

TAPT Professional Development Program

INSTRUCTOR APPLICATION

PLEASE PRINT Name: ____ ____Cell Phone: _ District: Work Phone: Email: Position: Number of Years in Current Position: Previous Position: If less than 10 years in current position, please list previous employment below: District/Company From: To: Position **Reason for Leaving** Degrees held and schools attended: School Case study Diploma/Degree **Year Graduated** List courses/subject matter you are interested/have experience in instructing. (Must have successfully completed the course within the last 7 years.) Course # **Course Title or Subject Matter** I am current Member of TAPT. Number of Years: I have completed course # 13 Presentation Skills or equivalent. Year: _________ I hold the Official level of TAPT Professional Certification (Year) I have reviewed the Guidelines and Requirements for Instructors and Interns as outlined in the PDC Handbook. I am currently retired since (year): ______ District: _____ Last three TAPT Conferences attended: (Not just pre-conference classes): Please attach a Letter of Recommendation AND Support. (If Instructor changes districts, must supply Letter of

Support from new District/Supervisor.)

Email to: Marisa@TAPT.com	REVISED: 01/01/22
Signature	Date
acii year you wiii be required to subiiiit an ilistructor	Timormation Form by 3-1 and maintain your TAFT Membershi
	sts and qualifications. r Information Form by 9-1 and maintain your TAPT Membershi
ou will be assigned internships based on your interest	sts and qualifications
Jpon approval by the PDC Committee Co-Chairs, you nterest Forms will be sent to you for completion.	will be notified by the Executive Secretary. W9 and Conflict of
By my signature below, I understand the professiona	al and ethical responsibilities for TAPT Instructors.
Thank you for your interest in the TAPT Professional C	Certification Program.