



APPLICATION FOR TAPT PUPIL TRANSPORTATION PROFESSIONAL CERTIFICATION
Use this form effective 1-1-2023

Must be ACTIVE or ASSOCIATE Level TAPT Member

Mail the signed application, all documentation and application processing fee to:

TAPT Professional Certification Program, P.O. Box 488, Kemah, TX. 77565

PLEASE Check *✓* ONLY ONE OF THE DESIGNATIONS BELOW.

SUBMIT A SEPARATE FORM FOR EACH LEVEL (One payment may be made for multiple requests)
 Be sure to check the PDC Handbook for detailed course requirements.

ONLY THE MOST CURRENT APPLICATION WILL BE ACCEPTED.

Trainer (CTPTT)	24 Hours of Course Work	TAPT Trainer Course Certificate, Orientation to TAPT TEEX Certificates received after 1-1-2023 may not be submitted. TEEX Certificates will be accepted through 1-1-25 for courses taken before 1-1-2023.
Specialist (CTPTSP)	48 Hours of Course Work	24 Hours Specified Course Work; 24 Hours Electives; Orientation to TAPT
Supervisor (CTPTS)	54 Hours of Course Work	30 Hours Specified Course Work; 24 Hours Electives; Orientation to TAPT
Special Needs Specialist (CTPTSNSP)	48 Hours of Course Work	36 Hours Specified Course Work; 12 Hours Electives; Orientation to TAPT
Special Needs Supervisor (CTPTSNS)	60 Hours of Course Work	54 Hours Specified Course Work; 6 Hours from 23.5 Leadership Series; Orientation to TAPT

Name: _____ **Professional Certification #** _____
 (Print clearly and as you wish to have printed on Certificate)

Applicant must be a member and must submit all documentation and fee at the time of application.

- Current Active or Associate TAPT membership *Letter of Recommendation from Supervisor
 Application Fee Enclosed (\$25.00) Highest level of education (must be GED or higher) _____
 Enclosed all outside Certificates Enclosed course credit fee if applicable

PDC #	PDC TITLE	DATE	Course Hours
.05 or 00	Orientation to TAPT		0
01	Introduction		6

****No need to submit copies of certificates unless those certificates are not on file or the certificate is from an off-site location.**

Courses may not have been taken longer than seven years PRIOR TO APPLICATION to receive course credit.

District: _____ Position: _____ Years: _____

District Address: _____ Cell Phone # _____

Email address to receive Certificate: _____

Which conferences (not class or pre-conference class events) have you attended in last three years? _____

Supervisor Name: _____ Contact phone: _____

I have read the requirements in the TAPT PDC Handbook. By my signature below, I signify that I meet all the requirements for the level of Professional Certification I have applied for. All required documentation is enclosed.

Applicant Signature: _____ **Date:** _____

*Letter of Recommendation should verify applicant’s ability to meet the qualifications for the professional level of certification being applied for. **Each level lists qualifications.**

APPLICATIONS ARE GENERALLY PROCESSED IN BATCHES FROM AUGUST 1 THROUGH MARCH 1 DUE TO CONFERENCE PREPARATIONS AND REGISTRATIONS.