



**TAPT PROFESSIONAL DEVELOPMENT AND CERTIFICATION PROGRAM**  
**Application to Enroll in TAPT Administrator Exit Exam (PDC 15A.5)**

Note: This form must be completed by the person wishing to enroll in the Exam.

**Please review the requirements for Administrator Professional Certification in Section Two of this Handbook.**

ACTIVE level TAPT Members wishing to enroll in the Administrator Exit Exam should have a well-rounded knowledge of all school district transportation operations and must be vetted to confirm all qualifications and course credit requirements have been met.

Upon receipt of this application and required documents, the Executive Director will review your transcripts, confirm your membership and upon approval, notify you regarding your eligibility to register for enrollment in the Exit Exam.

The Administrator Exit Exam will be conducted two times annually: at the annual state conference in June and at the February PDC Event.

**Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**District:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **# of years in current position:** \_\_\_\_\_

- ☐ I am a current ACTIVE level TAPT Member and will be a current Member at the time of the Exit Exam.
- ☐ I understand that I must annually renew my Membership and meet the Continuing Education Requirements EVERY THREE YEARS as set forth in the PDC Handbook to maintain my Professional Certification
- ☐ I understand that I must have acquired the Official level of Professional Certification as a pre-requisite to applying for the Administrator level. Certificate # \_\_\_\_\_
- ☐ I meet the years of service requirements as specified in the PDC Handbook for the Administrator level of professional certification.
- ☐ I have **attached:** (1) Dated and signed Letter of Recommendation on District Letterhead from my Immediate Supervisor verifying that I meet the qualifications for the Administrator level of Professional Certification; (2) Professional Reference; (3) District Organizational Chart.
- ☐ I understand that the Exit Exam will be conducted as a written and oral exam and may require presentations, essays, and group activities. The Exam will cover the basic transportation operational knowledge required of a top administrator of a school district transportation department.
- ☐ I understand that I must hold a high school diploma, GED or higher.

- ☐ I understand that I must pass the Exit Exam with at least an 85% passing grade; that the exam will be graded after the exam event; that I will be notified individually with my grade; and that I may retake the exam once at no charge at a later PDC class event should I not complete the exam successfully. Re-schedule opportunities will be made available by email to those desiring a retake.
- ☐ I understand that I must submit the application for Administrator Professional Certification with \$50.00 processing fee within 60 days of successful completion; after that time additional fees may be required or retake of the Exam.
- ☐ I have listed my course credits below and verify that all courses were completed within the last seven years.

Circle PDC # taken.	PDC #	Required Course Titles	Date Completed
Select either.	0.5/00	Orientation to TAPT	
	01	Introduction to Transportation	
	11A	Special Transportation: Behavioral Challenges	
	12A	Advanced State Reporting	
	14A	Student Management 3D	
	23F	Leadership: Ethics	
	26	Technology	
	23L	Leadership: Strengths Based Employee Capacity	
	40	Transportation Compliance, Assessment, Evaluation	
	39.5A	Foundations for Success	
Select one	05A 16 29	Advanced Routing Emergency Management Supporting At Risk Populations	
Select one Personnel Mgment	08B 08C	Staffing, Assessment, Restructure for Growth Recruiting, Selecting, Onboarding	
Select three Leadership Series	23.5D 23.5E 23.5J 23.5M	Board Relations Problem Solving Special Transportation Responsibility, Accountability Coaching for Success	
Select one	30.5 32.5	Communication Public Image	
Select two	37B or C.5 22.5A	Business Skills Advanced Documentation	
Select one	13/13A	Presentation Skills	
Select one	07 17	Risk Management (Must be different from Official) Workers Comp	
Select one	18 36	Legal Issues Liability	
		<b>Total 99 Hours</b>	

Email this completed form and required documents to the Executive Director. [Marisa@tapt.com](mailto:Marisa@tapt.com). Must be submitted before conference registration deadline date.

***By my signature below I confirm that I have reviewed the qualifications for the Administrator Level of Professional Certification.***

Signature: \_\_\_\_\_ Devised 09/19; Revised 2019; 2021;2023;2024; 9-1-25