LINKS PD 2019-20				
Date	Time	PD	Hours	
September 3	Full day	Staff meetings and work in rooms Special Education meetings	6	
September 4	Full day	SEL Training (Jed Michel) simplestressrelief.com Mandatory Training	6	
September 18	1 hour	Faculty Meeting	1	
September 27	½ day	Staff Professional Development	3	
October 11	Full day	Technology Training Health and Wellness	6	
October 16	1 hour	Faculty Meeting	1	
November 6	1 hour	Telehealth Training	1	
December 11	1 hour	Faculty Meeting	1	
January 15	1 hour	Faculty Meeting	1	
February 12	1 hour	Faculty Meeting	1	
March 6	Full Day	Technology Health and Wellness	6	
March 11	1 hour	Faculty Meeting	1	
April 22	1 hour	Faculty Meeting	1	
May 13	1 hour	Faculty Meeting	1	
Total			36	
			*/	

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

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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	Senial delinikania setahan saketakan b		
Name of Venue: Bainbridge-Guilford Central	School District		
Street Address: 18 Juliand Street	^{city:} Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: Staff Develo	Onent Days rade level, etc.)		
Select One or More Areas of Activity: Pe	edagogy Content	English La	nguage Learning
CTLE Date(s): from: $\frac{9}{(mm)} \frac{3}{(dd)} \frac{19}{(yyyy)}$ to	9 14 19 Number of	hours awa	arded
Section III			
I certify that the individual listed in Section I comp Regulations of the Commissioner of Education.	leted the CTLE cited 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, Superintendent		
Signature of Authorized Certifying Officer:	mothy Kly2		
Approved Provider Identification Number: 2782		ate:	7-4-2019
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	Hundi: Asimistolia estabatistska tibiada		
Name of Venue: Bainbridge-Guilford Central	School District		
Street Address: 18 Juliand Street	^{City:} Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: Faculty Mee (Indicate title/subject/gr	eting		
Select One or More Areas of Activity: Pe	dagogy Content	English Lan	guage Learning
CTLE Date(s): from: $\frac{9}{(mm)} \frac{18}{(dd)} \frac{19}{(yyyy)}$ to	(mm) (dd) (yyyy) Number of	hours awar	rded/
Section III			
I certify that the individual listed in Section I comp Regulations of the Commissioner of Education.	leted the CTLE cited above pursuant to S	Subpart 80-6	5 of the
Approved Sponsor Name: Bainbridge-Guilford	Central School District		
Print Name of Authorized Certifying Officer : Time	othy R. Ryan, Superintendent		
Signature of Authorized Certifying Officer:	mothy Kolyin		
Approved Provider Identification Number: 2782	/	ate: <u>9</u> -	18-2019
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	kunik Pinisanlik Sabuktak katilini		
Name of Venue: Bainbridge-Guilford Central	School District		
Street Address: 18 Juliand Street	^{City:} Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: <u>Teacher Pro Assia</u> (Indicate title/subject/gr	mod 12 vv ocopilari		
Select One or More Areas of Activity: Pe	edagogy Content	English Lar	nguage Learning
CTLE Date(s): from: $\frac{9}{(mm)} \frac{\cancel{37}}{(dd)} \frac{\cancel{19}}{(yyyy)}$ to	/Number of	f hours awa	arded <u>3</u>
Section III			
I certify that the individual listed in Section I comp Regulations of the Commissioner of Education.	leted the CTLE cited above pursuant to S	Subpart 80-	-6 of the
Approved Sponsor Name: Bainbridge-Guilford	Central School District		
	othy R. Ryan, Superintendent		
Signature of Authorized Certifying Officer:	nother Koly-		
Approved Provider Identification Number: 2782			7-27-2019
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	:	L
Section II	 	dala adli din dal	4.100
Section II.	ATSINIA, ATTAMA TIMBALITIS KANDADARTAK ILADIRAK		
Name of Venue: Bainbridge-Guilford Central	School District		
Street Address: 18 Juliand Street	^{City:} Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: <u>Technology Trac</u> (Indicate title/subject/g	ining/Health & Wellne	SS	
Select One or More Areas of Activity: Pe	edagogy Content	English La	nguage Learning
CTLE Date(s): from: 10 / 11 / 19 to	/ / Number of	hours our	ardod (a
(mm) (dd) (yyyy)	(mm) (dd) (yyyy)	nours awa	arded
		nours awa	arueu
(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		
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		
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) Ileted 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 Print Name of Authorized Certifying Officer: Time	(mm) (dd) (yyyy) eleted 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:	:
Section II	Hudd friedroid staindalake Giada	
Name of Venue: Bainbridge-Guilford Central	School District	
Street Address: 18 Juliand Street	^{City:} Bainbridge	State: Zip Code: 13733
CTLE Activity Title: <u>Faculty Mec</u>	Hing rade level, etc.)	
Select One or More Areas of Activity: Pe	edagogyContent	English Language Learning
CTLE Date(s): from: $\frac{10}{\text{(mm)}} \frac{14}{\text{(dd)}} \frac{19}{\text{(yyyy)}}$ to	(mm) (dd) (yyyy) Number of	hours awarded/
Section III		
I certify that the individual listed in Section I comp Regulations of the Commissioner of Education.	leted the CTLE cited above pursuant to S	Subpart 80-6 of the
Approved Sponsor Name: Bainbridge-Guilford	Central School District	
Print Name of Authorized Certifying Officer : Timo	,	
Signature of Authorized Certifying Officer:	mother liles	
Approved Provider Identification Number: 2782		Date: 10-16-2019
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	^{City:} Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: Faculty (Indicate title/subject/gr	Meeting rade level, etc.)		
Select One or More Areas of Activity: Pe	edagogy Content	English La	nguage Learning
CTLE Date(s): from: $\frac{1}{(mm)} \frac{1}{(dd)} \frac{1}{(yyyy)}$ to	(mm) (dd) (yyyy) Number of	hours aw	arded
		·	
Section III			
Section III I certify that the individual listed in Section I comp Regulations of the Commissioner of Education.	leted the CTLE cited above pursuant to S	Subpart 80	l-6 of the
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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	^{City:} Bainbridge	State: NY	Zip Code: 13733	
CTLE Activity Title: Faculty Me	cting			
Select One or More Areas of Activity: Pedagogy Content English Language Learning				
CTLE Date(s): from: 12 / 11 / 2019 to Number of hours awarded				
		hours aw	arded	
		f hours aw	arded/	
(mm) (dd) (yyyy)	(mm) (dd) (yyyy)			
Section III I certify that the individual listed in Section I comp Regulations of the Commissioner of Education.	oleted the CTLE cited above pursuant to			
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Section III I certify that the individual listed in Section I compared Regulations of the Commissioner of Education. Approved Sponsor Name: Bainbridge-Guilford Print Name of Authorized Certifying Officer: Time	oleted the CTLE cited above pursuant to see the	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	:	
Section II			
Name of Venue: Bainbridge-Guilford Central	School District		
Street Address: 18 Juliand Street	^{City:} Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: Faculty Me	geting rade level, etc.)		
Select One or More Areas of Activity: Pe	edagogyContent	English La	nguage Learning
CTLE Date(s): from: $\frac{1}{(mm)} \frac{15}{(dd)} \frac{20}{(yyyy)}$ to	(mm) (dd) (yyyy) Number of	f hours awa	arded
Section III			
I certify that the individual listed in Section I comp Regulations of the Commissioner of Education.	leted the CTLE cited above pursuant to S	Subpart 80	-6 of the
Approved Sponsor Name: Bainbridge-Guilford	Central School District		
Print Name of Authorized Certifying Officer : Time	othy R. Ryan, Superintendent		
Signature of Authorized Certifying Officer:	mothy Kolly		
Approved Provider Identification Number: 2782		Date:	-15-20
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	Senici deinerani sekuludus eksetimbus		
Name of Venue: Bainbridge-Guilford Central	School District		
Street Address: 18 Juliand Street	^{city:} Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: Faculty (Indicate title/subject/gr	Meeting rade level, etc.)		
/	./	English La	nguage Learning
2 12 25			
CTLE Date(s): from: $\frac{2}{(mm)} \frac{1}{(dd)} \frac{2}{(yyyy)}$ to	(mm) (dd) (yyyy) Number of	hours aw	arded
		hours aw	arded
(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		
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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	^{City:} Bainbridge	State: NY	Zip Code: 13733	
CTLE Activity Title: Technology T	raining / Heath + 1	Welln	ess	
Select One or More Areas of Activity: Pedagogy Content English Language Learning				
CTLE Date(s): from: 3/6/20 to	Number of	hours awa	orded <u>(</u>	
Section III				
I certify that the individual listed in Section I comp Regulations of the Commissioner of Education.	pleted the CTLE cited above pursuant to	Subpart 80-	-6 of the	
I certify that the individual listed in Section I comp Regulations of the Commissioner of Education.	·	Subpart 80-	-6 of the	
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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	Bendit delini binin terribatu kerebinan		
Name of Venue: Bainbridge-Guilford Central	School District		
Street Address: 18 Juliand Street	^{City:} Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: Faculty Me (Indicate title/subject/gr	eting rade level, etc.)		
Select One or More Areas of Activity: Pe	edagogy Content	English Lai	nguage Learning
CTLE Date(s): from: $\frac{3}{(mm)} \frac{11}{(dd)} \frac{20}{(yyyy)}$ to	//Number of	hours awa	arded
Section III			
I certify that the individual listed in Section I comp Regulations of the Commissioner of Education.	leted the CTLE cited above pursuant to S	Subpart 80	-6 of the
Approved Sponsor Name: Bainbridge-Guilford	Central School District		
Print Name of Authorized Certifying Officer : Time	othy R. Ryan, Superintendent		
Signature of Authorized Certifying Officer:	Conohy Rd		
Approved Provider Identification Number: 2782		ate:	3-11-20
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	Mandal delindringhi perghadad etae ethioda			
Name of Venue: Bainbridge-Guilford Central School District				
Street Address: 18 Juliand Street	^{city:} Bainbridge	State: NY	Zip Code: 13733	
CTLE Activity Title: Faculty Meeting (Indicate title/subject/grade level, etc.)				
Select One or More Areas of Activity: Pedagogy Content English Language Learning				
CTLE Date(s): from: 4 22 20 to Number of hours awarded				
0.22240(6).		hours aw	arded/	
0.22240(6).		hours aw	arded/	
(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			
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 III I certify that the individual listed in Section I comp Regulations of the Commissioner of Education. Approved Sponsor Name: Bainbridge-Guilford (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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All CTLE must be completed with Approved Sponsors and be reported using this form in addition to any electronic reporting requirements.

<u>Instructions for the Trainee:</u>

Please complete Section I and retain your copies for eight years. It is not necessary to send a copy of this form to the Office of Teaching Initiatives unless it is requested in the event of an audit or for use in obtaining an Initial Reissuance. A separate form must be completed for each training.

<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:		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	^{City:} Bainbridge	State: NY	Zip Code: 13733		
CTLE Activity Title: Faculty Meeting (Indicate title/subject/grade level, etc.)					
Select One or More Areas of Activity: Pedagogy Content English Language Learning					
CTLE Date(s): from: $\frac{5}{\text{(mm)}} \frac{13}{\text{(dd)}} \frac{20}{\text{(yyyy)}}$ to $\frac{1}{\text{(mm)}} \frac{1}{\text{(dd)}} \frac{1}{\text{(yyyy)}}$ Number of hours awarded $\frac{1}{\text{(mm)}} \frac{1}{\text{(dd)}} \frac{1}{\text{(yyyy)}}$					
Section III					
I certify that the individual listed in Section I completed the CTLE cited above pursuant to Subpart 80-6 of the Regulations of the Commissioner of Education.					
Approved Sponsor Name: Bainbridge-Guilford Central School District					
Print Name of Authorized Certifying Officer: Timothy R. Ryan, Superintendent					
Signature of Authorized Certifying Officer:					
Approved Provider Identification Number: 2782		ate: <u>6</u>	-13-20		
Email: tryan@bgcsd.org	Phone #: 607-967-6321				