full-time testing service, etc. are acceptable. **Please note that teaching and assessment experience may not be concurrent. Assessment experience must be in addition to teaching experience and documented accordingly.**

5. Letters of reference

Two (2) letters of reference must be submitted using the form provided to you for purposes of attesting to your expertise in the field of educational assessment. The letters of recommendation should be placed in a sealed envelope by the reference provider prior to supplying it to the applicant (provider will write his/her signature across the sealed flap of the envelope). One recommendation should be from a supervisor.

6. Current membership in the Council for Educational Diagnostic Services (of CEC)

Provide a copy of your CEDS/CEC membership card that verifies current membership.

7. Application contact information

Complete and sign the Application Contact Information form (attached).

8. Application fee of \$300.00

Application fee in the amount of \$300.00. Make check/money order payable to NCED Board. If the Board determines you are ineligible to take the NCED examination, half of the application fee (\$150.00) will be refunded to you.

How to Submit Documentation

- ▶ Hard documents only, through USPS mail or other express ground shipping. Package all application materials and mail/ship to NCED Board, c/o Dr. P. Frawley, 522 Elm St., Westfield, NJ 07090.

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.

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. P. Frawley, 522 Elm St., Westfield, NJ 07090.

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.

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. P. Frawley, 522 Elm St., Westfield, NJ 07090.

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 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.ncedonline.com). 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. P. Frawley, 522 Elm St., Westfield, NJ 07090.