



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

**Use this form effective 9-1-2025. (May use 2024 form until 2-28-25)**

**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 # \_\_\_\_\_**

|                     |                                      |  |
|---------------------|--------------------------------------|--|
| Specialist (CTPTSP) | 48 Hours of TAPT Course Credit Hours | 36 Hours Required Course Work<br>12 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.
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 Money Order Enclosed (\$25.00)
- ☐ Enclosed course credit fee if applicable.
- ☐ Highest level of education (must be GED or higher) \_\_\_\_\_
- ☐ Enclose all outside Certificates.
- ☐ Letter of Recommendation from Director/Supervisor on District Letterhead signed and date.

**Specialist Required Course credit: (Circle PDC #s completed.)**

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

| PDC #                           | PDC TITLE                      | DATE | Course Hours |
|---------------------------------|--------------------------------|------|--------------|
| .05 or 00                       | Orientation to TAPT            |      | 0            |
| 01                              | Introduction to Transportation |      | 6            |
| 05                              | Routing and Scheduling         |      | 6            |
| 02 or 14                        | Student Management             |      | 6            |
| 22                              | Documentation                  |      | 6            |
| 23                              | Introduction to Leadership     |      | 6            |
| 26                              | Technology                     |      | 6            |
| 12 Hours Electives:<br><br>List | 1.<br>2.<br>3<br>4             |      |              |
|                                 |                                |      |              |
|                                 |                                |      |              |
|                                 |                                |      |              |

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

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

**Revised 9-1-25.**