

2022-2023 Professional Development Schedule		Hrs
September	LINKS Presentation (9/6) Tech and School Safety LINKS Meeting (9/12)	6 2
October	LINKS Meeting (10/3) Faculty Meeting (10/12) 10/7 Conference Day: Technology (two hours) and required online trainings 10/19 Half Day Dept. meeting for SS (K-3/ 4-12) and Math (K-3/ 4-12)	2 1 6 3
November	LINKS Meeting (11/7) Faculty Meeting (11/2)	2 1
December	LINKS Meeting (12/5) Faculty Meeting (12/14)	2 1
January	LINKS Meeting (1/9) Faculty Meeting (1/11) Training Scheduled 1/27 District Wide Half Day Meeting for Science (PreK-12)	2 1 3
February	LINKS Meeting (2/6) Faculty Meeting (2/8)	2 1
March	LINKS Meeting (3/6) Faculty Meeting (3/8) Training Scheduled 3/8 Half Day Dept. meeting for SS (5-12) and Math (2-6) 3/17 Conference Day DEI and Health and Safety training	2 1 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 1
Summer	LINKS Meeting (reschedule to early in summer?) LINKS Summer Work Boces- Hosted by BG	

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

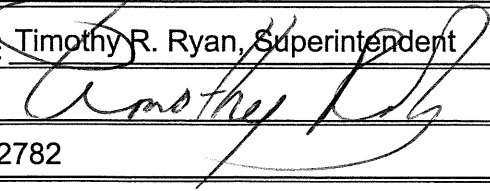
All CTLE must be completed with Approved Sponsors and be reported using this form in addition to any electronic reporting requirements.

Instructions for the Trainee:

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

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: <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 Days</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 _____ English Language Learning			
CTLE Date(s): from: <u>9/1/22</u> to <u>9/2/22</u>		Number of hours awarded <u>12</u>	
<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>6/30/23</u>	
Email: <u>tryan@bgcsd.org</u>		Phone #: <u>607-967-6321</u>	

The University of the State of New York
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.**

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: <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 Tech School Safety and Security</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>9/6/22</u> to <u>9/6/22</u>		Number of hours awarded <u>6</u>	
<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 P. Ryan</u>			
Signature of Authorized Certifying Officer: <u>[Signature]</u>			
Approved Sponsor Identification Number: <u>2782</u>		Date:	
Email: <u>tryane@gcscd.org</u>		Phone Number: <u>607-967-6321</u>	

The University of the State of New York
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.**

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: <u>Bainbridge-Gustford 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>Technology and required annual trainings</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 _____ English Language Learning				
CTLE Date(s): from: <u>10/7/22</u> to <u>10/7/22</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-Gustford 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:		
Email: <u>tryane@gcd.org</u>		Phone Number: <u>607-967-6321</u>		

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

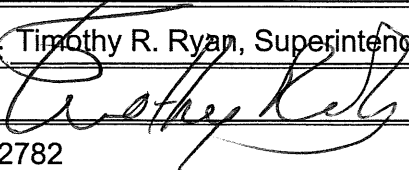
All CTLE must be completed with Approved Sponsors and be reported using this form in addition to any electronic reporting requirements.

Instructions for the Trainee:

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

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: <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>10 / 12 / 22</u> to <u>10 / 12 / 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			
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>6/30/23</u>	
Email: <u>tryan@bgcsd.org</u>		Phone #: <u>607-967-6321</u>	

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

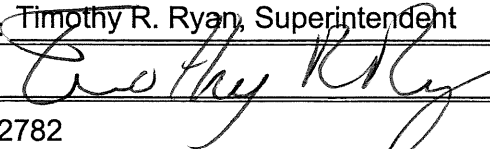
All CTLE must be completed with Approved Sponsors and be reported using this form in addition to any electronic reporting requirements.

Instructions for the Trainee:

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

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: <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 / 14 / 22</u> to <u>10 / 14 / 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>			
Signature of Authorized Certifying Officer: 			
Approved Provider Identification Number: <u>2782</u>		Date: <u>6/30/23</u>	
Email: <u>tryan@bgcsd.org</u>		Phone #: <u>607-967-6321</u>	

The University of the State of New York
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.**

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: <u>Bainbridge-Guilford Central School District</u>				
Street Address: <u>18 Juliard Str</u>		City: <u>Bainbridge</u>	State: <u>NY</u>	Zip Code: <u>13133</u>
CTLE Activity Title: <u>K-12 Dept. SS/Youth Training</u> <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: <u>10/19/22</u>		to: <u>10/19/22</u>		Number of hours awarded: <u>3</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>Donna Ryan</u>				
Signature of Authorized Certifying Officer: <u>Donna Ryan</u>				
Approved Sponsor Identification Number: <u>2782</u>			Date:	
Email: <u>tryane@bgcsd.org</u>			Phone Number: <u>607-967-6321</u>	

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

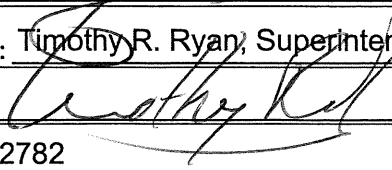
All CTLE must be completed with Approved Sponsors and be reported using this form in addition to any electronic reporting requirements.

Instructions for the Trainee:

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

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: <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>11 / 2 / 22</u> to <u>11 / 2 / 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>			
Signature of Authorized Certifying Officer: 			
Approved Provider Identification Number: <u>2782</u>		Date: <u>6/30/23</u>	
Email: <u>tryan@bgcsd.org</u>		Phone #: <u>607-967-6321</u>	

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

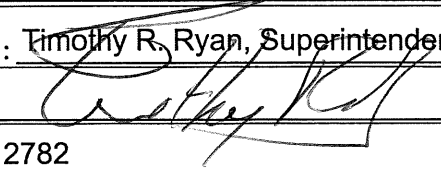
All CTLE must be completed with Approved Sponsors and be reported using this form in addition to any electronic reporting requirements.

Instructions for the Trainee:

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

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: <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: _____ Pedagogy _____ Content _____ English Language Learning			
CTLE Date(s): from: <u>1 / 11 / 23</u> to <u>1 / 11 / 23</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			
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>6/30/23</u>	
Email: <u>tryan@bgcsd.org</u>		Phone #: <u>607-967-6321</u>	

The University of the State of New York
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.**

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: <u>Bainbridge-Guilford Central School District</u>			
Street Address:	City:	State:	Zip Code:
<u>18 Tuliard Str.</u>	<u>Bainbridge</u>	<u>NY</u>	<u>13133</u>
CTLE Activity Title: <u>Science PreK-12 Standards</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>1/27/23</u> to: <u>1/27/23</u>		Number of hours awarded: <u>3</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 P. Ryan</u>			
Signature of Authorized Certifying Officer: <u>[Signature]</u>			
Approved Sponsor Identification Number: <u>2782</u>		Date:	
Email: <u>tryane@gcscd.org</u>		Phone Number: <u>607-967-6321</u>	

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

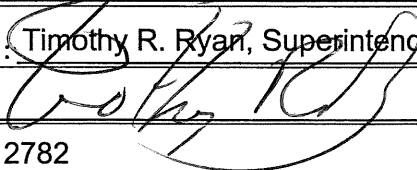
All CTLE must be completed with Approved Sponsors and be reported using this form in addition to any electronic reporting requirements.

Instructions for the Trainee:

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

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: <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 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>2/8/23</u> to <u>2/8/23</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>			
Signature of Authorized Certifying Officer: 			
Approved Provider Identification Number: <u>2782</u>		Date: <u>6/30/23</u>	
Email: <u>tryan@bgcsd.org</u>		Phone #: <u>607-967-6321</u>	

The University of the State of New York
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.**

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: <u>Bainbridge-Guilford Central School District</u>				
Street Address: <u>18 Juliard Str</u>	City: <u>Bainbridge</u>	State: <u>NY</u>	Zip Code: <u>13133</u>	
CTLE Activity Title: <u>SS 5-12 Dept Training, Math 2-6</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>3/8/23</u> to <u>3/8/23</u> <small>(mm) (dd) (yyyy) (mm) (dd) (yyyy)</small>			Number of hours awarded <u>3</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 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>		

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

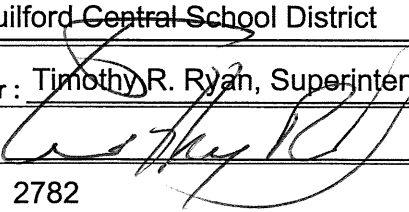
All CTLE must be completed with Approved Sponsors and be reported using this form in addition to any electronic reporting requirements.

Instructions for the Trainee:

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

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: <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 _____ English Language Learning			
CTLE Date(s): from: <u>3/8/23</u> to <u>3/8/23</u>		Number of hours awarded <u>1</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>6/30/23</u>	
Email: <u>tryan@bgcsd.org</u>		Phone #: <u>607-967-6321</u>	

The University of the State of New York
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.**

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: <u>Bainbridge-Guilford Central School District</u>			
Street Address:	City:	State:	Zip Code:
<u>18 Tuleard Str</u>	<u>Bainbridge</u>	<u>NY</u>	<u>13733</u>
CTLE Activity Title: <u>VAPE and DEI</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>3/17/23</u> to: <u>3/17/23</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 P. Ryan</u>			
Signature of Authorized Certifying Officer: <u>[Signature]</u>			
Approved Sponsor Identification Number: <u>2782</u>		Date:	
Email: <u>tryane@gcisd.org</u>		Phone Number: <u>607-967-6321</u>	

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

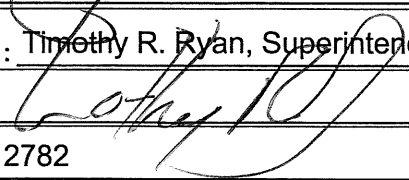
All CTLE must be completed with Approved Sponsors and be reported using this form in addition to any electronic reporting requirements.

Instructions for the Trainee:

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

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: <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 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>4/12/23</u> to <u>4/12/23</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>6/30/23</u>	
Email: <u>tryan@bgcsd.org</u>		Phone #: <u>607-967-6321</u>	

The University of the State of New York
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.**

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: <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>Grade 4-9 Science Training, ELA 2-3 LETRS</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>4/21/23</u> to: <u>4/21/23</u>		Number of hours awarded: <u>3</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 P. Ryan</u>	
Signature of Authorized Certifying Officer: <u>[Signature]</u>	
Approved Sponsor Identification Number: <u>2782</u>	Date:
Email: <u>tryane@gcscd.org</u>	Phone Number: <u>607-967-6321</u>

The University of the State of New York
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.**

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: <i>Bainbridge-Guilford Central School District</i>			
Street Address:	City:	State:	Zip Code:
<i>18 Tuleard Str</i>	<i>Bainbridge</i>	<i>NY</i>	<i>13733</i>
CTLE Activity Title: <i>Superintendent hour on School Budget</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>4/24/23</i> to <i>4/24/23</i>		Number of hours awarded <i>1</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>[Signature]</i>			
Approved Sponsor Identification Number: <i>2782</i>		Date:	
Email: <i>tryane@gcscd.org</i>		Phone Number: <i>607-967-6321</i>	

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

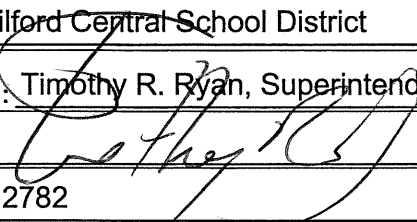
All CTLE must be completed with Approved Sponsors and be reported using this form in addition to any electronic reporting requirements.

Instructions for the Trainee:

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

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: <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>5/10/23</u> to <u>5/10/23</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>6/30/23</u>	
Email: <u>tryan@bgcsd.org</u>		Phone #: <u>607-967-6321</u>	

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

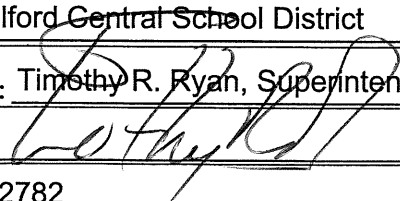
All CTLE must be completed with Approved Sponsors and be reported using this form in addition to any electronic reporting requirements.

Instructions for the Trainee:

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

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: <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 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>6/14/23</u> to <u>6/14/23</u>		Number of hours awarded <u>1</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>6/30/23</u>	
Email: <u>tryan@bgcsd.org</u>		Phone #: <u>607-967-6321</u>	