Office of Teaching Initiatives 89 Washington Avenue Albany, New York 12234 www.highered.nysed.gov/tcert

## Completion of Approved Continuing Teacher and Leader Education (CTLE) Hour(s) Certificate

All CTLE must be completed with Approved Sponsors and be reported using this form in addition to any electronic reporting requirements.

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Section I:			7
First Name:	Last Name:	Middle Initial:	
Date of Birth:	Last 4 Digits of the Social Security Number	r:	
Section II			···.
Name of Venue: Bainbridge-Guilford Central	School District		
Street Address: 18 Juliand Street	<sup>city:</sup> Bainbridge	State: Zip Code: 1373	33
CTLE Activity Title: Teacher Profession (Indicate title/subject/gr	al Development Days rade level, etc.)		-
Select One or More Areas of Activity: Pe	edagogy Content	English Language Learning	
CTLE Date(s): from: $\frac{9}{(mm)}$ $\frac{4}{(dd)}$ $\frac{2018}{(yyyy)}$ to	9 / 5 / 2018 Number of (mm) (dd) (yyyy)	f hours awarded 12	
Section III			
I certify that the individual listed in Section I compl Regulations of the Commissioner of Education.	eted the CTLE cited above pursuant to S	Subpart 80-6 of the	
Approved Sponsor Name: Bainbridge-Guilford C	Central School District		
Print Name of Authorized Certifying Officer: Time	thy R. Ryan, Superintendent	,	
Signature of Authorized Certifying Officer:	mother Klya		
Approved Provider Identification Number: 2782		Date: 12/5/18	
Email: tryan@bgcsd.org	Phone #: 607-967-63	321	_

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Section I:			
First Name:	Last Name:		Middle Initial:
Date of Birth:	Last 4 Digits of the Social Security Number:		
Section II			
Name of Venue: Bainbridge-Guilford Central S	School District		
Street Address: 18 Juliand Street	<sup>City:</sup> Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: September Fac	ulty Meeting		
Select One or More Areas of Activity: Pe	dagogyContent	English La	nguage Learning
CTLE Date(s): from: 9/12/18 to (mm) (dd) (yyyy)	9 / 12 / 18 Number of (mm) (dd) (yyyy)	hours awa	arded
Section III			
I certify that the individual listed in Section I comple Regulations of the Commissioner of Education.	eted the CTLE cited above pursuant to S	ubpart 80-	-6 of the
Approved Sponsor Name: Bainbridge-Guilford C	Central School District		- Wall
Print Name of Authorized Certifying Officer: Timo	thy R. Ryan, Superintendent		
Signature of Authorized Certifying Officer:	nothy Kly-		
Approved Provider Identification Number: 2782		ate:/	2/5/18
Email: tryan@bgcsd.org	Phone #: 607-967-63	321	7

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Section I:		Thurst.	
First Name:	Last Name:		Middle Initial:
Date of Birth:	Last 4 Digits of the Social Security Number		<u> </u>
Section II			
Name of Venue: Bainbridge-Guilford Central	School District		377111
Street Address: 18 Juliand Street	<sup>City:</sup> Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: Curriculum Alignme (Indicate title/subject/gr	nt AM/ Technology PD PM ade level, etc.)		
Select One or More Areas of Activity: Pe	edagogyContent	English La	nguage Learning
CTLE Date(s): from: $\frac{10}{\text{(mm)}} \frac{5}{\text{(dd)}} \frac{18}{\text{(yyyy)}}$ to	10 / 5 / /8 Number of (mm) (dd) (yyyy)	hours aw	arded <u>(/</u>
Section III			
I certify that the individual listed in Section I compl Regulations of the Commissioner of Education.	eted the CTLE cited above pursuant to S	Subpart 80	-6 of the
Approved Sponsor Name: Bainbridge-Guilford C	Central School District		
Print Name of Authorized Certifying Officer:	thy R. Ryan, Superintendent		3
Signature of Authorized Certifying Officer:	mothy Myn		, ,
Approved Provider Identification Number: 2782		ate:	2/5/18
Email: tryan@bgcsd.org	Phone #: 607-967-6	321	1-1

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Last Name:	Middle Initial:
Last 4 Digits of the Social Security Number	r:
chool District	
<sup>city:</sup> Bainbridge	State: Zip Code: 13733
Utal	
agogy Content	English Language Learning
10 / 10 / 18 Number of	hours awarded
ted the CTLE cited above pursuant to S	Subpart 80-6 of the
entral School District	
ny R. Ryan, Superintendent	,
nothy Kly-	
D	ate: 12/5-/18
	Last 4 Digits of the Social Security Number Chool District  City: Bainbridge  Le level, etc.)  agogy Content    O / 10 / 18

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Section I:			
First Name:	Last Name:		Middle Initial:
Date of Birth:	Last 4 Digits of the Social Security Number	**	<u> </u>
Section II			
Name of Venue: Bainbridge-Guilford Central	School District		
Street Address: 18 Juliand Street	<sup>City:</sup> Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: November Faculty (Indicate title/subject/gr	Mtg. District Wide -	SEL	PD
Select One or More Areas of Activity: Pe	edagogy Content	English La	nguage Learning
,			
· · · · · · · · · · · · · · · · · · ·	// 28/18 Number of (mm) (dd) (yyyy)	hours aw	arded
(mm) (dd) (yyyy)		· · · · · · · · · · · · · · · · · ·	
(mm) (dd) (yyyy)	(mm) (dd) (yyyy)		
(mm) (dd) (yyyy)  Section III  I certify that the individual listed in Section I comp	(mm) (dd) (yyyy)  leted the CTLE cited above pursuant to S		
(mm) (dd) (yyyy)  Section III  I certify that the individual listed in Section I comp Regulations of the Commissioner of Education.  Approved Sponsor Name: Bainbridge-Guilford	(mm) (dd) (yyyy) leted the CTLE cited above pursuant to S Central School District		
(mm) (dd) (yyyy)  Section (II  I certify that the individual listed in Section I comp Regulations of the Commissioner of Education.	(mm) (dd) (yyyy) leted the CTLE cited above pursuant to S Central School District		
Section III  I certify that the individual listed in Section I comp Regulations of the Commissioner of Education.  Approved Sponsor Name: Bainbridge-Guilford C  Print Name of Authorized Certifying Officer: Time	(mm) (dd) (yyyy)  leted the CTLE cited above pursuant to S  Central School District  Othy R. Ryan, Superintendent	Subpart 80	

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Section I:			
First Name:	Last Name:		Middle Initial:
Date of Birth:	Last 4 Digits of the Social Security Number	:	1
Section II			
Name of Venue: Bainbridge-Guilford Central	School District		
Street Address: 18 Juliand Street	<sup>city:</sup> Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: December Fac			
Select One or More Areas of Activity: Pe	edagogy Content	English La	inguage Learning
CTLE Date(s): from: $\frac{12}{(mm)} \frac{12}{(dd)} \frac{12018}{(yyyy)}$ to	12 12 12018 Number of (mm) (dd) (yyyy)	hours aw	arded
Section III			
I certify that the individual listed in Section I compl Regulations of the Commissioner of Education.	eted the CTLE cited above pursuant to S	Subpart 80	0-6 of the
Approved Sponsor Name: Bainbridge-Guilford	Zentral School District		
Print Name of Authorized Certifying Officer: Time	thy R. Ryan, Superintendent	,	
Signature of Authorized Certifying Officer:	mothy LL		
Approved Provider Identification Number: 2782	D	ate:	
Email: tryan@bgcsd.org	Phone #: 607-967-6	321	

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Section I:			
First Name:	Last Name:		Middle Initial:
Date of Birth:	Last 4 Digits of the Social Security Number	•	
Section II			
Name of Venue: Bainbridge-Guilford Central	School District		
Street Address: 18 Juliand Street	<sup>city:</sup> Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: January Facul (Indicate title/subject/gr	ty Meeting		
Select One or More Areas of Activity: Pe	edagogy Content	English La	nguage Learning
CTLE Date(s): from: $\frac{1}{(mm)} \frac{j}{(dd)} \frac{j}{(yyyy)}$ to	1 9 19 Number of (mm) (dd) (yyyy)	f hours aw	arded
	1,, (22) (7777)		
Section III  I certify that the individual listed in Section I comp	leted the CTLE cited above pursuant to :		
Section III  I certify that the individual listed in Section I comp. Regulations of the Commissioner of Education.  Approved Sponsor Name: Bainbridge-Guilford	leted the CTLE cited above pursuant to :		
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Section I:			
First Name:	Last Name:		Middle Initial:
Date of Birth:	Last 4 Digits of the Social Security Number:		
Section II			o'-ogtibelia
Name of Venue: Bainbridge-Guilford Central S			
Street Address: 18 Juliand Street	<sup>City:</sup> Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: Staff Professional [Indicate title/subject/gr	Development Day		
Select One or More Areas of Activity: Pe	dagogy Content	English La	nguage Learning
CTLE Date(s): from: 1 124119 to		hours aw	arded (a
(mm) (dd) (yyyy)	(mm) (dd) (yyyy)		<u> </u>
	(mm) (dd) (yyyy)		
Section III  I certify that the individual listed in Section I compl	(mm) (dd) (yyyy) eted the CTLE cited above pursuant to S		
Section III  I certify that the individual listed in Section I compl Regulations of the Commissioner of Education.  Approved Sponsor Name: Bainbridge-Guilford C	(mm) (dd) (yyyy) eted the CTLE cited above pursuant to S		
Section III  I certify that the individual listed in Section I compl Regulations of the Commissioner of Education.  Approved Sponsor Name: Bainbridge-Guilford C	(mm) (dd) (yyyy)  leted the CTLE cited above pursuant to S  Central School District		
Section III  I certify that the individual listed in Section I compl Regulations of the Commissioner of Education.  Approved Sponsor Name: Bainbridge-Guilford C  Print Name of Authorized Certifying Officer:	(mm) (dd) (yyy)  Seted the CTLE cited above pursuant to Sentral School District  Styr R. Ryan, Superintendent		

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Section I:			
First Name:	Last Name:		Middle Initial:
Date of Birth:	Last 4 Digits of the Social Security Numbe	r:	
Section II			
Name of Venue: Bainbridge-Guilford Central	School District		
Street Address: 18 Juliand Street	<sup>city:</sup> Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: February Dis		ntg	Tech PD
Select One or More Areas of Activity: Pe	edagogy Content	English La	nguage Learning
CTLE Date(s): from: $\frac{2j!3j!9}{(mm)}$ to	$\frac{2}{\text{(mm)}} \frac{13}{\text{(dd)}} \frac{19}{\text{(yyyy)}}$ Number o	f hours aw	arded/
Section III			
I certify that the individual listed in Section I comp Regulations of the Commissioner of Education.			
regulations of the commissioner of Eddearlon,			
Approved Sponsor Name: Bainbridge-Guilford C	Gentral School District		
THE THE TAX TO THE TAX	<del></del>	,	
Approved Sponsor Name: Bainbridge-Guilford-	<del></del>	,	
Approved Sponsor Name: Bainbridge-Guilford C Print Name of Authorized Certifying Officer: Tipic	oth) R. Ryan Superintendent	oate:	

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Section I:				
First Name:	Last Name:			Middle Initial:
Date of Birth:	Last 4 Digits of th	e Social Security Number	**	
Section II				
Name of Venue: Bainbridge-Guilford Centra				
Street Address: 18 Juliand Street	<sup>City:</sup> Bainbr	idge	State: NY	Zip Code: 13733
CTLE Activity Title: March Fac	uty Me grade level, etc.)	eting		
Select One or More Areas of Activity:	Pedagogy	Content	English La	nguage Learning
CTLE Date(s): from: $\frac{3}{(mm)}$ $\frac{13}{(dd)}$ $\frac{19}{(yyyy)}$ to	o 3/13/1 (mm) (dd) (yyy	9 Number of	hours aw	arded
Section III				
I certify that the individual listed in Section I com Regulations of the Commissioner of Education.	pleted the CTLE cit	ed above pursuant to S	Subpart 80	-6 of the
Approved Sponsor Name: Bainbridge-Guilford	Central School	District		
Print Name of Authorized Certifying Officer:	othy R. Ryan, S	uperintendent	,	
Signature of Authorized Certifying Officer:	mothy	My		
Approved Provider Identification Number: 2782		D	ate:(	0/5/19
Email: tryan@bgcsd.org		Phone #: <u>607-967-6</u>	321	/ /
(Rev. 06/2016)				

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Section I:			
First Name:	Last Name:	·	Middle Initial:
Date of Birth:	Last 4 Digits of the Social Security Number	:	
Section II			
Name of Venue: Bainbridge-Guilford Central S			
Street Address: 18 Juliand Street	<sup>city:</sup> Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: April Faculty (Indicate title/subject/gra	Meeting		
		English Laı	nguage Learning
CTLE Date(s): from: $\frac{4}{(mm)} \frac{10}{(dd)} \frac{9}{(yyyy)}$ to	$\frac{4}{\text{(mm)}} \frac{10}{\text{(dd)}} \frac{19}{\text{(yyyy)}}$ Number of	hours awa	arded
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Approved Sponsor Name: Bainbridge-Guilford C	Central School District		
Print Name of Authorized Certifying Officer: Timo	thy R. Ryan, Superintendent		
Signature of Authorized Certifying Officer:	nothy Kleja		
Approved Provider Identification Number: 2782	D	ate: <u>(</u>	15/19
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First Name:	Last Name:	Middle Initial:
Date of Birth:	Last 4 Digits of the Social Security Number	:
Section II		
Name of Venue: Bainbridge-Guilford Central		
Street Address: 18 Juliand Street	<sup>City:</sup> Bainbridge	State: Zip Code: 13733
CTLE Activity Title: Superintender		Itg
Select One or More Areas of Activity: Pe	edagogyContent	English Language Learning
CTLE Date(s): from: $\frac{4}{(mm)}$ $\frac{24}{(dd)}$ $\frac{19}{(yyyy)}$ to	1 4 / 24 / 19 Number of	hours awarded
Section ()I		
I certify that the individual listed in Section I comp Regulations of the Commissioner of Education.		
Approved Sponsor Name: Bainbridge-Guilford	Central School District	
Print Name of Authorized Certifying Officer	ethy.R. Ryan, Superintendent	,
Signature of Authorized Certifying Officer:	mothy Klyan	
Approved Provider Identification Number: 2782	D	Date: 6/5/19
Email: tryan@bgcsd.org	Phone #: 607-967-6	321
(Rev. 06/2016)		

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Last Name:	<u> </u>	Middle Initial:
Last 4 Digits of the Social Security Number:		
School District		
<sup>City:</sup> Bainbridge	State: NY	Zip Code: 13733
- May		
	English La	anguage Learning
5/8/19 Number of	hours aw	arded
eted the CTLE cited above pursuant to S	ubpart 80	)-6 of the
Central School District		
thy R. Ryan, Superintendent		The state of the s
nother Al		
D;	ate:	6/13/19
Phone #, 607-967-6	321	
	Last Name:  Last 4 Digits of the Social Security Number of City: Bainbridge  May ade level, etc.)  dagogy Content  5 / 8 / 19 Number of (www)  eted the CTLE cited above pursuant to Security Number of Central School District  thy R. Ryan, Superintendent	Last 4 Digits of the Social Security Number:  School District  City: Bainbridge  May  Idea level, etc.)  Idagogy  Content  English La  State: NY  Number of hours aw  Reted the CTLE cited above pursuant to Subpart 80  Central School District

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#### <u>Instructions for the Approved CTLE Sponsor:</u>

Please complete Sections II and III. These sections must be completed by the Approved CTLE Sponsor authorized individual. Sponsors must verify that the trainee completed the activity, the title, date(s) and number of hours awarded. Records must be retained for a period of eight years. You may use an alternative form or format, however that alternative must capture the same information that is requested on this form.

Section I:			
First Name:	Last Name:	<u> </u>	Middle Initial:
Date of Birth:	Last 4 Digits of the Social Security Number:		<u> </u>
Section II			
Name of Venue: Bainbridge-Guilford Central S			. 300
Street Address: 18 Juliand Street	<sup>City:</sup> Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: Faculty (Indicate title/subject/gr	179-June		
. /		English La	nguage Learning
CTLE Date(s): from: $\frac{6}{(mm)} \frac{12}{(dd)} \frac{19}{(yyyy)}$ to	(mm) (dd) (yyyy) Number of	hours awa	arded
Section III			
I certify that the individual listed in Section I compl Regulations of the Commissioner of Education.	eted the CTLE cited above pursuant to S	ubpart 80	-6 of the
Approved Sponsor Name: Bainbridge-Guilford C	Central School District		
Print Name of Authorized Certifying Officer Find	thy R. Ryan, Superintendent		
Signature of Authorized Certifying Officer:	mother Rek.		
Approved Provider Identification Number: 2782	D	ate:(	0/13/19
Email: tryan@bgcsd.org	Phone #: 607-967-6	321	