



**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:

From:	To:	District/Company	Position	Reason for Leaving

Degrees held and schools attended:

School	Case study	Diploma/Degree	Year Graduated

List courses/subject matter you are interested in or have experience in instructing.

(Must have successfully completed the course within the last 7 years.)

Course #	Course Title or Subject Matter

- I am current Active 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 maintained my Professional Certification by submitting my Continuing Ed Form every three years and renewing my Membership annually. (or Honorary Lifetime Membership)
- I have reviewed the MOST CURRENT (same year) 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.)

Explain why you wish to be an Instructor for the TAPT Professional Certification Program, your background and experience in the areas you are interested in teaching and how you have supported the TAPT Professional Certification Program for yourself or your staff.

Thank you for your interest in the TAPT Professional Certification Program.

Upon approval by the PDC Committee Co-Chairs, you will be notified by the Executive Secretary. W9 and Conflict of Interest Forms will be sent to you for completion. You will be assigned internships based on your interests and qualifications. Each year you will be required to submit an Instructor Information Form by 9-1 and maintain your TAPT Membership.

By my signature below, I understand the professional and ethical responsibilities for TAPT Instructors.

Signature

Email to: Marisa@TAPT.com

Date

REVISED: 01/01/23