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.

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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 | Bainbridge | State: Zip Code: 13733 |
| CTLE Activity Title: (Indicate title/subject/gr | final pec Ed I. | EP meeting |
| Select One or More Areas of Activity: Pe | edagogyContent | English Language Learning |
| CTLE Date(s): from: $8 / 31 / 2023$ to | $\frac{8}{\text{(mm)}} \frac{31}{\text{(dd)}} \frac{2023}{\text{(yyyy)}}$ Number of | hours awarded |
| Section III | | |
| I certify that the individual listed in Section I comp Regulations of the Commissioner of Education. | leted the CTLE cited above pursuant to S | ubpart 80-6 of the |
| Approved Sponsor Name: Bainbridge-Guilford | Central School District | |
| Print Name of Authorized Certifying Officer: Time | othy R. Ryan, Superintendent | |
| Signature of Authorized Certifying Officer: | mokes Ky | 111 |
| Approved Provider Identification Number: 2782 | | Pate: 7/18/24 |
| Email: tryan@bgcsd.org | Phone #: 607-967-6 | 321 / |

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| Section I: | | |
|---|--|--------------------------|
| First Name: | Last Name: | Middle Initial: |
| Date of Birth:// | Last 4 Digits of the Social Security Number: | |
| Section II | | |
| Name of Venue: Bainbridge-Guilford Central | School District | |
| Street Address: 18 Juliand Street | Bainbridge | State: Zip Code: 13732 |
| CTLE Activity Title: (Indicate title/subject/gr | Strategie Plan, | Student for |
| Select One or More Areas of Activity: Pe | edagogy Content Er | nglish Language Learning |
| CTLE Date(s): from: $\frac{9}{(mm)} \frac{5}{(dd)} \frac{2023}{(yyyy)}$ to | $\frac{9}{\text{(mm)}}$ $\frac{5}{\text{(dd)}}$ $\frac{2023}{\text{(yyyy)}}$ Number of h | ours awarded |
| Section III | | |
| I certify that the individual listed in Section I comp Regulations of the Commissioner of Education. | leted the CTLE cited above pursuant to Su | bpart 80-6 of the |
| Approved Sponsor Name: Bainbridge-Guilford | Central School District | |
| Print Name of Authorized Certifying Officer : Time | othy R. Ryan, Superintendent | |
| Signature of Authorized Certifying Officer: | notaer Kill | 1 1 1 |
| | | |
| Approved Provider Identification Number: 2782 | Dat Date | te: 7/18/24 |

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| Section I: | | | |
|--|--|------------------------|--|
| First Name: | Last Name: | Middle Initial: | |
| Date of Birth: | Last 4 Digits of the Social Security Number: | | |
| Section II | | | |
| Name of Venue: Bainbridge-Guilford Central S | School District | | |
| Street Address: 18 Juliand Street | ^{city:} Bainbridge | State: Zip Code: 13733 | |
| CTLE Activity Title: | l frauming d | Welgones | |
| Select One or More Areas of Activity: Pedagogy Content English Language Learning | | | |
| CTLE Date(s): from: $10 \cdot 6 \cdot 12023$ to $10 \cdot 6 \cdot 12023$ Number of hours awarded $0 \cdot 12023$ | | | |
| Section III | | | |
| I certify that the individual listed in Section I comp Regulations of the Commissioner of Education. | leted the CTLE cited above pursuant to S | ubpart 80-6 of the | |
| Approved Sponsor Name: Bainbridge-Guilford | Central School District | | |
| Print Name of Authorized Certifying Officer: Timothy R. Ryan, Superintendent | | | |
| Signature of Authorized Certifying Officer: | Dothul US | 1 1 | |
| Approved Provider Identification Number: 2782 | D | Pate: 7//8/24 | |
| Email: tryan@bgcsd.org | Phone #: 607-967-6 | 321 / / | |

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| Last Name: | mente de Scordin de Angles | Middle Initial: |
|---|---|---|
| Last 4 Digits of the Social Security Number | | |
| | | |
| School District | | |
| ^{City:} Bainbridge | State: NY | Zip Code: 13733 |
| SSNUMPD on St | 5/1 | raining |
| edagogy Content | English La | nguage Learning |
| 3 15 12023 Number of (mm) (dd) (yyyy) | hours awa | arded |
| | | |
| leted the CTLE cited above pursuant to S | Subpart 80 | -6 of the |
| Central School District | | |
| othy R. Ryan, Superintendent | | |
| My Kly | | |
| |) ate: <u>7</u> / | 18/24 |
| Phone #: 607-967-6 | 321 / | |
| | Last 4 Digits of the Social Security Number School District City: Bainbridge Content Content Number of (mm) (dd) (yyyy) Detect the CTLE cited above pursuant to School District Othy R. Ryan, Superintendent | Last 4 Digits of the Social Security Number: School District City: Bainbridge State: NY Adagogy Content English Lai Mumber of hours awa (mm) (dd) (vyyy) Detect the CTLE cited above pursuant to Subpart 80 Central School District |

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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: Bainbridge-Guilford Central | School District | | |
| Street Address: 18 Juliand Street | ^{City:} Bainbridge | State: Zip Code: 13733 | |
| CTLE Activity Title: Faculty (Indicate title/subject/gr | Meeting PK-12 | | |
| Select One or More Areas of Activity: Pedagogy Content English Language Learning | | | |
| CTLE Date(s): from: $\underbrace{D}_{\text{(mm)}}\underbrace{J}_{\text{(dd)}}\underbrace{J}_{\text{(yyyy)}}\underbrace{J}_{\text{(yyyy)}}$ to | $\frac{10}{\text{(mm)}} \frac{11}{\text{(dd)}} \frac{203}{\text{(yyyy)}}$ Number of | hours awarded | |
| Section III | | | |
| I certify that the individual listed in Section I comp Regulations of the Commissioner of Education. | leted the CTLE cited above pursuant to S | Subpart 80-6 of the | |
| Approved Sponsor Name: Bainbridge-Guilford | Central School District | | |
| Print Name of Authorized Certifying Officer : Time | othy R. Ryan, Superintendent | | |
| Signature of Authorized Certifying Officer: | nother Kell | 111 | |
| Approved Provider Identification Number: 2782 | | Date: 7/18/24 | |
| Email: tryan@bgcsd.org | Phone #: 607-967-6 | 321 / / | |

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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: Bainbridge-Guilford Central | School District | | |
| Street Address: 18 Juliand Street | ^{city:} Bainbridge | State: Zip Code: 13733 | |
| CTLE Activity Title: Faculty M (Indicate title/subject/gr | ecting PK-12 rade level, etcl | | |
| Select One or More Areas of Activity: Pedagogy Content English Language Learning | | | |
| CTLE Date(s): from: $\frac{11}{(mm)} \frac{1}{(dd)} \frac{2023}{(yyyy)}$ to | <u>// / / / 2023</u> Number of (mm) (dd) (yyyy) | f hours awarded/ | |
| Section III | | | |
| I certify that the individual listed in Section I comp Regulations of the Commissioner of Education. | eleted the CTLE cited above pursuant to | Subpart 80-6 of the | |
| Approved Sponsor Name: Bainbridge-Guilford | Central School District | | |
| Print Name of Authorized Certifying Officer : | The state of the s | | |
| Signature of Authorized Certifying Officer: | wheel ! | | |
| Approved Provider Identification Number: 2782 | | Date: 7/18/2/4 | |
| Email: tryan@bgcsd.org | Phone #: 607-967-6 | 5321 | |

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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 / (Indicate title/subject/gr | Mecting PK-12 rade level, etc.) | | |
| Select One or More Areas of Activity: Pe | edagogy Content | English Language Learning | |
| CTLE Date(s): from: $\frac{12}{\text{(mm)}} \frac{13}{\text{(dd)}} \frac{12023}{\text{(yyyy)}}$ to $\frac{12}{\text{(mm)}} \frac{13}{\text{(dd)}} \frac{12023}{\text{(yyyy)}}$ Number of hours awarded $\frac{1}{\text{(mm)}} \frac{1}{\text{(dd)}} \frac{1}{\text{(yyyy)}}$ | | | |
| Section III | | | |
| I certify that the individual listed in Section I comp Regulations of the Commissioner of Education. | leted the CTLE cited above pursuant to S | Subpart 80-6 of the | |
| Approved Sponsor Name: Bainbridge-Guilford | Central School District | | |
| Print Name of Authorized Certifying Officer : Time | othy R. Ryan, Superintendent | | |
| Signature of Authorized Certifying Officer: | Lother W | 111 | |
| Approved Provider Identification Number: 2782 | | Date: 7/18/24 | |
| Email: tryan@bgcsd.org | Phone #: 607-967-6 | 3321 | |
| (Rev. 06/2016) | | | |

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| Section I: | | |
|---|---|---------------------------|
| First Name: | Last Name: | Middle Initial: |
| Date of Birth: | Last 4 Digits of the Social Security Number | |
| Section II | | |
| Name of Venue: Bainbridge-Guilford Central | School District | |
| Street Address: 18 Juliand Street | ^{City:} Bainbridge | State: Zip Code: 13733 |
| CTLE Activity Title: Faculty 1 (Indicate title/subject/gr | Mecting PK-12 rade level, etc.) | |
| Select One or More Areas of Activity:Pe | edagogy Content | English Language Learning |
| CTLE Date(s): from: $\frac{1}{\text{(mm)}} \frac{10}{\text{(dd)}} \frac{2024}{\text{(yyyy)}}$ to | 1 10 20H Number of | hours awarded |
| Section III | | |
| I certify that the individual listed in Section I comp Regulations of the Commissioner of Education. | leted the CTLE cited above pursuant to S | Subpart 80-6 of the |
| Approved Sponsor Name: Bainbridge-Guilford | Central School District | |
| Print Name of Authorized Certifying Officer: Time | othy R. Ryan, Superintendent | |
| Signature of Authorized Certifying Officer: | ohy KI | -1/1 |
| Approved Provider Identification Number: 2782 | | Date: <u>7/8/24</u> |
| Email: tryan@bgcsd.org | Phone #: 607-967-6 | 321 / / |

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| Section I: | | | |
|---|--|--------------|-----------------|
| First Name: | Last Name: | | Middle Initial: |
| Date of Birth: | Last 4 Digits of the Social Security Number: | <u> </u> | <u> </u> |
| | | | |
| 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: <u>Faculty</u> Mc | ecting PK-12 | | : |
| Select One or More Areas of Activity: Pedagogy Content English Language Learning | | | |
| CTLE Date(s): from: $\frac{2}{(mm)}\frac{14}{(dd)}\frac{2024}{(yyyy)}$ to $\frac{2}{(mm)}\frac{14}{(dd)}\frac{2024}{(yyyy)}$ Number of hours awarded $\frac{1}{(mm)}\frac{1}{(dd)}\frac{1}{(yyyy)}$ | | | |
| Section III | | | |
| I certify that the individual listed in Section I comp Regulations of the Commissioner of Education. | leted the CTLE cited above pursuant to S | Subpart 80 | -6 of the |
| Approved Sponsor Name: Bainbridge-Guilford | Central School District | | |
| Print Name of Authorized Certifying Officer : Tip | othy R. Ryan, Superintendent | | |
| Signature of Authorized Certifying Officer: | ophy XI | | 111 |
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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: Facuty MC | ecting PK-12 rade level, etd.) | |
| Select One or More Areas of Activity: Pe | edagogy Content | English Language Learning |
| CTLE Date(s): from: $\frac{3}{(mm)} \frac{13}{(dd)} \frac{2024}{(yyyy)}$ to | 3 13 2004 Number of (mm) (dd) (yyyy) | f hours awarded/ |
| Section III | | |
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| Approved Sponsor Name: Bainbridge-Guilford | Central School District | |
| Print Name of Authorized Certifying Officer. Time | othy R. Ryan, Superintendent | |
| Signature of Authorized Certifying Officer: | other KI | 11 |
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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: Bainbridge-Guilford Central S | School District | |
| Street Address: 18 Juliand Street | ^{City:} Bainbridge | State: Zip Code: 13733 |
| CTLE Activity Title: Faculty Med (Indicate title/subject/gr | rade level/etc.) | |
| Select One or More Areas of Activity: Pe | edagogyContent | English Language Learning |
| CTLE Date(s): from: $\frac{4}{\text{(mm)}} \frac{10}{\text{(dd)}} \frac{2024}{\text{(yyyy)}}$ to | $\frac{4}{\text{(mm)}} \frac{10}{\text{(dd)}} \frac{2024}{\text{(yyyy)}}$ Number of | hours awarded/ |
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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: Bainbridge-Guilford Central | School District | | |
| Street Address: 18 Juliand Street | ^{City:} Bainbridge | State: 7 | Zip Code: 13733 |
| CTLE Activity Title: Faculty Med. (Indicate title/subject/gr | Hing PK-12 rade level, etc.) | | |
| Select One or More Areas of Activity: Pedagogy Content English Language Learning | | | |
| CTLE Date(s): from: $5 / 8 / 2024$ to | 5 8 13094 Number of | hours awar | ded/ |
| Section III | | | |
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| Print Name of Authorized Certifying Officer : Tiph | othy R. Ryan, Superintendent | | |
| Signature of Authorized Certifying Officer: | streft () | | |
| Approved Provider Identification Number: 2782 | D | Date: 7 | 118/24 |
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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: Bainbridge-Guilford Central School District | | | |
| Street Address: 18 Juliand Street | ^{City:} Bainbridge | State: NY | Zip Code: 13733 |
| CTLE Activity Title: Facility Meeting PK-12 (Indicate title/subject/grade_level, etc.) | | | |
| Select One or More Areas of Activity: Pedagogy Content English Language Learning | | | |
| CTLE Date(s): from: 6 12 12024 to 6 12 12 12024 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 Central School District | | | |
| Print Name of Authorized Certifying Officer: Timothy R. Ryan, Superintendent | | | |
| Signature of Authorized Certifying Officer: | | | |
| Approved Provider Identification Number: 2782 Date: 7/18/29 | | | |
| Email: tryan@bgcsd.org | Phone #: 607-967-6321 | | |