



**NEW YORK ASSOCIATION
FOR PUPIL TRANSPORTATION**

NYAPT

**LEADERSHIP DEVELOPMENT AND
CERTIFICATION INSTITUTE SCHOOL
TRANSPORTATION MANAGEMENT
PROGRAM**

APPLICATION MATERIALS



NYAPT

**NEW YORK ASSOCIATION
FOR PUPIL TRANSPORTATION**

New York Association for Pupil Transportation
1764 Rt. 9 PO Box 356
Clifton Park, New York 12065
518-463-4937



LEADERSHIP DEVELOPMENT AND CERTIFICATION INSTITUTE SCHOOL TRANSPORTATION MANAGEMENT PROGRAM

APPLICATION

(This application is the form required for entry into the NYAPT Leadership Development Institute)

Personal Information

Name of Applicant _____

Home Address: _____

Contact Number: _____

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.

High School	City/State	Dates Attended	Year of Graduation
Undergraduate/College/University	City/State	Dates Attended	Year of Graduation
Graduate Colleges/University	City/State	Dates Attended	Year of Graduation

Certifications

List other certifications that you have achieved and wish to have considered.

<i>Type of Certification</i>	<i>Yes/No</i>	<i>Certification Number/Type of Certification</i>
NYS SED SBDI		
NYS SED Master Instructor		
NYS DMV 19-A Examiner		
NAPT Certification		
Other		



Employment History

Provide your employment information below:

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: _____

Certification Fee

The Leadership Development Institute of the New York Association for Pupil Transportation requires that a program entry fee of \$175.00 be paid in full by the candidate. In addition, once certified, the individual is subsequently required to pay a triennial certification fee of \$75.00.

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.

Name: _____

Date: _____



Continuing Competency and Education

The Leadership Development Institute of the New York Association for Pupil Transportation requires that, within the triennial re-certification period, everyone 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.

Name: _____

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.

Name: _____

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 Leadership Development Institute in accordance with its intent and requirements.

SIGNATURE: _____

NAME: _____

DATE: _____



MEMORANDUM

To: NYAPT Leadership Development Peer Review Committee

From: _____
(Reference Name)

Subject: **Professional Reference**

Date:

_____ has applied to the New York Association for
(Name of Applicant)

Pupil Transportation for certification as a School Transportation Director. Your reference is requested to be used as one of many elements in determining this candidates' qualifications for certification. Please provide any information that you feel appropriate that has direct bearing on this applicant's eligibility for certification. All information provided will be reviewed by the NYAPT Professional Development Institute Peer Review Committee and will be kept in confidence.

Reference title: _____
Company/District: _____
Phone #: _____
Email: _____

How long have you known this person? _____

In what capacity do you know this person: _____

Please provide information below to be used to evaluate this person's qualifications for certification

Signed: _____

Date: _____

(Please return to the address below. Attention: NYAPT Leadership Development Institute Peer Review Committee)

**New York Association for Pupil Transportation
1764 Rt 9, PO box 356**