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.

### **Instructions for the Trainee:**

(Rev. 06/2016)

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

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:		nal I	<u> Development</u>
Select One or More Areas of Activity: Po	edagogy Content	English La	nguage Learning
CTLE Date(s): from: 9 / 7 / 21 to	9 / 8 / 21 Number of		10
CTLE Date(s): from: $\frac{9}{(mm)} \frac{1}{(dd)} \frac{1}{(yyyy)}$ to	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	f hours aw	arded 12
. ,		f hours aw	arded
(mm) (dd) (yyyy)	(mm) (dd) (yyyl)		
(mm) (dd) (yyyy)  Section III  I certify that the individual listed in Section I comp	(mm) (dd) (yyyl)  Dieted 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) (yyyl)  Dieted 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)  Deted the CTLE cited above pursuant to second 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:	(mm) (dd) (yyw)  Deted the CTLE cited above pursuant to selected the cited the cited th	Subpart 80	0-6 of the

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Section I		
First Name:	Last Name:	Middle Initial:
Date of Birth:	Last 4 Digits of the Social Securi	ty Number:
Section II		16 -
Name of Venue: Bauch 1	196 - Gulford, C	catral chool VA
Street Address Uland	City: Bain by C	State: Zip Code:
CTLE Activity Title: LINKS	Meeting	
. (Indicate titl	e/subject/grade level, etc.)	
Select One or More Areas of Activity:	Pedagogy Content	English Language Learning
CTLE Date(s): from: $\frac{10}{\text{(mm)}}$ (dd) $\frac{1}{\text{(yyy)}}$		lumber of hours awarded
Section III		
I certify that the individual listed in Section	n I completed the CTLE cited above pu	rsuant to Subpart 80-6 of the
Regulations of the Commissioner of Educ	ation.	
Approved Sponsor Name:	nordage 64	ilterel (entrol)
Print Name of Authorized Certifying Office	er: finothy & &	yan
Signature of Authorized Certifying Officer	Dorothy Kily	/
Approved Sponsor Identification Number	: 2782 Date:	
Email: Tryano ba	CSCICIO Phone Num	ber: 607-967-632
(Rev. 06/2020)	. /	

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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: Proffesion al (Indicate title/subject/g	Development Day		12.0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
Select One or More Areas of Activity: Pedagogy Content English Language Learning				
CTLE Date(s): from: $\frac{10}{\text{(mm)}} \frac{8}{\text{(dd)}} \frac{21}{\text{(yyyy)}}$ to $\frac{10}{\text{(mm)}} \frac{8}{\text{(dd)}} \frac{21}{\text{(yyyy)}}$ Number of hours awarded $\underline{0}$				
(mm) (dd) (yyyy)	(mm) (dd) (yyyy)			
(mm) (dd) (yyyy)  Section III	(mm) (dd) (yyyy)			
		Subpart 80	1-6 of the	
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	9-6 of the	
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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:	Central School District of thy R. Ryan, Superintendent	Date:(	0-6 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	<sup>city:</sup> Bainbridge	State: Zip Code: 13733		
CTLE Activity Title: Faculty Mtg (Indicate title/subject/g	rade level, etc.)			
Select One or More Areas of Activity: Pe	edagogyContent	English Language Learning		
CTLE Date(s): from: $\frac{10}{\text{(mm)}} \frac{13}{\text{(dd)}} \frac{31}{\text{(yyyy)}}$ to	$0 \frac{10}{(mm)} \frac{13}{(dd)} \frac{2}{(yyyy)}$ Number of	f 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	Central School District			
Print Name of Authorized Certifying Officer : Time	othy R.)Rýzin, Superintendent			
Signature of Authorized Certifying Officer:	ather Kell	/ /		
Approved Provider Identification Number: 2782		Date: 6/30/77		
Email: tryan@bgcsd.org	Phone #: 607-967-	6321 / /		

#### THE STATE EDUCATION DEPARTMENT

Office of Teaching Initiatives www.highered.nysed.gov/tcert

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Section I			
First Name:	Last Name:	and the second s	Middle Initial:
Date of Birth:	Last 4 Digits of the Soci	al Security Number:	
Section II		1	6 - ~
Name of Venue: Buch 1	Jal - Gultore	( Cartral	khool VI
Street Address: Uland 7	City: Baini	State N	e: Zip Code:
CTLE Activity Title: (Indicate title	/subject/grade level, etc.)		
Select One or More Areas of Activity:		ntent Englis	sh Language Learning
CTLE Date(s): from: /// / ZI		Number of hour	s awarded
Section III			
I certify that the individual listed in Section Regulations of the Commissioner of Educa		oove pursuant to Subpa	rt 80-6 of the
Approved Sponsor Name:	nordage (	Swifferel	Central de
Print Name of Authorized Certifying Office	r. Amothy	Royan	
Signature of Authorized Certifying Officer:	Qnothy K	Ky 1	
Approved Sponsor Identification Number:	2782 Date	e:	
Email: Tryano 690	CSCICIO Pho	ne Number: 607 -	967-632
(Rev. 06/2020)	· /		

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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: Faculty Mtg. (Indicate title/subject/g	rade level, etc.)			
Select One or More Areas of Activity: Pe	edagogy Content	English Language Learning		
CTLE Date(s): from: $\frac{11}{\text{(mm)}} \frac{3}{\text{(dd)}} \frac{21}{\text{(yyyy)}}$ to	$\frac{1}{\text{(mm)}} \frac{3}{\text{(dd)}} \frac{2}{\text{(yyyy)}}$ Number 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 S	Subpart 80-6 of the		
Approved Sponsor Name: Bainbridge-Guilford	Central School District			
Print Name of Authorized Certifying Officer : Tim	^			
Signature of Authorized Certifying Officer:	why Kell			
Approved Provider Identification Number: 2782		Date: 6/30/22		
Email: tryan@bgcsd.org	Phone #: 607-967-6	3321 <sup>l</sup>		

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Section I	i exercise de la companya de la comp			
First Name:	Last Name:		Mic	ldle Initial:
Date of Birth:	Last 4 Digits of t	he Social Security N	umber:	
Section II			1 =	
Name of Venue: Brish 17	Ial Gul-	Tord Con	tral tho	ol Pi
Street Address:	City: Ba	inbridg	State: Zip.	Code: 3 7 3 3
CTLE Activity Title:	Meef// subject/grade level, etc.)	ig /		
Select One or More Areas of Activity:	Pedagogy	Content	English Langua	ge Learning
CTLE Date(s): from: 12 6 2 (yyyy)	to / <u>/</u> (dd) (y	Num	ber of hours awarde	d_Z
Section III				
I certify that the individual listed in Section		cited above pursua	int to Subpart 80-6 of	the
Regulations of the Commissioner of Educat	ion.		1) 1	) () ()
Approved Sponsor Name:	n bridge	-(5W1	forel (ent	10-1 )
	(in-14)	DD	> 10	
Print Name of Authorized Certifying Officer	11010	4000	ian	
Signature of Authorized Certifying Officer:	Dorothy	Kily!		,
Approved Sponsor Identification Number:	2782	Date:		
Email: Tryano hac	Sol ora	Phone Number	607-967	7-632
(Rev. 06/2020)				

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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: 1373		
CTLE Activity Title: <u>Faculty</u> Mcc				
/	/	English Language Learning		
CTLE Date(s): from: $\frac{12}{\text{(mm)}} \frac{8}{\text{(dd)}} \frac{21}{\text{(yyyy)}}$ to	$\frac{12}{\text{(mm)}} \frac{8}{\text{(dd)}} \frac{21}{\text{(yyyy)}}$ Number 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 S	Subpart 80-6 of the		
Approved Sponsor Name: Bainbridge-Guilford	Central School District			
Print Name of Authorized Certifying Officer :	othy R. Ryan, Superintendent			
Print Name of Authorized Certifying Officer:  Signature of Authorized Certifying Officer:	othy R. Ryan, Superintendent	11		
Time realized certifying circles .	rothy K	Date: 6/38/17		

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Section I			
First Name:	Last Name:	a constant and a cons	Middle Initial:
Date of Birth:	Last 4 Digits of the	Social Security Nu	umber:
Section II			16,16
Name of Venue: Cauch 1	Jal - Gult	wel Con	tral chool V
Street Address. Uland St	City: Bay	nbridg	State: Zip Code:
CTLE Activity Title:(Indicate title	/subject/grade level, etc.)	7	
Select One or More Areas of Activity:	Pedagogy	Content	English Language Learning
CTLE Date(s): from: $\frac{1}{3}$	to // 3/0		ber of hours awarded
Section III			
I certify that the individual listed in Section	•	ed above pursua	nt to Subpart 80-6 of the
Regulations of the Commissioner of Educa	tion.		
Approved Sponsor Name:	norlog	-6W/	forel (entrol)
Print Name of Authorized Certifying Office	r. Sim 8th.	1 KBY	an
Signature of Authorized Certifying Officer:	Dorothy	Kely 1	
Approved Sponsor Identification Number:	2782	Date:	
Email: Tryano 690	csdiara	Phone Number:	607-967-632
(Rev. 06/2020)			

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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: Faculty Meet				
Select One or More Areas of Activity: Po	edagogy Content	English Language Learning		
CTLE Date(s): from: $\frac{1}{(mm)} \frac{12}{(dd)} \frac{22}{(yyyy)}$ to	0 / 12/22 Number of (mm) (dd) (yyyy)	f 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	Central School District			
Print Name of Authorized Certifying Officer : Tim	othy R. Byan, Superintemdent			
Signature of Authorized Certifying Officer:	rether Kill	//		
Approved Provider Identification Number: 2782		Date: 6/30/70		
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 Nu	mber:
Section II		
Name of Venue: Buch 13 de	al Gulford Con	tral chool VA
Street Address: Uland Str	City: Bain Gridge	State: Zip Code:
CTLE Activity Title: (Indicate title/sub	Meeting ject/grade level, etc.)	
Select One or More Areas of Activity: $oldsymbol{\mathcal{V}}$	PedagogyContent	English Language Learning
CTLE Date(s): from: $\frac{2}{(mm)}$ (dd) $\frac{2}{(yyyy)}$	$-$ to $\frac{\sum_{j} \sum_{(mm)} (dd)}{(yyyy)}$ Numl	per of hours awarded
Section III		
I certify that the individual listed in Section I o		nt to Subpart 80-6 of the
Regulations of the Commissioner of Education	n.	
Approved Sponsor Name:	Jordage Guil	ford (entrol )
Print Name of Authorized Certifying Officer :	Simothy & By	an
Signature of Authorized Certifying Officer:	200thy Kily	
Approved Sponsor Identification Number:	2782 Date:	
Email: Tryano 6gC	School Phone Number:	607-967-632
(Rev. 06/2020) /	· /	

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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: Faculty Mech			
Select One or More Areas of Activity: Pe	edagogyContent	English La	anguage Learning
CTLE Date(s): from: $\frac{2}{(mm)} \frac{9}{(dd)} \frac{22}{(yyyy)}$ to	0.2 19122	f 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 : Tip	othy R. Ryan, Superintendent		
Signature of Authorized Certifying Officer:	the KI		
Approved Provider Identification Number: 2782		Date:	130M2
Email: tryan@bgcsd.org	Phone #: 607-967-0	6321 (	<u> </u>

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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		. 18.00
Name of Venue: Buth 1 Jan	6-Gulford Co	atral chool /
Street Address: Uland Str	City: Bain Grid	State: Zip Code:
CTLE Activity Title: (Indicate title/subjec	t/grade level, etc.)	
Select One or More Areas of Activity:	PedagogyContent	English Language Learning
CTLE Date(s): from: $\frac{3}{(mm)}$ $\frac{7}{(dd)}$ $\frac{22}{(yyyy)}$	to 3/7/27 Nul	mber of hours awarded
Section III		
I certify that the individual listed in Section I cor	mpleted the CTLE cited above pursu	ant to Subpart 80-6 of the
Regulations of the Commissioner of Education.	,	
Approved Sponsor Name:	bridge by	Itirel (entrol)
Print Name of Authorized Certifying Officer:	fin othy & Bi	jan
Signature of Authorized Certifying Officer:	200 thy Kily	/
Approved Sponsor Identification Number: 🧳	782 Date:	
Email: Tryano 69CS	Crag Phone Number	r:607-967-632
(Rev. 06/2020)		

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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		4	
Street Address: 18 Juliand Street	<sup>City:</sup> Bainbridge	State: NY	Zip Code: 13733	
CTLE Activity Title: Faculty Mtg	rade level etc.)			
Select One or More Areas of Activity: Pedagogy Content English Language Learning				
CTLE Date(s): from: $\frac{3}{9}$ $\frac{9}{22}$ to $\frac{3}{9}$ $\frac{9}{22}$ Number of 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 Officer: Timothy R. Ryan, Superintendent				
Signature of Authorized Certifying Officer:				
Approved Provider Identification Number: 2782		Date: 6	/38/22	
Email: tryan@bgcsd.org	Phone #: 607-967-0	6321 <i>(</i>		

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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#### **Instructions for the Trainee:**

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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:		Middle Initial:	
Date of Birth:	Last 4 Digits of the Social Security Numbers			
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: Professional (Indicate title/subject/gr	Development Day rade level, etc.)			
Select One or More Areas of Activity: Pedagogy Content English Language Learning				
CTLE Date(s): from: $3 / 18 / 22$ to $3 / 18 / 22$ Number of hours awarded $6 / 22$				
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:	She Kd/		/ )	
Approved Provider Identification Number: 2782		Date: <u>6</u>	130/2	
Email: tryan@bgcsd.org	Phone #: 607-967-6	6321 <sup>(</sup>	/	

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#### Instructions for the Approved CTLE Sponsor:

Section I		
First Name:	Last Name:	Middle Initial:
	·	
Date of Birth:	Last 4 Digits of the Social Security Number:	
Section II		
Name of Venue: Bauch 12 126	-Gulford Vatratel	hool 1/15
Street Address: Liand Str	City: Bain bridge State:	Zip Code:
CTLE Activity Title: (Indicate title/subject/g	Melting/ rade level, etc.)	
		anguage Learning
CTLE Date(s): from: $\frac{4}{\text{(mm)}} \frac{1}{\text{(dd)}} \frac{22}{\text{(yyyy)}}$ to	Number of hours aw (mm) (dd) (yyyy)	varded Z
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	0-6 of the
Approved Sponsor Name:	orlage-Guilfirell	entrol of
Print Name of Authorized Certifying Officer:	imothy & Byan	
Signature of Authorized Certifying Officer:	nothy Kely	
Approved Sponsor Identification Number: 27	82 Date:	
Email: Tryano 6gCSC	Phone Number: 607-9	67-6321
(Rev. 06/2020) /		

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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: Faculty Mtg.	rada laval etc.)		
(mulcate thie/subject/gi	ade level, etc.)		
Select One or More Areas of Activity: Pe	edagogy Content	English La	nguage Learning
CTLE Date(s): from: $\frac{4}{\text{(mm)}} \frac{9}{\text{(dd)}} \frac{22}{\text{(yyyy)}}$ to	$\frac{4}{\text{(mm)}} \frac{9}{\text{(dd)}} \frac{22}{\text{(yyyy)}}$ Number of	f hours aw	arded
Section III			
I certify that the individual listed in Section I comp	leted 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:	ath, All		
Approved Provider Identification Number: 2782		Date:	13017
Email: tryan@bgcsd.org	Phone #: 607-967-6	6321	

#### THE STATE EDUCATION DEPARTMENT

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#### Instructions for the Approved CTLE Sponsor:

Section I		
First Name:	Last Name:	Middle Initial:
Date of Birth:	Last 4 Digits of the Social Security Nu	ımber:
Section II		16.00
Name of Venue: Buch 13	Ist Gulford Ca	tral khool VI
Street Address: Uland Th	City: Bain Gridge	State: Zip Code:
CTLE Activity Title: (Indicate title/	subject/grade level, etc.)	
Select One or More Areas of Activity:	Pedagogy Content	English Language Learning
CTLE Date(s): from: 5/2/2 (mm) (dd) (yyyy)	$Z$ to $\frac{\sqrt{2}}{\sqrt{2}}$ Numl	ber of hours awarded
Section III		
I certify that the individual listed in Section	I completed the CTLE cited above pursua	nt to Subpart 80-6 of the
Regulations of the Commissioner of Educat	ion.	
Approved Sponsor Name:	nordage Guil	forel (entrol)
Print Name of Authorized Certifying Officer	Simothy & By	an.
Signature of Authorized Certifying Officer:	Qnothy Kily	
Approved Sponsor Identification Number:	2782 Date:	
Email: Tryano bac	28 charg Phone Number:	607-967-632
(Rev. 06/2020)	- /	

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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: Faculty Mtg (Indicate title/subject/gr			
Select One or More Areas of Activity: Pedagogy Content English Language Learning			
CTLE Date(s): from: $5 / 11 / 22$ to $5 / 11 / 22$ Number of 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.			
Regulations of the Commissioner of Education.			
	Central School District		
Approved Sponsor Name: Bainbridge-Guilford	Central School District ofthy R. Ryan, Superintendent		
Approved Sponsor Name: Bainbridge-Guilford	2		
Approved Sponsor Name: Bainbridge-Guilford  Print Name of Authorized Certifying Officer: Time	othy R. Ryan, Superintendent	Date: 6/3/77	

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#### Instructions for the Approved CTLE Sponsor:

Section I		
First Name:	Last Name:	Middle Initial:
Date of Birth:	Last 4 Digits of the Social Security N	lumber:
//		STANDARD ST
Section II	and the second s	1800
Name of Venue: Bauch 1	196 - Gulford, Co	tral chool th
Street Address 12 Julian 17	City: Bain 6409	State: Zip Code: 33
CTLE Activity Title:	Ks Meeting	
(Indicate title	e/subject/grade level, etc.)	·
Select One or More Areas of Activity:	Pedagogy Content	English Language Learning
CTLE Date(s): from: (mm) (dd) (yyyy		nber of hours awarded
Section III		
I certify that the individual listed in Sectio	n I completed the CTLE cited above pursu	ant to Subpart 80-6 of the
Regulations of the Commissioner of Educa		$A \rightarrow A \rightarrow$
Approved Sponsor Name:	nordage- Gui	Hard Central
Print Name of Authorized Certifying Office	er: fin othy & pr	jan.
Signature of Authorized Certifying Officer	Dorothy Kely	
Approved Sponsor Identification Number	: 2782 Date:	
Email: Tryano 69	CSCI OF Phone Number	r:607-967-632
(Rev. 06/2020)	/ / / / / / / / / / / / / / / / / / /	

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Section 1:				
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: Faculty Mtg.  (Indicate title/subject/grade level, etc.)				
Select One or More Areas of Activity: Pedagogy Content English Language Learning				
CTLE Date(s): from: $(\frac{b}{m}) = \frac{8}{(dd)} = \frac{22}{(yyyy)}$ to $(\frac{b}{m}) = \frac{8}{(dd)} = \frac{22}{(yyyy)}$ Number of hours awarded $(\frac{1}{m}) = \frac{1}{m}$				
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 Date: 6/30/77				
Email: tryan@bgcsd.org	Phone #: 607-967-0	5321 /		