



Professional Development Program Instructor Information

Please return this form to marisa@tapt.com

Name: (PRINT) _____ Date: _____

Do you plan to continue teaching Certification Courses? No Yes If Yes:

District: _____ Position: _____ # of years in this position _____

Home address: _____

Email: _____ Cell Phone: _____

Please list level of education and/or degrees earned: _____

Please state any training, knowledge, experience or expertise that would make you a good candidate for certain course subject matter: _____

Which Conferences did you attend this year? _____

Which PDC courses did you attend this year? _____

Do you have any suggestions for new courses? _____

Do you have any suggestions for enhancing the professional development or certification program? _____

TAPT Professionally Certified (Official) Member you recommend as a Certification Instructor? (Name and District) _____

If retired, please list retirement date, and plans to remain active in TAPT: _____

Please review the online list of courses that will be offered and notify the Executive Secretary by email of courses you would be interested to Observe/Intern: (Please review guidelines for Observing or Interning in the PDC Handbook)

Thank you for your time providing this information. The above information will assist the Certification Committee with teaching and interning assignments. We appreciate your dedication to the Certification Program and look forward to working with you in the future.

Erwin Sladek, Kirk Self, and Bill Powell ~ TAPT Professional Certification Committee Chairs Revised 1-1-2022