	2022-2023	Hrs
	Professional Development Schedule	
September	LINKS Presentation (9/6) Tech and School Safety LINKS Meeting (9/12)	6 2
October	LINKS Meeting (10/3) Faculty Meeting (10/12)	2
	10/7 Conference Day: Technology (two hours) and required online trainings	6 2
	10/19 Half Day Dept. meeting for SS (K-3/ 4-12) and Math (K-3/ 4-12)	3
November	LINKS Meeting (11/7) Faculty Meeting (11/2)	2
December	LINKS Meeting (12/5) Faculty Meeting (12/14)	2
January	LINKS Meeting (1/9) Faculty Meeting (1/11) Training Scheduled	2
	1/27 District Wide Half Day Meeting for Science (PreK-12)	3
February	LINKS Meeting (2/6) Faculty Meeting (2/8)	2
March	LINKS Meeting (3/6) Faculty Meeting (3/8) Training Scheduled	2
	3/8 Half Day Dept. meeting for SS (5-12) and Math (2-6) 3/17 Conference Day DEI and Health and Safety training	6 3
April	LINKS Meeting (4/10) Faculty Meeting (4/12) One hour superintendent district wide budget meeting (4-24) Half Day Dept. meeting for Science (K-2/ 3-12) and ELA (K-12) (4/21) (subject to change-departments will decide)	2 1 1

May	LINKS Meeting (5/1) Faculty Meeting (5/10) Half Day Dept. meeting for SS and Math	2 1 3
June	LINKS Meeting (6/5) Faculty Meeting (6/14)	2
Summer	LINKS Meeting (reschedule to early in summer?) LINKS Summer Work Boces- Hosted by BG	

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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: Profession (Indicate title/subject/gr	Development Days rade level, etc.)		
Select One or More Areas of Activity: Pe	edagogyContent	English La	nguage Learning
CTLE Date(s): from: $\frac{9}{(mm)} \frac{1}{(dd)} \frac{1}{(yyyy)}$ to $\frac{9}{(mm)} \frac{2}{(dd)} \frac{122}{(yyyy)}$ Number of hours awarded $\frac{12}{(yyyy)}$			
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:im	othy R. Ryan, Superintendent		
Signature of Authorized Certifying Officer:	Conother Il		1 1
Approved Provider Identification Number: 2782		Date: <u>6</u>	130/23
Email: tryan@bgcsd.org	Phone #: 607-967-6	6321	/

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Section I	Colored Colored Management and Astronomy Colored	SAND A SERVICE BELLEVILLE SERVICE SERV
First Name:	Last Name:	Middle Initial:
Date of Birth:	Last 4 Digits of the Social Secur	ity Number:
/		
Section II		10.20
Name of Venue: Buch 13	196 - Guilford, C	entral chool VI
Street Address: Land M	City: Bainby	In State: Zip Code:
CTLE Activity Title:	ech chool se subject/grade level, etc.).	pty and Securi
Select One or More Areas of Activity:	Pedagogy Content	English Language Learning
CTLE Date(s): from: $\frac{9}{(mm)}$ $\frac{1}{(dd)}$ $\frac{7}{(yyyy)}$	$\frac{7}{2}$ to $\frac{9}{6}$ $\frac{6}{2}$ 1	Number of hours awarded
Section III		
I certify that the individual listed in Section	•	rsuant to Subpart 80-6 of the
Regulations of the Commissioner of Educati	on.	P. 10 11
Approved Sponsor Name:	nordage by	1/torel central
Print Name of Authorized Certifying Officer	Sim othy & p	yan
Signature of Authorized Certifying Officer:	Quothy Killy	1
Approved Sponsor Identification Number:	2782 Date:	
Email: Tryano bac	Sol or 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 Numb	per:
Section II		18.00
Name of Venue: Bauch 13	196 - Gulford, Cent	ral chool VA
Street Address - Land Str	City: Bainbridge	State: Zip Code:
OTEL / Identity Trainer	audical guitel	annual trai
Select One or More Areas of Activity:	Pedagogy Content	English Language Learning
CTLE Date(s): from: 10/7/2 (mm) (dd) (yyyy)	$\frac{2}{2}$ to $\frac{10}{2}$ $\frac{7}{2}$ $\frac{2}{2}$ Number	of hours awarded
Section III		
	I completed the CTLE cited above pursuant t	o Subpart 80-6 of the
Regulations of the Commissioner of Educat	ion.	
Approved Sponsor Name:	nordage builte	crel central y
Print Name of Authorized Certifying Officer	fin othy & bya	n
) Signature of Authorized Certifying Officer:	Quothy Killy	
Approved Sponsor Identification Number:	2782 Date:	
Email: Tryang bac	Solard Phone Number: 6	07-967-632
(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		and the second second	
Street Address: 18 Juliand Street	^{City:} Bainbridge	State: NY	Zip Code: 13733	
CTLE Activity Title: Faculty Med				
Select One or More Areas of Activity: Pe	edagogyContent	English La	nguage Learning	
CTLE Date(s): from: $\frac{10}{\text{(mm)}} \frac{12}{\text{(dd)}} \frac{22}{\text{(yyyy)}}$ to	<u>10 12 22</u> Number of (mm) (dd) (yyyy)	hours aw	arded	
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				
	othy R. Ryan, Superintendent			
Signature of Authorized Certifying Officer:	Cother Kell		/ /	
Approved Provider Identification Number: 2782		Date: 6	/30/23	
Email: tryan@bgcsd.org	Phone #: 607-967-6	321	/ /	

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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: <u>Faculty Mtg</u> (Indicate title/subject/g)	rade level, etc.)	
./		English Language Learning
CTLE Date(s): from: $\frac{10}{\text{(mm)}} \frac{14}{\text{(dd)}} \frac{22}{\text{(yyyy)}}$ to	10 114 122 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
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Print Name of Authorized Certifying Officer	othy R. Ryan, Superintendent	
Signature of Authorized Certifying Officer:	wothy My	
Approved Provider Identification Number: 2782		Date: <u>6/30/73</u>
Email: tryan@bgcsd.org	Phone #: 607-967-6	6321 /

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Section I		The state of the s
First Name:	Last Name:	Middle Initial:
Date of Birth:	Last 4 Digits of the Social Sec	urity Number:
Section II	1	15.
Name of Venue: Buch 13/9	6-Guilford	Central School VA
Street Address Juliand SW	City: Bain by	Idgl State: Zip Code: 33
CTLE Activity Title:(Indicate title/supject	ct/grade level, etc.)	th Training
Select One or More Areas of Activity:	Pedagogy Content	English Language Learning
CTLE Date(s): from: // / / / / 22 (yyyy)	to 10 19 22 (mm) (dd) (yyyy)	Number of hours awarded
Section III		
I certify that the individual listed in Section I co		oursuant to Subpart 80-6 of the
Regulations of the Commissioner of Education.		PIG
Approved Sponsor Name: Approved Sponsor Name:	bridge 6	414 and Central
Print Name of Authorized Certifying Officer:	Simothy &	byan
Signature of Authorized Certifying Officer:	2 nothy Killy	, /
Approved Sponsor Identification Number: a	782 Date:	
Email: Tryano 6900	Cora Phone Nu	ımber: 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 Numbers			
Section II				
Name of Venue: Bainbridge-Guilford Central	School District			
Street Address: 18 Juliand Street	^{City:} Bainbridge	State: Zip Code: 13733		
CTLE Activity Title: Facuty Me	cting rade level etc.)			
Select One or More Areas of Activity: Pedagogy Content English Language Learning				
CTLE Date(s): from: $\frac{11}{\text{(mm)}} \frac{2}{\text{(dd)}} \frac{22}{\text{(yyyy)}}$ to	<u> 2 22 Number of (mm) (dd) (yyyy)</u>	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:	Cothy Kel			
Approved Provider Identification Number: $\frac{2782}{1}$		Date: 6/30/73		
Email: tryan@bgcsd.org	Phone #: 607-967-0	6321		

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Section I:			
First Name:	Last Name:	Mid	dle 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 NY	Code: 13733
CTLE Activity Title: Faculty Mtc	7 . rade level, etc.)		
Select One or More Areas of Activity: Po	edagogyContent	_ English Langua	ge Learning
CTLE Date(s): from: $\frac{1}{(mm)} \frac{11}{(dd)} \frac{23}{(yyyy)}$ to	o 1 11 123 - Number o	f hours awarde	d <i>l</i> :
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			
Signature of Authorized Certifying Officer:	rether Kell		
Approved Provider Identification Number: 2782		Date: <u> </u>	<u> </u>
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		16	
Name of Venue: Bauch 12 / 91	6-Gulford	Central	hool VA
Street Address: Luland SW	City: Baint	Midgl State:	Zip Code:
CTLE Activity Title:	the K-12	Standon	0/5
. (Indicate title/subject	/.		
Select One or More Areas of Activity:	Pedagogy Cont	ent English Lar	nguage Learning
CTLE Date(s): from: $\frac{1}{(mm)} \frac{127}{(dd)} \frac{23}{(yyyy)}$	to / Z7 Z3 (mm) (dd) (yyyy)	Number of hours awa	arded3_
Section III			alles reds a little s
I certify that the individual listed in Section I con	npleted the CTLE cited above	e pursuant to Subpart 80-	6 of the
Regulations of the Commissioner of Education.	1	> P	
Approved Sponsor Name:	bridge 6	wiltered le	ntrol d
Print Name of Authorized Certifying Officer:	Gim Stryt	Byan	
Signature of Authorized Certifying Officer:	nothy Ka	7	
Approved Sponsor Identification Number: 2	782 Date:		
Email: Tryang bacs	di org Phone	Number: 607-91	07-632
(Roy 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	^{City:} Bainbridge	State: Zip Code: 13733
CTLE Activity Title: Faculty Me	c Hing rade lever, etc.)	
Select One or More Areas of Activity: Pe	edagogyContent	English Language Learning
CTLE Date(s): from: $\frac{2}{(mm)} \frac{8}{(dd)} \frac{23}{(yyyy)}$ to	$\frac{2}{\text{(mm)}}\frac{8}{\text{(dd)}}\frac{23}{\text{(yyyy)}}$ Number of	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 S	Subpart 80-6 of the
Approved Sponsor Name: Bainbridge-Guilford	Central Sehool District	
Print Name of Authorized Certifying Officer : Time	othy R. Ryan, Superintendent	
Signature of Authorized Certifying Officer:	other (1)	
Approved Provider Identification Number: $\frac{2782}{}$		Date: 6/30/03
Email: tryan@bgcsd.org	Phone #: 607-967-6	6321 / /

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Section I		
First Name:	Last Name:	Middle Initial:
Date of Birth:	Last 4 Digits of the Social Security N	lumber:
Section II		16 - 0
Name of Venue: Bauch 1	196 - Gulford Co	tral hool VI
Street Address: Land St	City: Bainbridg	State: Zip Code:
CTLE Activity Title: (Indicate title,	/subject/grade level, etc.).	q, Math 2-6
Select One or More Areas of Activity:	Pedagogy Content	English Language Learning
CTLE Date(s): from: $\frac{3}{(mm)}$ $\frac{2}{(dd)}$ $\frac{7}{(yyyy)}$	3 to $\frac{3}{(mm)}$ (dd) $\frac{2}{(yyyy)}$ Num	ber of hours awarded
Section III		
I certify that the individual listed in Section Regulations of the Commissioner of Educa		ant to Subpart 80-6 of the
Approved Sponsor Name:	nbrodge-Guil	firel Central y
Print Name of Authorized Certifying Office	from 8thy & By	ian
Signature of Authorized Certifying Officer:	Dorothy Kely	
Approved Sponsor Identification Number:	2787 Date:	
Email: Tryano 690	28 ch or a 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	^{City:} Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: Faculty M (Indicate title/subject/g	rade level, etc.)		
Select One or More Areas of Activity: Pe	edagogy Content	English La	anguage Learning
CTLE Date(s): from: $3 / 8 / 23$ to	0.3 / 8 / 23 Number o	f hours aw	varded
Section III			
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
I certify that the individual listed in Section I comp		Subpart 80	O-6 of the
I certify that the individual listed in Section I comp Regulations of the Commissioner of Education. Approved Sponsor Name: Bainbridge-Guilford-		Subpart 80	0-6 of the
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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	Central School District othyR. Ryan, Superintendent	Date: <u>6</u>	/2X/2C

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Section I		
First Name:	Last Name:	Middle Initial:
Date of Birth:	Last 4 Digits of the Social So	ecurity Number:
Section II		16
Name of Venue: Bauch 1	196 - Gulford	Cartral chool VI
Street Address: Juliand 7	City: Bainb	Moglo State: Zip Code:
CTLE Activity Title: (Indicate title	e/subject/grade level, etc.)	
Select One or More Areas of Activity:	Pedagogy Conte	nt English Language Learning
CTLE Date(s): from: 3/17/2 (mm) (dd) (yyyy	3 to 3 17 Z3 (mm) (dd) (yyyy)	Number of hours awarded
Section III		
I certify that the individual listed in Section Regulations of the Commissioner of Educa		e pursuant to Subpart 80-6 of the
Approved Sponsor Name:	nbrogg-6	wilford Central du
Print Name of Authorized Certifying Office	ir fin othy &	kyan
Signature of Authorized Certifying Officer:	Donothy Kill	7
Approved Sponsor Identification Number:	2782 Date:	
Email: Tryano bogo	CS di arg Phone M	lumber: 607-967-632
(Rev. 06/2020)	/	

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Section II			
Name of Venue: Bainbridge-Guilford Central	School District		
Street Address: 18 Juliand Street	^{City:} Bainbridge	State: Zip Code: 13733	
CTLE Activity Title: <u>Faculty Mect</u>			
Select One or More Areas of Activity: Pedagogy Content English Language Learning			
CTLE Date(s): from: $\frac{4}{\text{(mm)}} \frac{12}{\text{(dd)}} \frac{23}{\text{(yyyy)}}$ to	$\frac{4}{\text{(mm)}} \frac{12}{\text{(dd)}} \frac{23}{\text{(yyyy)}}$ Number of	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 S	Subpart 80-6 of the	
Approved Sponsor Name: Bainbridge-Guilford	Central School District		
Approved sponsor reunic.			
	ethy R. Ryan, Superintendent		
	X ;		
Print Name of Authorized Certifying Officer :	othy R. Ryan, Superintendent	Date: 6/30/23	

THE STATE EDUCATION DEPARTMENT

Office of Teaching Initiatives 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, or an alternative form/format that captures the same information that is requested on this form, in addition to any electronic reporting requirements.

Instructions for the Trainee:

Please complete Section I and retain your copy for at least three years from the end of the registration period in which you completed the CTLE. It is not necessary to send a copy of this form to the Office of Teaching Initiatives unless it is requested by the State Education Department 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>

Section I			
First Name:	Last Name:		Middle Initial:
Date of Birth://	Last 4 Digits of the Social S	Security Number:	
Section II		10	
Name of Venue: Bauch 13/9	el Gulford	Central de	hool Vik
Street Address Liliand STV	City: Bainb	Mogl State:	Zip Code: 33
CTLE Activity Title: State 4	9 Juence	Training &	CA 2-3
(Indicate title/subjection	ect/grade level, etc.)		7-17:
Select One or More Areas of Activity:	PedagogyConte	ent English Lar	nguage Learning
CTLE Date(s): from: $\frac{4}{(mm)}$ $\frac{21}{(dd)}$ $\frac{23}{(yyyy)}$	to 4 21 23 (yyyy)	Number of hours awa	orded <u>3</u>
Section III		The second secon	Manual Survey of the Survey of
I certify that the individual listed in Section I co		e pursuant to Subpart 80-	6 of the
Regulations of the Commissioner of Education		,010	() ()
Approved Sponsor Name:	bridge 6	viltorelle	ntrol de
Print Name of Authorized Certifying Officer:	Sim Sthyt	Ryan	
Signature of Authorized Certifying Officer:	2 nothy Kil	7	
Approved Sponsor Identification Number:	782 Date:		
Email: Tryang haci	olora Phone	Number: 607-91	07-632
(Rev. 06/2020)	. /		

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Section I			
First Name:	Last Name:		Middle Initial:
Date of Birth:	Last 4 Digits of the Socia	Il Security Number:	<u></u>
Section II	Secret Property of the Property of		16 -
Name of Venue: Buch 1) de	al-Guilfora	Central	hool VI
Street Address, Juliand Str	City: Bount	MOGL St	tate: Zip Code:
CTLE Activity Title: (Indicate title/sub	ject/grade level, etc.)	1 or Sel	Lool Budg
Select One or More Areas of Activity:	PedagogyCor	ntentEng	glish Language Learning
CTLE Date(s): from: $\frac{\sqrt{24}}{23}$	to <u>4</u> / <u>24</u> / <u>23</u>	Number of ho	urs awarded/
Section III			
I certify that the individual listed in Section I c Regulations of the Commissioner of Education		ove pursuant to Subj	part 80-6 of the
Approved Sponsor Name:	bridge 6	swiff are	1 Central de
Print Name of Authorized Certifying Officer	Sim othy	Poyan	
Signature of Authorized Certifying Officer:	2 nothy Ke	Ky 1	
Approved Sponsor Identification Number: 6	787 Date:		
Email: Tryang hace	Schora Phon	e Number: 607	1-967-632
(Rev. 06/2020)	. /		

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 Approved CTLE Sponsor:

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 Mt (Indicate title/subject/g	g - rade level, etc.)			
Select One or More Areas of Activity: Pedagogy Content English Language Learning				
CTLE Date(s): from: $5 / 10 / 23$ to $5 / 10 / 23$ Number of hours awarded				
(mm) (dd) (yyyy)	(mm) (dd) (yyyy)			
(mm) (dd) (yyyy) Section III	(mm) (dd) (yyyy)			
		Subpart 80	0-6 of the	
Section III I certify that the individual listed in Section I comp	pleted the CTLE cited above pursuant to S	Subpart 80	0-6 of the	
Section III I certify that the individual listed in Section I comp Regulations of the Commissioner of Education. Approved Sponsor Name: Bainbridge-Guilford	pleted the CTLE cited above pursuant to S	Subpart 80	0-6 of the	
Section III I certify that the individual listed in Section I comp Regulations of the Commissioner of Education. Approved Sponsor Name: Bainbridge-Guilford	oleted the CTLE cited above pursuant to s	Subpart 80	0-6 of the	
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	oleted the CTLE cited above pursuant to selected the CTLE cited above pursuant the CTLE cited above pu	Subpart 80	0-6 of the	

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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	^{City:} Bainbridge	State: Zip Code: 13733	
CTLE Activity Title: Faculty Mea	e Fing rade level, etc.)		
Select One or More Areas of Activity: Pedagogy Content English Language Learning			
CTLE Date(s): from: 6 14 123 to 6 14 123 Number of hours awarded 1			
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 Gentral School District			
Print Name of Authorized Certifying Officer: Timothy R. Ryan, Superintendent			
Signature of Authorized Certifying Officer:			
Approved Provider Identification Number: 2782		Date: 6/30/65	
Email: tryan@bgcsd.org	Phone #: 607-967-6	3321 /	