



APPLICATION FOR TAPT "SPECIALIST" 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

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 12 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 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.

****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 or 05A	Routing and Scheduling		6
02 or 14	Student Management		6
22	Documentation		6
23	Introduction to Leadership		6
26	Technology		6
12 Hours Electives: List	1. 2. 3 4		

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 1-1-26