



**APPLICATION FOR TAPT “SPECIAL TRANSPORTATION SUPERVISOR” PUPIL TRANSPORTATION  
PROFESSIONAL CERTIFICATION**

**PLEASE SUBMIT BEFORE APRIL 1 OR AFTER JULY 15 - ALLOW 6 – 8 WEEKS FOR PROCESSING**

**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**

ONLY THE MOST CURRENT APPLICATION WILL BE ACCEPTED. **Professional Certificate #** \_\_\_\_\_

|                                          |                             |                                                                            |
|------------------------------------------|-----------------------------|----------------------------------------------------------------------------|
| Special Transportation Supervisor (CSTS) | 60 TAPT Course Credit Hours | 54 Hours Specified Course Work<br>6 Hours Electives<br>Orientation to TAPT |
|------------------------------------------|-----------------------------|----------------------------------------------------------------------------|

1. Letter of Recommendation should verify applicant’s ability to meet the qualifications for the professional level of certification being applied for. Must be on district letterhead, dated and signed.
2. **Please review qualifications as stated in the PDC handbook.**
3. Courses must have been attended no longer than 7 years before the application date.
4. Please list courses as required below. Circle PDC # attended.

**Name:** \_\_\_\_\_

(Print clearly and as you wish to have printed on Certificate)

District: \_\_\_\_\_ Position: \_\_\_\_\_ Years: \_\_\_\_\_

District Address: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**District Email address to receive Certificate:** \_\_\_\_\_

Other email address: \_\_\_\_\_

Applicant must be an Active or Associate Member and must submit all documents and fees at the time of application.

- Current Active or Associate TAPT membership
- Application Fee Enclosed (\$25.00)
- Enclosed course credit fee if applicable.
- Highest level of education (must be GED or higher) \_\_\_\_\_
- Enclosed all outside Certificates.
- Letter of Recommendation from Director/Supervisor on District letterhead, signed and dated.

**SPECIAL TRANSPORTATION SUPERVISOR Required Course Credit:**

**Electives are any TAPT PDC Course not already listed as one of the required courses.**

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

| <b>PDC #</b>                   | <b>PDC TITLE</b>                              | <b>DATE</b>  | <b>Course Hours</b> |
|--------------------------------|-----------------------------------------------|--------------|---------------------|
| .05 or 00                      | Orientation to TAPT                           |              | 0                   |
| 01                             | Introduction to Transportation                |              | 6                   |
| 08                             | Personnel Management                          |              | 6                   |
| 11A (Must have taken 11 prior) | Special Transportation: Behavioral Challenges |              | 6                   |
| 22                             | Documentation                                 |              | 6                   |
| 23                             | Introduction to Leadership: Necessary Lessons |              | 6                   |
| 23F                            | Leadership: Ethics                            |              | 6                   |
| 25                             | Child Safety Restraint Systems                |              | 6                   |
| 18                             | Legal Issues                                  |              | 6                   |
| One of:                        | 30.5, 33.5A, 32.5, 39.5A                      |              | 3                   |
| One of:                        | 23.5 Leadership Series:                       |              | 3                   |
| 6 Hours Electives              |                                               |              | 6                   |
|                                |                                               | <b>Total</b> | <b>60</b>           |

location. Course Credit Fee may be required for offsite classes attended.

Which conference/s (Must be Full Conference and not pre-conference class events) have you attended in the last three years? (Submit copy of Badge.)

\_\_\_\_\_

Director/Supervisor Name: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Director/Supervisor Email: \_\_\_\_\_

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

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Revised 1-1-26**