



New York Association for Pupil Transportation
266 Hudson Avenue • Albany, New York • 12210
518-463-4937 (phone) • 518-463-8743 (fax)

SCHOOL TRANSPORTATION PROFESSIONAL CERTIFICATION PROGRAM

APPLICATION MATERIALS

(Please review all information closely)



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**SCHOOL TRANSPORTATION
PROFESSIONAL CERTIFICATION PROGRAM**

APPLICATION FOR CERTIFICATION

(This application is the form required for entry into the NYAPT Professional Certification Program)

IDENTIFYING INFORMATION

Name _____

Employer _____

Employer Address _____

Employer Phone _____ Employer Fax _____

Employer Cell Phone _____ Employer Email _____

Home Address _____

Home Phone _____ Home Fax _____

Home Cell Phone _____ Home Email _____

Date of Birth _____ / _____ / _____ (optional)

PRE-QUALIFICATIONS

Membership/Eligibility:

Program guidelines require that individuals must be members in good standing of the Association in order to participate.

- Are you a member in good standing of the New York Association for Pupil Transportation?
 Yes No

Overall Experience:

Program guidelines require that individuals have a minimum of five years employment in the field of school transportation and a minimum of one-year full-time in a supervisory position in the field of school transportation. An individual may also present related employment experiences for consideration. Please respond to the following accordingly.

Number of years employed in the field of school transportation? _____

Number of years held a supervisory position in the field of school transportation? _____

Describe related employment in which you have been engaged which you would want the Peer Review Committee to consider. Also include how many years were/have you been engaged in such employment?

Required Referrals:

The program guidelines require that an individual must have been referred by a Chapter President of the association and have a letter signed by an appropriate school superintendent or company president/manager attesting to information about the individual's position and participation. Please complete questions below and include appropriate forms (see attachments) as a part of this application package.

- Have you included with this application a referral from the Chapter President in the area from which you are applying for this certification?
 Yes No

If "NO", please explain: _____

- Have you included with this application a referral letter signed by the appropriate school superintendent or company president/manager attesting (1) as to your position and (2) as to their awareness of your application and intent to participate in the program?
 Yes No

If "NO", please explain: _____

Moral Character:

The program guidelines state that an individual must be of "good moral character" to be eligible for participation in the program. Please respond to the question below accordingly.

- Would you describe yourself as being of good moral character? Yes No

Discuss to the extent necessary or appropriate: _____

(Consider in your response whether you have been convicted of any crimes (other than traffic infractions, for instance) or had a professional license revoked for cause, or similar instances. Also consider those activities or services you may be engaged in that contribute to your response to this question.)

REQUIREMENTS FOR CERTIFICATION

Educational Experience

Threshold Education Requirement

The program guidelines require that an individual have at least a high school education or the equivalent and have completed one or more post-secondary or professional credentials..

Please indicate the highest level of secondary education you have completed:

- High School Diploma GED High School Equivalency Diploma

Institution or School: _____ Date: ____ / ____ / ____

and please indicate which of the following (all that apply) you have completed. Note that you must have attained at least one of the following or a combination that may be considered by the Peer Review Committee:

- If you have attained credentials at the Post Secondary level, please enter requested information on all levels completed:

College-level certificate Institution: _____

Date: ____ / ____ / ____

Area of Study: _____

Associate's Degree Institution: _____

Date: ____ / ____ / ____

Area of Study: _____

Bachelor's Degree Institution: _____

Date: ____ / ____ / ____

Area of Study: _____

Graduate Degree Institution: _____

Date: ____ / ____ / ____

Area of Study: _____

- If you have attained certification by the National Association for Pupil Transportation, please provide the certification(s) you attained and the date of certification(s).

Certification: _____ Date Completed: ____ / ____ / ____

Certification: _____ Date Completed: ____ / ____ / ____

- If you have been appointed to a permanent Civil Service position, please provide the approved Civil Service title and your date of appointment:

Title: _____ Date of Appointment: ____ / ____ / ____

- If you wish the Peer Review Committee to consider *a combination of educational experiences* and other activities that are not described here, please discuss in the space provided or on a separate sheet that is properly identified.

Work Experience

The program guidelines provide that an individual must demonstrate responsibilities in some or all of the following during the five years leading to their application. Other areas of responsibility and activity may be included by the applicant and may be considered at the discretion of the Peer Review Committee.

Demonstrated Areas of Responsibility

- Please discuss your responsibilities and activities in relation to the following areas. You should include a discussion of hands on experience, training and professional development and innovations. Your discussion should demonstrate the degree and nature of your involvement.

- Recruiting and hiring of staff

- Supervision of staff

- Assessment and management of staff

- Preparation of an annual budget

- Procurement of school buses and equipment

- Negotiation and execution of contracts with school transportation providers

- Driver scheduling and management

- Driver training and development

- Fleet maintenance and management

- Safety and security procedures

- Other areas

Brief Employment History

In addition, please specify the three most recent employment positions you have held:

Date: ____ / ____ / ____ Job Title: _____

Employer: _____ Location: _____

Brief Description of Duties: _____

Date: ____ / ____ / ____ Job Title: _____

Employer: _____ Location: _____

Brief Description of Duties: _____

Date: ____ / ____ / ____ Job Title: _____

Employer: _____ Location: _____

Brief Description of Duties: _____

PROFESSIONAL ACTIVITIES

Conference and Workshop Attendance

Conference Attendance Required

The program guidelines require an individual to have attended at least three of the following state-level conferences:

Please check off all that apply and include dates of participation (*within two years of application*):

NYAPT Annual Conference

NYAPT Winter Conference (Back to Basics, Safety & Maintenance Seminar, Winter Workshop)

School Bus Contractors Annual Conference

Annual DOT Passenger and Freight Safety Conference

Annual DMV Highway Safety Conference

Other Conference Options

The program guidelines allow for additional consideration for individuals who have attended the following national conferences (NOTE: NAPT certification requires specific conference attendance requirements. This NYAPT specification does not change the NAPT requirements.)

Please check off all that apply and include dates of participation (*within two years of application*):

Annual Conference: National Association for Pupil Transportation

Annual Conference: National School Transportation Association

Annual Conference on Transporting Students with Disabilities

Other Conferences (specify):

If you have not completed any of the above conference requirements or options and wish the Peer Review Committee to consider mitigating circumstance, please discuss in the space provided and/or on a separate sheet that is properly identified.

Related Qualifications

The program guidelines provide that individuals will receive consideration for the following qualifications.

Please check as many as apply to your career and activities. Provide explanations and descriptions of activities where appropriate:

Certified Article 19-A Examiner (since _____)

School Bus Driver Instructor (since _____)

Master Instructor (since _____) (MI Number: _____)

NAPT Course Instructor (since _____)

Other Certifications (e.g., Red Cross Instructor, vendor certification)

Diversity of Experience

The program guidelines provide that an individual will receive consideration for the following experiences that demonstrate involvement in the activities of our professional association.

Please check as many as apply to your career and activities. Provide explanations and descriptions of activities where appropriate:

- NYAPT Committee Membership *(include committee name and years of service)*

- NYAPT Committee Chair *(include name of committee and years of service)*

- NYAPT Board of Directors Member *(include years of service)*

- NYAPT Chapter officer *(include position held and years of service)*

- Chapter-level coordination or direct involvement in coordination of a Road-eo, Special Needs Road-eo, Tech-Mech Road-eo *(include description of role and years of service)*

- Coordination of or direct involvement in the NYAPT Safety Camp *(include description of role and years of service)*

- Participation as a NYAPT Mentor *(include years of service)*

- Served as a presenter at two NYAPT Conferences or at conferences sponsored by the NY School Bus Contractors Association, the NAPT or the NSTA *(include dates and workshop topics)*

- Participant in school district-level leadership team or project *(include dates of involvement and nature/results of project)*

PORTFOLIO

The program guidelines require that an individual prepare and develop a portfolio depicting activities and projects undertaken as an administrator or manager. The portfolio should explain the relevance and benefits of such projects/activities to the professional development and capacity of the individual. See the program brochure for further information.

- The portfolio should contain documentation as to the following and briefly discuss each element of the portfolio in the space provided:**

Professional Development Courses Taken:

Certifications Attained:

Awards Received:

Programs Developed and Implemented

Innovations Developed and Implemented

Training Courses Conducted

Articles Written for Professional Use

Other Elements or Activities

Endorsements

If you have secured endorsements or recommendations from individuals who will vouch for your credentials or your character or your experiences, please list below and provide any written testimony as attachments to the application.

Attachments

- Chapter President Referral
- Supervisor Referral
- Portfolio
- Additional Information:

- _____
- _____
- _____
- _____

Examination

Each candidate for certification must complete an examination as has been prepared by and in consultation with the Peer Review Committee. Please enter below the date of administration of the examination and whether candidate passed the examination. The signature of the examiner must be written in the space provided.

Date of First Administration _____ / _____ / _____

Pass Fail

Date _____ / _____ / _____ Signature of Examiner _____

Date of Second Administration (if necessary) _____ / _____ / _____

Pass Fail

Date _____ / _____ / _____ Signature of Examiner _____

Fees for Certification

The Professional Certification Program of the New York Association for Pupil Transportation requires that a certification fee of \$100.00 be paid in full by the candidate as a condition of certification. In addition, once certified, the individual is subsequently required to pay a triennial certification fee of \$50.00.

For purposes of completing this application process, the candidate is required at this time to attest that he/she has read the above statement regarding the Fees for Certification, understands the statement and will comply with the Fees requirements as a part of his/her continued certification.

Signed by candidate: _____ Date: ____/____/____

Continuing Competency and Certification

The Professional Certification Program of the New York Association for Pupil Transportation requires that, within the triennial re-certification period, each individual who attains certification must complete 30 hours of continuing competency activities, as defined by the Peer Review Committee. Activities which can be used by the individual to satisfy this requirement will be published annually by the Peer Review Committee and disseminated to each certified individual.

For purposes of completing this application process, the candidate is required at this time to attest that he/she has read the above statement regarding continuing competency and certification, understands the statement and will comply with the continuing competency and certification requirements as a part of his/her continued certification.

Signed by candidate: _____ Date: ____/____/____

Non-Discrimination

The New York Association for Pupil Transportation does not and will not discriminate on the basis of sex, race, creed, disability, sexual orientation, political affiliation in determining eligibility for or participation in activities implemented, conducted or endorsed by the association. Individuals believing that they have been discriminated against by the application process on the basis of sex, race, creed, disability, sexual orientation or political affiliation, are requested to submit a letter to the Immediate Past President of the Association, whose name and contact information is posted to the NYAPT website at www.nyapt.org.

For purposes of completing this application process, the candidate is required to attest that he/she has read and understands the above statement. Signing the attestation below is simply an indication that the statement on Non-Discrimination has been read and is understood. The applicant's signature does not imply satisfaction with the application process and does not deny the applicant of his/her right to file a complaint with the Association as described above.

Signed by candidate: _____ Date: ____/____/____

COMPLETION

I certify that the information provided in this application is true to the best of my knowledge and that I will participate in the Professional Certification Program in accordance with its intent and requirements.

SIGNATURE:

NAME:

DATE: ____/____/____



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MEMORANDUM

To: NYAPT Professional Certification Peer Review Committee:
From: _____, Chapter President
Ref.: Reference for Certification
Date: _____ / _____ / _____

I certify that I am the President of the _____ Chapter and that I am aware of the application being submitted by: _____ to participate in the NYAPT Professional Certification Program.

I further certify that: _____ is an active member of our Chapter and of the Association. The employment information that he/she indicates on his/her application is accurate to the extent of my knowledge.

I recommend and support the application of this individual. I offer the following comments and observations:

- (1) _____
- (2) _____
- (3) _____

Signed: _____ Date: _____ / _____ / _____

Name and Title: _____



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MEMORANDUM

To: NYAPT Professional Certification Peer Review Committee:
From: _____, Superintendent
_____, School District *or*
_____, Owner/President/Manager

Ref.: Reference for Certification
Date: ____/____/____

I certify that I am aware of the application being submitted by: _____
to participate in the NYAPT Professional Certification Program.

I further certify that the employment information that he/she indicates on his/her application is accurate according to our records and to the extent of my knowledge.

I know this individual to be a person of good moral character.

I am also aware of the activities related to participation in the program and endorse and support his/her participation in the program.

I recommend and support the application of this individual. I offer the following comments and observations:

- (1) _____
- (2) _____
- (3) _____

Signed: _____ Date: ____/____/____

Name and Title: _____



NYAPT

**NEW YORK ASSOCIATION
FOR PUPIL TRANSPORTATION**