	LINKS	PD 2017-2018	
Date	Time	PD	Hours
September 5	Full day	AM: APPR, CTLE, LINKS Goals, BGTA (Lunch), Faculty Meetings PM: PLC/Team Meetings	6.5
September 6	Full day	<b>AM:</b> All Staff Meetings <b>PM:</b> Building Specific Tasks	6.5
September 29	½ day	<ul> <li>Pre K-3 Wonders Webinar/PLC</li> <li>4-6 ELA Module Work</li> <li>Poverty Planning</li> <li>7-8 RTI Discussions</li> <li>9-12 Playing with Google</li> </ul>	3.5
October 6	Full day	AM: Poverty Simulation PM: John Perricone	6.5
October 27	½ day	<ul> <li>Pre K-3 Wonders         Webinar/PLC</li> <li>4-6 ELA &amp; Math Module         Work</li> <li>7-12 Summative Assessments         Framing Goals/RTI         Discussions</li> </ul>	3.5
February 2	½ day	<ul> <li>Pre K-3 Wonders         Webinar/PLC</li> <li>4-6 ELA &amp; Math Module         Work</li> <li>7-12 Curriculum Mapping         and Essential Standards</li> </ul>	3.5
March 9	Full	AM: Technology PD Workshop PM: Health and Wellness PD Workshop	6.5
March 22	½ day	<ul> <li>Pre K-3 Wonders         Webinar/PLC</li> <li>4-6 ELA &amp; Math Module         Work</li> <li>7-12 Technology</li> </ul>	3.5
Superintendent	1 hour (October)	Technology Plan	1
Superintendent	1 hour (February)	Poverty Follow-up (Insurance)	1
Superintendent	1 hour (April)	Budget Capital Project	1
Faculty Meetings	1 hour (Monthly)	Book Talks- Poverty	10 9

1/24-1/25 CPI 14 hrs. 5/7 Rimorsal & Conducting Technique

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#### 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			
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: <u>Teacher Profes</u> (Indicate title/sybject/gr	Simal Developmen	t De	ays
		English La	nguage Learning
CTLE Date(s): from: $\frac{9}{(mm)}$ $\frac{5}{(dd)}$ $\frac{17}{(yyy)}$ to	9 6 17 Number of	hours awa	arded <u>12</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	ubpart 80-	-6 of the
Approved Sponsor Name: Bainbridge-Guilford C	Central School District	<i></i>	
Print Name of Authorized Certifying Officer: Timothy R. Ryan, Superintendent			
Signature of Authorized Certifying Officer:	emothy to		
Approved Provider Identification Number: 2782		ate:9	10/17
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	School District		
Street Address: 18 Juliand Street	<sup>City:</sup> Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: Pre K - 3 Wanders Training (Indicate title/subject/g	1 /4-6ELA Moduk Work/ 7-8 R	'tI train	ing 19-12 (2009)
Select One or More Areas of Activity: Pe			inguage Learning
CTLE Date(s): from: 9/29/17 to	$\frac{9}{\text{(mm)}}$ $\frac{29}{\text{(dd)}}$ $\frac{17}{\text{(yyyy)}}$ Number o	f hours aw	arded <u>-3.5</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
Approved Sponsor Name: Bainbridge-Guilford	Central School District	· · · · · · · · · · · · · · · · · · ·	
Print Name of Authorized Certifying Officer:			
Signature of Authorized Certifying Officer:	mothy Koly		
Approved Provider Identification Number: 2782		Date:	9-29-17
Email: tryan@bgcsd.org	Phone #: 607-967-	6321	

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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: Zip Code; 13733	
CTLE Activity Title: Poverty Simula from (Indicate title/subject/g		-12	
Select One or More Areas of Activity: Pe	edagogy Content	English Language Learning	
CTLE Date(s): from: 10 1 6 1 2017 to	o <u>/O</u> <u>/ (o</u> / <u>201</u> 7 Number of (mm) (dd) (yyyy)	f hours awarded	
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 Office Timothy R. Ryan, Superintendent			
Signature of Authorized Certifying Officer:	enothy Klye		
Approved Provider Identification Number: 2782		Date:	
Email: tryan@bgcsd.org	Phone #: 607-967-	6321	

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Section I:				
First Name:	Last Name:		Middle Initial:	
Date of Birth:	Last 4 Digits of the Social Security	Last 4 Digits of the Social Security Number:		
			iiiliimantaaaammaraa	
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: Pre-K-3 Monders 14-6 EL (Indicate title/subject/	A-Math Modules / 7-12 Su grade level, etc.)	mmative. Asses	sments Framury Co	
Select One or More Areas of Activity: Pedagogy Content English Language Learning				
CTLE Date(s): from: $10 / 27 / 17$ to $10 / 27 / 17$ Number of hours awarded 3.5				
Section III				
I certify that the individual listed in Section I com	pleted the CTLE cited above purs	uant to Subpart 8	0-6 of the	
Regulations of the Commissioner of Education.		<u> </u>		
Approved Sponsor Name: Bainbridge-Guilford Central School District				
	nothy R. Ryan, Superintende	ynt		
Signature of Authorized Certifying Officer:	mothy Cla	٠		
Approved Provider Identification Number: 2782		Date:	10/27/17	
Email: tryan@bgcsd.org	Phone #: 60	7-967-6321		

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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	A est februaren erapitatik eta etatua		
Name of Venue: Bainbridge-Guilford Central	School District		
Street Address: 18 Juliand Street	<sup>city:</sup> Bainbridge	State: Zip Code: 13733	
CTLE Activity Title: CPI Tracining (Indicate title/subject/g			
Select One or More Areas of Activity: Pe	Pedagogy Content English Language Learning		
CTLE Date(s): from: $\frac{f}{(mm)} \frac{24}{(dd)} \frac{18}{(yyyy)}$ to	/ / 25 / /8 Number o	f hours awarded	
Section III			
I certify that the individual listed in Section I comp Regulations of the Commissioner of Education.	eleted the CTLE cited above pursuant to	Subpart 80-6 of the	
Approved Sponsor Name: Bainbridge-Guilford	Central School District		
Print Name of Authorized Certifying Officer : Time	othy R. Ryan, Superiotendent		
	mathy liter		
Approved Provider Identification Number: 2782		Date: 1/25/18	
Email: tryan@bgcsd.org	Phone #: 607-967-6	5321	

# The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of Teaching Initiatives 89 Washington Avenue Albany, New York 12234 www.highered.nysed.gov/tcert

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Section 1: 100 Telephones / Vive 100 Telephones		avaktaniki ilo	
First Name:	Last Name:		Middle Initial:
Date of Birth:	Last 4 Digits of the Social Security Number:		ngang gangan sapan sigah ada ke sebagaan sapanan sapanan saka magasappasa dalah dalah dalah dalah dalah dalah
Section II	<b>为的表示。</b> 第二次,1920年第二次,1920年		
Name of Venue: Bainbridge-Gullford Central	School District		
Street Address: 18 Juliand Street	<sup>city:</sup> Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: Prz. K-3 Worders Train (Indicate Ittle/subject/g	ring 4-6 Math FELA Modules, 7	-12 Summ Framir	ative Assessment
,	,	1	iguage Learning
CTLE Date(s): from: $\frac{2}{2}$ / $\frac{18}{(mm)}$ to $\frac{2}{2}$ / $\frac{18}{(mm)}$ Number of hours awarded $\frac{3.5}{(mm)}$			
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 S	Subpart 80-	6 of the
Approved Sponsor Name: Bainbridge-Guilford	Central School District		
Print Name of Authorized Certifying Officer	- 1840 00°00		
Signature of Authorized Certifying Officer:	worker Kalley	,	
Approved Provider Identification Number: 2782		Date:こ	112/12
Email: tryan@bgcsd.org	Phone It: 607-967-8	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: Zip Code: 13733	
CTLE Activity Title: Superintender (Indicate title/subject/g	nt Mccting rade level, etc.)		
Select One or More Areas of Activity: Pedagogy Content English Language Learning			
CTLE Date(s): from: $\frac{2}{2}$ / $\frac{20}{18}$ to			
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: Auno Hell Keja			
Approved Provider Identification Number: 2782	i	Date: 2/20/18	
Email: tryan@bgcsd.org	Phone #: 607-967-0	6321	

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		******
Section I:		natual feature
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 S	School District	
Street Address: 18 Juliand Street	<sup>city:</sup> Bainbridge	State: Zip Code: 13733
CTLE Activity Title: Faculty Wellow (Indicate title/subject/gr	ess Day - PD Works	hops & Technology
Select One or More Areas of Activity: Pe	edagogyContent	English Language Learning
CTLE Date(s): from: $\frac{3}{9} \frac{9}{18}$ to	3 / 9 / 18 Number o	of hours awarded <u>6.5</u>
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	Subpart 80-6 of the
Approved Sponsor Name: Bainbridge-Guilford	Central School District	
Print Name of Authorized Certifying Officer: Time	othy R. Ryan, Superintendent	
/	mothy by	
		Date:3/9/18
Email: tryan@bgcsd.org	Phone #: 607-967-	-6321
Section II  Name of Venue: Bainbridge-Guilford Central Street Address: 18 Juliand Street  CTLE Activity Title: Faculty Willing (Indicate title/subject/gr  Select One or More Areas of Activity: Pe  CTLE Date(s): from: 3/9/18 to  (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 Signature of Authorized Certifying Officer: 2782	School District  City: Bainbridge  CSS Day - PD Works rade level, etc.)  edagogy Content	State: Zip Code: 13733  hops & Technolog  English Language Learning of hours awarded 6.5  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 the section of the sectio		
Name of Venue: Bainbridge-Guilford Central S	School District	
Street Address: 18 Juliand Street	<sup>City:</sup> Bainbridge	State: Zip Code: 13733
CTLE Activity Title: PD Half Day I		rk 7-12: Technolog
Select One or More Areas of Activity: Ped	dagogyContent	English Language Learning
CTLE Date(s): from: $\frac{3}{(mm)} \frac{122}{(dd)} \frac{18}{(yyyy)}$ to	$\frac{3}{\text{(mm)}} \frac{\sqrt{3}}{\text{(dd)}} \frac{\sqrt{18}}{\text{(yyyy)}}$ Number of	hours awarded 3.5
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	entral School District	
Print Name of Authorized Certifying Officer: Timo	thy R. Ryan, Superintendent	
Signature of Authorized Certifying Officer:	inother Kellan	1 1
Approved Provider Identification Number: 2782		ate: 4/4/18
Email: tryan@bgcsd.org	Phone #: 607-967-6	321 / /

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(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	School District	
Street Address: 18 Juliand Street	City: Bainbridge State	: Zip Code: 13733
CTLE Activity Title: Rehearsa an (Indicate title/subject/gr		<u> </u>
		Language Learning
CTLE Date(s): from: 05 / 07 / 2018 to (mm) (dd) (yyyy)	05 / 07 /2018 Number of hours (mm) (dd) (yyyy)	awardedl
Section III		
I certify that the individual listed in Section I compl Regulations of the Commissioner of Education.	leted the CTLE cited above pursuant to 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:	nother blue	<i></i>
Approved Provider Identification Number: 2782	Date:	5/30//
Email: tryan@bgcsd.org	Phone #: 607-967-6321	

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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: Zip Code: 13733
CTLE Activity Title: Capital Prost (Indicate title/Subject/gi	Information and Gi	idance
Select One or More Areas of Activity: Pe	edagogy V Content	English Language Learning
CTLE Date(s): from: $0.5$ / $0.9$ / $20.8$ to	$\frac{05}{\text{(mm)}}$ $\frac{09}{\text{(dd)}}$ $\frac{20}{\text{(yyyy)}}$ Number of	f 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: Time	othy R. Ryan, Superintendent	
Signature of Authorized Certifying Officer:	moker Keley	· /
Approved Provider Identification Number: 2782		Date: 5/33/18
Email: tryan@bgcsd.org	Phone #: 607-967-6	3321
(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	School District	
Street Address: 18 Juliand Street	<sup>City:</sup> Bainbridge	State: Zip Code: 13733
CTLE Activity Title: Faculty Med (Indicate title/subject/gra	hing ade level, stc.)	
Select One or More Areas of Activity: Per	dagogy Content	English Language Learning
CTLE Date(s): from: $\frac{10}{(mm)} \frac{11}{(dd)} \frac{17}{(yyyy)}$ to	10 / 11 / 17 Number of	hours awarded
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	entral School District	
Print Name of Authorized Certifying Officer: Timo	thy R. Ryan, Superintendent	,
Signature of Authorized Certifying Officer:	Snothe KALa	
Approved Provider Identification Number: 2782		ate: 4/4/18
Email: tryan@bgcsd.org	Phone #: <u>607-967-6</u>	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	<sup>Zip Code:</sup> 13733
CTLE Activity Title: Faculty McC (Indicate title/subject/gr			
Select One or More Areas of Activity: Pe	edagogyContent	English La	nguage Learning
CTLE Date(s): from: $\frac{H}{(mm)} / \frac{8}{(dd)} / \frac{17}{(yyyy)}$ to	$\frac{11}{\text{(mm)}} \frac{8}{\text{(dd)}} \frac{17}{\text{(yyyy)}}$ Number of	hours aw	arded/
Section III			
I certify that the individual listed in Section I compl	leted the CTLE cited above pursuant to 5	Subpart 80	-6 of the
Regulations of the Commissioner of Education.			
		· 	
Approved Sponsor Name: Bainbridge-Guilford C	Ceptral School District	· 	
	Ceptral School District	,	
Approved Sponsor Name: Bainbridge-Guilford C	Central School District  Othy R. Ryan, Superintendent	ر م ate: <u>د</u>	14/18

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		
Name of Venue: Bainbridge-Guilford Centra	l School District	
Street Address: 18 Juliand Street	city: Bainbridge	State: Zip Code: 1373
CTLE Activity Title: Faculty Mcc (Indicate title/subject/		
Select One or More Areas of Activity:F	Pedagogy Content	_ English Language Learning
CTLE Date(s): from: $\frac{12}{(mm)} \frac{120}{(dd)} \frac{17}{(yyyy)}$ to	o <u>/2 / 20 / /7</u> Number o	of hours awarded
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
Approved Sponsor Name: Bainbridge-Guilford	Céntral School District	
Print Name of Authorized Certifying Officer : Jim	othy R. Ryan, Superintendent	
Signature of Authorized Certifying Officer:	unother toll	
Approved Provider Identification Number: 2782		Date:414/18
Email: tryan@bgcsd.org	Phone #: 607-967-6	3321

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Section I:		* * * * * * * * * * * * * * * * * * *	
First Name:	Last Name:		Middle Initial:
Date of Birth:	Last 4 Digits of the Social Securi	ity Number:	
Section II			
Name of Venue: Bainbridge-Guilford Centra			
Street Address: 18 Juliand Street	<sup>City:</sup> Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: Faculty (Indicate title/subject/	Mectina		
Selvi Control of the selving of the	edagogy Content	English La	inguage Learning
CTLE Date(s): from: / //0 / 18 to	) / / / / / / S N (mm) (dd) (yyyy)	umber of hours aw	arded
Section III			
l certify that the individual listed in Section I comp Regulations of the Commissioner of Education.	eleted the CTLE cited above purs	suant to Subpart 80	-6 of the
Approved Sponsor Name: Bainbridge-Guilford	Central School District		
Print Name of Authorized Certifying Officer : Tima	othy R. Ryafi, Superintende	nt	
Signature of Authorized Certifying Officer:	100 He, It by		
Approved Provider Identification Number: 2782		Date: 🗸	1010
mail: tryan@bgcsd.org	Phone #: <u>6</u> 0°		7/10
(Rev. 06/2016)	1 170 HC #1.		

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Section I:			
First Name:	Last Name:		Middle Initial:
Date of Birth:	Last 4 Digits of the Social Security Numb	er:	
Section II			to and the ba
Name of Venue: Bainbridge-Guilford Centra		***	
Street Address: 18 Juliand Street	<sup>City:</sup> Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: Faculty (Indicate title/subject/	Mcching (grade level, etc.)		
Select One or More Areas of Activity:	Pedagogy Content	_ English La	anguage Learning
CTLE Date(s): from: $\frac{2}{(mm)} \frac{1/4}{(dd)} \frac{1/8}{(yyyy)}$	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	of hours aw	varded
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	0-6 of the
Approved Sponsor Name: Bainbridge-Guilford	Central School District		
Print Name of Authorized Certifying Officer : $\overline{Tim}$	othy R. Ryan, Superintendent		
Signature of Authorized Certifying Officer:	moth, Illa		1 /
Approved Provider Identification Number: 2782		Date: 🗸	14/18
<sub>email:</sub> tryan@bgcsd.org	Phone #: 607-967-6		
(Rev. 06/2016)			

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Section I:			
First Name:	Last Name:	<u> </u>	Middle Initial:
Date of Birth:	Last 4 Digits of the Social Security Number	r:	<u></u>
Section II			
Name of Venue: Bainbridge-Guilford Centra	l School District		
Street Address: 18 Juliand Street	<sup>City:</sup> Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: Faculty (Indicate title/subject/	Mecting - Guilford		
Select One or More Areas of Activity: F	Pedagogy Content	English La	anguage Learning
CTLE Date(s): from: $\frac{3}{(mm)} / \frac{14}{(dd)} / \frac{18}{(yyyy)}$ t	o <u>3 / 14 / 18</u> Number of	f hours ew	arded
Section III			
I certify that the individual listed in Section I com Regulations of the Commissioner of Education.	pleted the CTLE cited above pursuant to S	Subpart 80	0-6 of the
Approved Sponsor Name: Bainbridge-Guilford	Central School District		
	othy R. Ryan, Superintendent		
Signature of Authorized Certifying Officer:	mother Klein		
Approved Provider Identification Number: 2782		ate:	114/18
Email: tryan@bgcsd.org	Phone #: <u>6</u> 07-967-6	321	!/ t

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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			, i di dilebi
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: Faculty Mi	ecting - Greenlawn		
		English Lai	nguage Learning
CTLE Date(s): from: 3/14/18 to	3 / 14 / 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		
Print Name of Authorized Certifying Officer: _Timo	thy R. Ryan, Superintendent		
Signature of Authorized Certifying Officer:	monther 1415		
Approved Provider Identification Number: 2782	Da	ate: 🐫	1/4/18
Email: tryan@bgcsd.org	Phone #: 607-967-63	321	

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Section I:			errigan for one
First Name:	Last Name:	· · · · · · · · · · · · · · · · · · ·	Middle Initial:
Date of Birth:	Last 4 Digits of the Social Security Number	7	
Section II			
Name of Venue: Bainbridge-Guilford Central			
Street Address: 18 Juliand Street	<sup>City:</sup> Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: <u>Faculty Me</u>	eting - Jr Sr. High	Sch	rool
Select One or More Areas of Activity: Pe	dagogy Content	English La	nguage Learning
CTLE Date(s): from: $(3 / 30 / 18)$ to (mm) (dd) (yyyy)	3 / 20 / 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		
Print Name of Authorized Certifying Officer: Timo	thoR. Ryan, Superinténdent	,	
Signature of Authorized Certifying Officer:	mother Il		
Approved Provider Identification Number: 2782		ate:	1/4/18
Email: tryan@bgcsd.org	Phone #: <u>6</u> 07-967-63	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	ingilari, kanjik samunin, sajadiga		
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: Faculty Meeting (Indicate title/subject/gr	ade level, etc.)		
Select One or More Areas of Activity: Pe	edagogy Content	English La	nguage Learning
CTLE Date(s): from: $\frac{4}{\text{(mm)}} \frac{1}{\text{(dd)}} \frac{18}{\text{(yyyy)}}$ to	$\frac{4}{\text{(mm)}} \frac{11}{\text{(dd)}} \frac{18}{\text{(yyyy)}}$ Number of	hours aw	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	0-6 of the
Approved Sponsor Name: Bainbridge-Guilford	Central School District		
Print Name of Authorized Certifying Officer : Tipe	otb) R. Ryan, Superintendent		
Signature of Authorized Certifying Officer:	mother Mejo		
Approved Provider Identification Number: 2782		)ate:	
Email: tryan@bgcsd.org	Phone #: 607-967-6	321	

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Section I: A Property of the P			
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	U115	
Street Address: 18 Juliand Street	<sup>city:</sup> Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: Facuty Mech			
Select One or More Areas of Activity: Pe	edagogyContent	English La	nguage Learning
CTLE Date(s): from: $5/16/18$ to (mm) (dd) (yyyy)	5 / 16 / 18 Number of (yyyy)	hours aw	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:	motherlen		
Approved Provider Identification Number: 2782		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:		<u> </u>
Section II	<b>等的数据,不是一个数据。 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</b>		
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: Faculty Mee		nenta	ry
Select One or More Areas of Activity: Pe	edagogy Content	English La	nguage Learning
CTLE Date(s): from: $\frac{6}{(mm)} \frac{15}{(dd)} \frac{18}{(yyyy)}$ to	$\frac{6}{\text{(mm)}} \frac{5}{\text{(dd)}} \frac{18}{\text{(yyyy)}}$ 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-Gullford C	Central School District		
Print Name of Authorized Certifying Officer . Timo	thy R. Ryan, Superintendent		
Signature of Authorized Certifying Officer:	mothy kles		
Approved Provider Identification Number: 2782		ate:	
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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: Zip Code: 13733
CTLE Activity Title: Faculty M (Indicate title/subject/gra	ceting - Greenlawn,	Jr Sr. High Scho
Select One or More Areas of Activity: Per	dagogy Content	English Language Learning
CTLE Date(s): from: $\frac{6}{(mm)} \frac{16}{(dd)} \frac{18}{(yyyy)}$ to	6 / 6 / 8 Number of	hours awarded
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	entral School District	
Print Name of Authorized Certifying Officer: Time	thy R. Ryan, Superintendent	
Signature of Authorized Certifying Officer:	mothy Klyr	~
Approved Provider Identification Number: 2782		ate:
Email: tryan@bgcsd.org	Phone #: 607-967-63	321