



APPLICATION FOR TAPT “SPECIAL TRANSPORTATION SUPERVISOR” PUPIL TRANSPORTATION PROFESSIONAL CERTIFICATION

Use this form effective 8-13-23.

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 SUPERVISOR (CSTS)	60 TAPT Course Credit Hours	60 Hours Specified Course Work 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. TEEX Certificates will be accepted through 12-31-24 for courses taken before 1-1-2023.
4. Courses must have been attended no longer than 7 years before the application date.
5. Please list courses as required below. Circle PDC # attended.
6. 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 SUPERVISOR Required Course Credit:

Circle PDC #s attended.

PDC #	PDC TITLE	DATE	Course Hours
.05 or 00	Orientation to TAPT		0
01	Introduction to Transportation		6
08	Personnel Management		6
11	Special Transportation Orientation		6
22	Documentation		6
23	Introduction to Leadership: Necessary Lessons		6
25	Child Safety Restraint Systems		6
28	Training the Special Transportation Team		6
One of: 02, 05, 14, 14A, 16 or 18			6
Two of: 33.5A,B,C, 30.5, 37.5, 37.5B or 37.5C	1.		3
	2.		3
Two of any of the 3-hour 23.5 Leadership PDC	1.		3
	2.		3
		Total	60

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 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 08-13-2023.