



**APPLICATION FOR TAPT PUPIL TRANSPORTATION PROFESSIONAL CERTIFICATION**  
**Use this form effective 1-1-2021**

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

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

**PLEASE Check *v* 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	Trainer Course Certificate, Orientation to TAPT
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.

- |   |  |
|---|--|
| <input type="checkbox"/> Current TAPT membership            | <input type="checkbox"/> *Letter of Recommendation from Supervisor (District Letterhead) |
| <input type="checkbox"/> Application Fee Enclosed (\$25.00) | <input type="checkbox"/> Highest level of education (must be GED or higher) _____        |
| <input type="checkbox"/> Enclosed all outside Certificates  | <input type="checkbox"/> Enclosed course credit fee if applicable                        |

PDC #	PDC TITLE	DATE
.05 or 00	Orientation to TAPT	


\*\*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 JULY 1 THROUGH MARCH 31 DUE TO CONFERENCE WORKLOAD.**

**Revised 01-01-2021**