

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

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

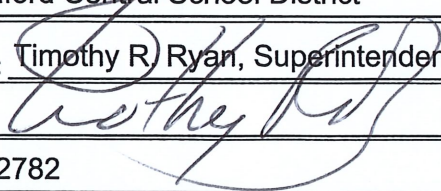
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Instructions for the Trainee:

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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: <u>Bainbridge-Guilford Central School District</u>			
Street Address: <u>18 Juliand Street</u>	City: <u>Bainbridge</u>	State: <u>NY</u>	Zip Code: <u>13733</u>
CTLE Activity Title: <u>Conference Days - Teacher Professional Development</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>9/7/21</u> to: <u>9/8/21</u>		Number of hours awarded <u>12</u>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
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: <u>Bainbridge-Guilford Central School District</u>			
Print Name of Authorized Certifying Officer: <u>Timothy R. Ryan, Superintendent</u>			
Signature of Authorized Certifying Officer: 			
Approved Provider Identification Number: <u>2782</u>		Date: <u>6/30/22</u>	
Email: <u>tryan@bgcsd.org</u>		Phone #: <u>607-967-6321</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			
Name of Venue: <u>Bainbridge-Gulford Central School District</u>			
Street Address: <u>18 Tuland Str</u>	City: <u>Bainbridge</u>	State: <u>NY</u>	Zip Code: <u>13133</u>
CTLE Activity Title: <u>LINKS Meeting</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>10/4/21</u> to: <u>10/4/21</u>		Number of hours awarded: <u>2</u>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
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: <u>Bainbridge-Gulford Central School District</u>			
Print Name of Authorized Certifying Officer: <u>Dorothy Ryan</u>			
Signature of Authorized Certifying Officer: <u>Dorothy Ryan</u>			
Approved Sponsor Identification Number: <u>2782</u>		Date:	
Email: <u>tryane@gcscd.org</u>		Phone Number: <u>607-967-6321</u>	

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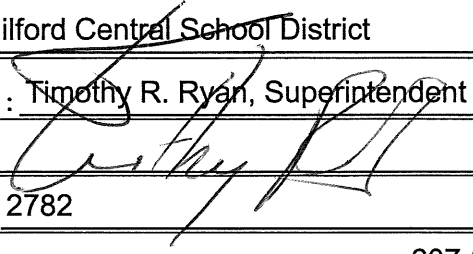
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Section I:			
First Name:	Last Name:	Middle Initial:	
Date of Birth: _____/_____/_____	Last 4 Digits of the Social Security Number: _____		
Section II			
Name of Venue: <u>Bainbridge-Guilford Central School District</u>			
Street Address: <u>18 Juliard Street</u>	City: <u>Bainbridge</u>	State: <u>NY</u>	Zip Code: <u>13733</u>
CTLE Activity Title: <u>Professional Development Day</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>10 / 8 / 21</u> to <u>10 / 8 / 21</u>		Number of hours awarded <u>6</u>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
Section III			
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Approved Sponsor Name: <u>Bainbridge-Guilford Central School District</u>			
Print Name of Authorized Certifying Officer: <u>Timothy R. Ryan, Superintendent</u>			
Signature of Authorized Certifying Officer: 			
Approved Provider Identification Number: <u>2782</u>		Date: <u>6/30/22</u>	
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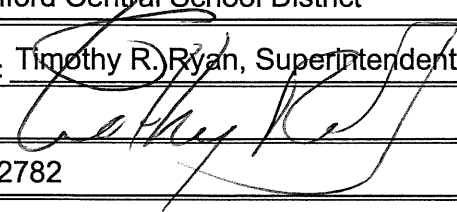
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Date of Birth: _____ / _____ / _____	Last 4 Digits of the Social Security Number: _____		
Section II			
Name of Venue: <u>Bainbridge-Guilford Central School District</u>			
Street Address: <u>18 Juliard Street</u>	City: <u>Bainbridge</u>	State: <u>NY</u>	Zip Code: <u>13733</u>
CTLE Activity Title: <u>Faculty Mtg</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>10 / 13 / 21</u> to <u>10 / 13 / 21</u>		Number of hours awarded <u>1</u>	
<small>(mm)</small>	<small>(dd)</small>	<small>(yyyy)</small>	<small>(mm)</small>
<small>(dd)</small>	<small>(yyyy)</small>	<small>(mm)</small>	<small>(dd)</small>
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Date of Birth:	Last 4 Digits of the Social Security Number:		
Section II			
Name of Venue: <i>Bainbridge-Guilford Central School District</i>			
Street Address:	City:	State:	Zip Code:
<i>18 Tuleand Str</i>	<i>Bainbridge</i>	<i>NY</i>	<i>13133</i>
CTLE Activity Title: <i>LINKS Meeting</i> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <i>11/1/21</i> to: <i>11/1/21</i>		Number of hours awarded: <i>2</i>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
Section III			
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Approved Sponsor Name: <i>Bainbridge-Guilford Central School District</i>			
Print Name of Authorized Certifying Officer: <i>Timothy P. Ryan</i>			
Signature of Authorized Certifying Officer: <i>Timothy P. Ryan</i>			
Approved Sponsor Identification Number: <i>2782</i>		Date:	
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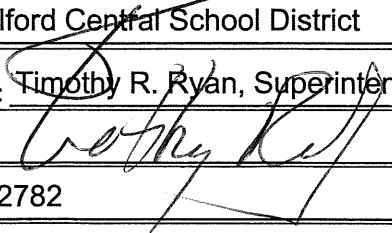
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CTLE Activity Title: <u>Faculty Mtg.</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>11 / 3 / 21</u>		to <u>11 / 3 / 21</u>	
<small>(mm)</small>	<small>(dd)</small>	<small>(yyyy)</small>	<small>(mm)</small>
<small>(dd)</small>	<small>(yyyy)</small>	Number of hours awarded <u>1</u>	
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Print Name of Authorized Certifying Officer: <u>Timothy R. Ryan, Superintendent</u>			
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Date of Birth: <u> / / </u>	Last 4 Digits of the Social Security Number:		
Section II			
Name of Venue: <u>Bainbridge-Guilford Central School District</u>			
Street Address: <u>18 Tuleard Str</u>	City: <u>Bainbridge</u>	State: <u>NY</u>	Zip Code: <u>13733</u>
CTLE Activity Title: <u>LINKS Meeting</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>12/6/21</u> to: <u>12/6/21</u>		Number of hours awarded <u>2</u>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
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Print Name of Authorized Certifying Officer: <u>Danothy P. Ryan</u>			
Signature of Authorized Certifying Officer: <u>Danothy P. Ryan</u>			
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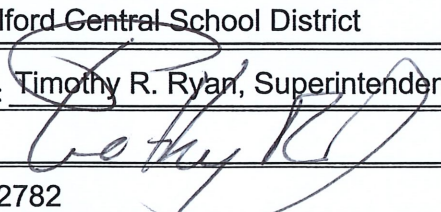
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Street Address: <u>18 Juliand Street</u>	City: <u>Bainbridge</u>	State: <u>NY</u>	Zip Code: <u>13733</u>
CTLE Activity Title: <u>Faculty Meeting</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>12 / 8 / 21</u>		to: <u>12 / 8 / 21</u>	
<small>(mm)</small>	<small>(dd)</small>	<small>(yyyy)</small>	<small>(mm)</small>
<small>(dd)</small>	<small>(yyyy)</small>	Number of hours awarded <u>1</u>	
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Print Name of Authorized Certifying Officer: <u>Timothy R. Ryan, Superintendent</u>			
Signature of Authorized Certifying Officer: 			
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Street Address: <u>18 Tuleard Str</u>	City: <u>Bainbridge</u>	State: <u>NY</u>	Zip Code: <u>13733</u>
CTLE Activity Title: <u>LINKS Meeting</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>1/3/22</u> to: <u>1/3/22</u>		Number of hours awarded: <u>2</u>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
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Print Name of Authorized Certifying Officer: <u>Timothy P. Ryan</u>			
Signature of Authorized Certifying Officer: <u>[Signature]</u>			
Approved Sponsor Identification Number: <u>2782</u>		Date:	
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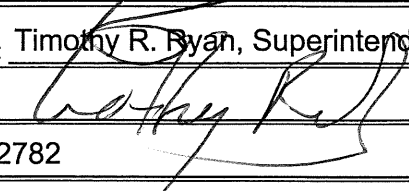
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Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>1/12/22</u> to <u>1/12/22</u>		Number of hours awarded <u>1</u>	
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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: <u>Bainbridge-Guilford Central School District</u>			
Street Address: <u>18 Tuleard Str</u>	City: <u>Bainbridge</u>	State: <u>NY</u>	Zip Code: <u>13133</u>
CTLE Activity Title: <u>LINKS Meeting</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>2/7/22</u> to <u>2/7/22</u>		Number of hours awarded <u>2</u>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
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: <u>Bainbridge-Guilford Central School District</u>			
Print Name of Authorized Certifying Officer: <u>Dorothy P. Ryan</u>			
Signature of Authorized Certifying Officer: <u>Dorothy P. Ryan</u>			
Approved Sponsor Identification Number: <u>2782</u>		Date:	
Email: <u>tryane@gcscd.org</u>		Phone Number: <u>607-967-6321</u>	

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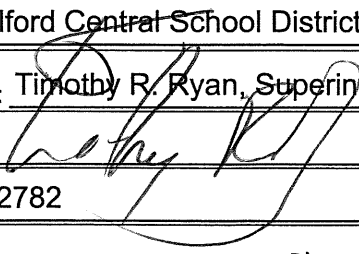
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Section I:			
First Name:	Last Name:	Middle Initial:	
Date of Birth: _____/_____/_____	Last 4 Digits of the Social Security Number: _____		
Section II			
Name of Venue: <u>Bainbridge-Guilford Central School District</u>			
Street Address: <u>18 Juliand Street</u>	City: <u>Bainbridge</u>	State: <u>NY</u>	Zip Code: <u>13733</u>
CTLE Activity Title: <u>Faculty Meeting</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>2/9/22</u> to <u>2/9/22</u> <small>(mm) (dd) (yyyy) (mm) (dd) (yyyy)</small>		Number of hours awarded <u>1</u>	
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: <u>Bainbridge-Guilford Central School District</u>			
Print Name of Authorized Certifying Officer: <u>Timothy R. Ryan, Superintendent</u>			
Signature of Authorized Certifying Officer: 			
Approved Provider Identification Number: <u>2782</u>		Date: <u>6/30/22</u>	
Email: <u>tryan@bgcsd.org</u>		Phone #: <u>607-967-6321</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			
Name of Venue: <u>Bainbridge-Guilford Central School District</u>			
Street Address: <u>18 Tulard Str</u>	City: <u>Bainbridge</u>	State: <u>NY</u>	Zip Code: <u>13733</u>
CTLE Activity Title: <u>LINKS meeting</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>3/7/22</u>		to: <u>3/7/22</u> Number of hours awarded <u>2</u>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
Section III			
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Approved Sponsor Name: <u>Bainbridge-Guilford Central Schools</u>			
Print Name of Authorized Certifying Officer: <u>Timothy P. Ryan</u>			
Signature of Authorized Certifying Officer: <u>[Signature]</u>			
Approved Sponsor Identification Number: <u>2782</u>		Date:	
Email: <u>tryane@gcd.org</u>		Phone Number: <u>607-967-6321</u>	

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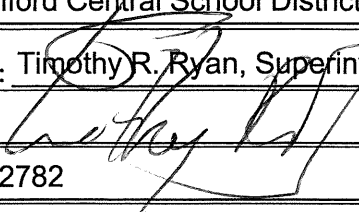
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Section I:			
First Name:	Last Name:	Middle Initial:	
Date of Birth: _____/_____/_____	Last 4 Digits of the Social Security Number: _____		
Section II			
Name of Venue: <u>Bainbridge-Guilford Central School District</u>			
Street Address: <u>18 Juliand Street</u>	City: <u>Bainbridge</u>	State: <u>NY</u>	Zip Code: <u>13733</u>
CTLE Activity Title: <u>Faculty Mtg</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>3/9/22</u>		to: <u>3/9/22</u> Number of hours awarded <u>1</u>	
<small>(mm)</small>	<small>(dd)</small>	<small>(yyyy)</small>	<small>(mm)</small> <small>(dd)</small> <small>(yyyy)</small>
Section III			
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Approved Sponsor Name: <u>Bainbridge-Guilford Central School District</u>			
Print Name of Authorized Certifying Officer: <u>Timothy R. Ryan, Superintendent</u>			
Signature of Authorized Certifying Officer: 			
Approved Provider Identification Number: <u>2782</u>		Date: <u>6/30/22</u>	
Email: <u>tryan@bgcsd.org</u>		Phone #: <u>607-967-6321</u>	

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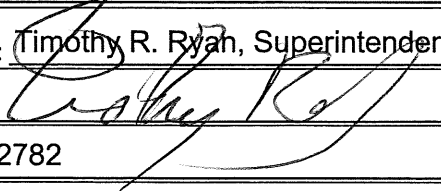
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Section I:			
First Name:	Last Name:	Middle Initial:	
Date of Birth: _____ / _____ / _____	Last 4 Digits of the Social Security Number: _____		
Section II			
Name of Venue: <u>Bainbridge-Guilford Central School District</u>			
Street Address: <u>18 Juliand Street</u>	City: <u>Bainbridge</u>	State: <u>NY</u>	Zip Code: <u>13733</u>
CTLE Activity Title: <u>Professional Development Day</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: _____ Pedagogy _____ Content _____ English Language Learning			
CTLE Date(s): from: <u>3 / 18 / 22</u>		to <u>3 / 18 / 22</u> Number of hours awarded <u>6</u>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
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: <u>Bainbridge-Guilford Central School District</u>			
Print Name of Authorized Certifying Officer: <u>Timothy R. Ryan, Superintendent</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			
Name of Venue: <i>Bainbridge-Guilford Central School District</i>			
Street Address:	City:	State:	Zip Code:
<i>18 Tuleland Str</i>	<i>Bainbridge</i>	<i>NY</i>	<i>13133</i>
CTLE Activity Title: <i>LINKS Meeting</i> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <i>4/4/22</i> to: <i>4/4/22</i>		Number of hours awarded: <i>2</i>	
<small>(mm)</small>	<small>(dd)</small>	<small>(yyyy)</small>	<small>(mm)</small> <small>(dd)</small> <small>(yyyy)</small>
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: <i>Bainbridge-Guilford Central School District</i>			
Print Name of Authorized Certifying Officer: <i>Timothy P. Ryan</i>			
Signature of Authorized Certifying Officer: <i>Timothy P. Ryan</i>			
Approved Sponsor Identification Number: <i>2782</i>		Date:	
Email: <i>tryane@gcisd.org</i>		Phone Number: <i>607-967-6321</i>	

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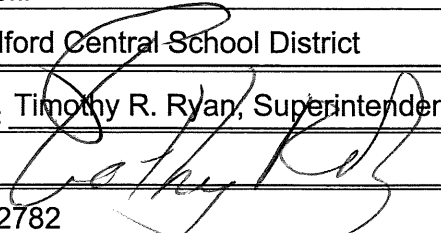
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First Name:	Last Name:	Middle Initial:	
Date of Birth: _____/_____/_____	Last 4 Digits of the Social Security Number: _____		
Section II			
Name of Venue: <u>Bainbridge-Guilford Central School District</u>			
Street Address: <u>18 Juliand Street</u>	City: <u>Bainbridge</u>	State: <u>NY</u>	Zip Code: <u>13733</u>
CTLE Activity Title: <u>Faculty Mtg.</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>4/9/22</u> to <u>4/9/22</u>		Number of hours awarded <u>1</u>	
<small>(mm)</small>	<small>(dd)</small>	<small>(yyyy)</small>	<small>(mm)</small>
<small>(dd)</small>	<small>(yyyy)</small>	<small>(mm)</small>	<small>(dd)</small>
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: <u>Bainbridge-Guilford Central School District</u>			
Print Name of Authorized Certifying Officer: <u>Timothy R. Ryan, Superintendent</u>			
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Section I			
First Name:	Last Name:	Middle Initial:	
Date of Birth: <u> / / </u>	Last 4 Digits of the Social Security Number:		
Section II			
Name of Venue: <u>Bainbridge-Guilford Central School District</u>			
Street Address: <u>18 Tuleand Str</u>	City: <u>Bainbridge</u>	State: <u>NY</u>	Zip Code: <u>13733</u>
CTLE Activity Title: <u>UNKS Meeting</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>5/2/22</u> to <u>5/2/22</u>		Number of hours awarded <u>2</u>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
Section III			
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Approved Sponsor Name: <u>Bainbridge-Guilford Central School District</u>			
Print Name of Authorized Certifying Officer: <u>Timothy P. Ryan</u>			
Signature of Authorized Certifying Officer: <u>Timothy P. Ryan</u>			
Approved Sponsor Identification Number: <u>2782</u>		Date:	
Email: <u>tryane@gcd.org</u>		Phone Number: <u>607-967-6321</u>	

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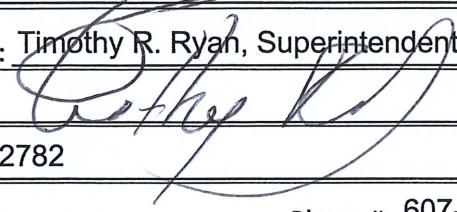
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Section I:			
First Name:	Last Name:	Middle Initial:	
Date of Birth: _____/_____/_____	Last 4 Digits of the Social Security Number: _____		
Section II			
Name of Venue: <u>Bainbridge-Guilford Central School District</u>			
Street Address: <u>18 Juliand Street</u>	City: <u>Bainbridge</u>	State: <u>NY</u>	Zip Code: <u>13733</u>
CTLE Activity Title: <u>Faculty Mtg.</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>5/11/22</u> to <u>5/11/22</u>		Number of hours awarded <u>1</u>	
<small>(mm)</small>	<small>(dd)</small>	<small>(yyyy)</small>	<small>(mm)</small> <small>(dd)</small> <small>(yyyy)</small>
Section III			
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Approved Sponsor Name: <u>Bainbridge-Guilford Central School District</u>			
Print Name of Authorized Certifying Officer: <u>Timothy R. Ryan, Superintendent</u>			
Signature of Authorized Certifying Officer: 			
Approved Provider Identification Number: <u>2782</u>		Date: <u>6/3/22</u>	
Email: <u>tryan@bgcsd.org</u>		Phone #: <u>607-967-6321</u>	

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Section I			
First Name:	Last Name:	Middle Initial:	
Date of Birth: <u> / / </u>	Last 4 Digits of the Social Security Number:		
Section II			
Name of Venue: <u>Bainbridge-Guilford Central School District</u>			
Street Address: <u>18 Tuleand Str</u>	City: <u>Bainbridge</u>	State: <u>NY</u>	Zip Code: <u>13133</u>
CTLE Activity Title: <u>LINKS Meeting</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>6/6/22</u> to: <u>6/6/22</u>		Number of hours awarded: <u>2</u>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
Section III			
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Approved Sponsor Name: <u>Bainbridge-Guilford Central School District</u>			
Print Name of Authorized Certifying Officer: <u>Timothy P. Ryan</u>			
Signature of Authorized Certifying Officer: <u>[Signature]</u>			
Approved Sponsor Identification Number: <u>2782</u>		Date:	
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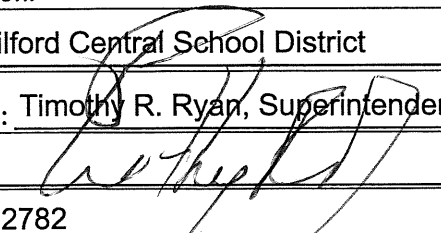
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Section I:			
First Name:	Last Name:	Middle Initial:	
Date of Birth: _____/_____/_____	Last 4 Digits of the Social Security Number: _____		
Section II			
Name of Venue: <u>Bainbridge-Guilford Central School District</u>			
Street Address: <u>18 Juliand Street</u>	City: <u>Bainbridge</u>	State: <u>NY</u>	Zip Code: <u>13733</u>
CTLE Activity Title: <u>Faculty Mtg.</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>6/8/22</u> to <u>6/8/22</u>		Number of hours awarded <u>1</u>	
<small>(mm)</small>	<small>(dd)</small>	<small>(yyyy)</small>	<small>(mm)</small>
<small>(dd)</small>	<small>(yyyy)</small>	<small>(mm)</small>	<small>(dd)</small>
<small>(yyyy)</small>	<small>(mm)</small>	<small>(dd)</small>	<small>(yyyy)</small>
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: <u>Bainbridge-Guilford Central School District</u>			
Print Name of Authorized Certifying Officer: <u>Timothy R. Ryan, Superintendent</u>			
Signature of Authorized Certifying Officer: 			
Approved Provider Identification Number: <u>2782</u>		Date: <u>6/30/22</u>	
Email: <u>tryan@bgcsd.org</u>		Phone #: <u>607-967-6321</u>	