



**APPLICATION FOR TAPT "SPECIAL TRANSPORTATION SPECIALIST" PUPIL TRANSPORTATION
PROFESSIONAL CERTIFICATION**

Use this form effective 9-1-2025 (May use 2024 form through 2-28-2025)

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

Be sure to check the PDC Handbook for detailed course requirements.

ONLY THE MOST CURRENT APPLICATION WILL BE ACCEPTED. Professional Certificate # _____

Special Transportation Specialist (CSTSP)	48 TAPT Course Credit Hours	42 Hours Specified Course Work 6 Hours Electives Orientation to TAPT
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1. Letter of Recommendation should verify applicant's ability to meet the qualifications for the professional level of certification being applied for.
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.
5. Outside courses taken like TEEX require a copy of the Certificate and applicable course credit fee.

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 SPECIALIST 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**

PDC #	PDC TITLE	DATE	Course Hours
.05 or 00	Orientation to TAPT		0
01	Introduction to Transportation		6
05	Routing and Scheduling		6
11	Special Transportation Orientation		6
19	Field Trips		6
25	Child Safety Restraint Systems		6
28	Training the Special Transportation Team		6
One of: 02 or 14	Student Management		6
			6
6 Hours Electives:	1.		
	2.		

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 9-1-2025.