

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.**

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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>DAT Meetings per Ed IEP meetings</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>8/31/2023</u>		to: <u>8/31/2023</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>				
Signature of Authorized Certifying Officer: <u>[Signature]</u>				
Approved Provider Identification Number: <u>2782</u>		Date: <u>7/18/24</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: Bainbridge-Guilford Central School District					
Street Address: 18 Juliard Street		City: Bainbridge		State: NY	Zip Code: 13733
CTLE Activity Title: <i>Prof. Dev on Strategic Plan, Student Panel</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: <u>9/5/2023</u> to <u>9/5/2023</u> <small>(mm) (dd) (yyyy) (mm) (dd) (yyyy)</small>				Number of hours awarded <u>6</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.					
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Print Name of Authorized Certifying Officer: Timothy R. Ryan, Superintendent					
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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 Juliard Street		City: Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: <i>Strategic training/development</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: 10/6/2023		to: 10/6/2023		Number of hours awarded: 6
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>		
Section III				
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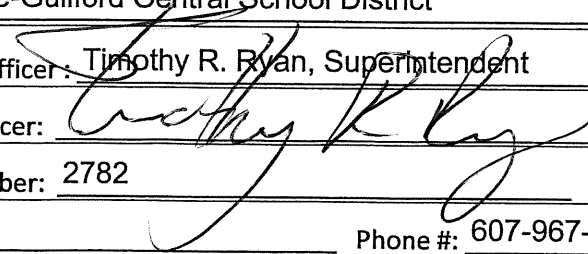
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Date of Birth: / /		Last 4 Digits of the Social Security Number:			
Section II					
Name of Venue: Bainbridge-Guilford Central School District					
Street Address: 18 Juliand Street		City: Bainbridge		State: NY	Zip Code: 13733
CTLE Activity Title: <u>Threat Assessment/PO on SEL training</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>3/15/2023</u> to <u>3/15/2023</u> Number of hours awarded <u>6</u> <small>(mm) (dd) (yyyy) (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.					
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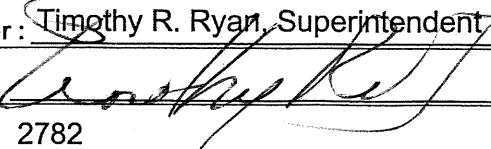
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Date of Birth: / /		Last 4 Digits of the Social Security Number:		
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Street Address: 18 Juliand Street		City: Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: <u>Faculty Meeting PK-12</u> <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</u> / <u>11</u> / <u>2023</u> to <u>10</u> / <u>11</u> / <u>2023</u> Number of hours awarded <u>1</u> <small>(mm) (dd) (yyyy) (mm) (dd) (yyyy)</small>				
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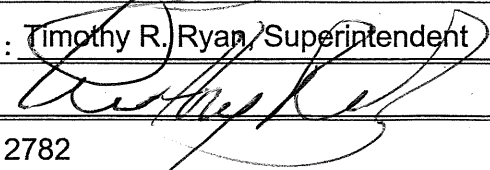
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Street Address: 18 Juliand Street		City: Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: <u>Faculty Meeting PK-12</u> <small>(Indicate title/subject/grade level, etc.)</small>				
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning				
CTLE Date(s): from: <u>11</u> / <u>1</u> / <u>2023</u> to <u>11</u> / <u>1</u> / <u>2023</u> Number of hours awarded <u>1</u> <small>(mm) (dd) (yyyy) (mm) (dd) (yyyy)</small>				
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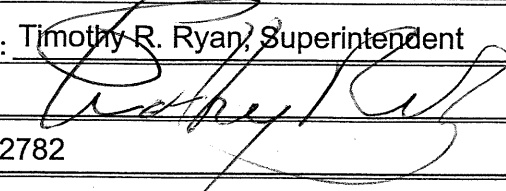
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Street Address: 18 Juliand Street		City: Bainbridge		State: NY	Zip Code: 13733
CTLE Activity Title: <u>Faculty Meeting PK-12</u> <small>(Indicate title/subject/grade level, etc.)</small>					
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input type="checkbox"/> Content <input type="checkbox"/> English Language Learning					
CTLE Date(s): from: <u>12/13/2023</u> to <u>12/13/2023</u> <small>(mm) (dd) (yyyy) (mm) (dd) (yyyy)</small>				Number of hours awarded <u>1</u>	
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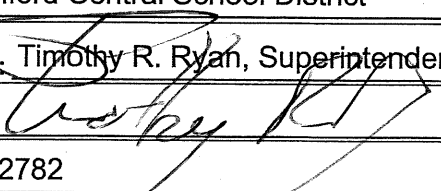
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Section II					
Name of Venue: Bainbridge-Guilford Central School District					
Street Address: 18 Juliand Street		City: Bainbridge		State: NY	Zip Code: 13733
CTLE Activity Title: <u>Faculty Meeting PK-12</u> (Indicate title/subject/grade level, etc.)					
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>1/10/2024</u> to <u>1/10/2024</u> Number of hours awarded <u>1</u> (mm) (dd) (yyyy) (mm) (dd) (yyyy)					
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Print Name of Authorized Certifying Officer: Timothy R. Ryan, Superintendent					
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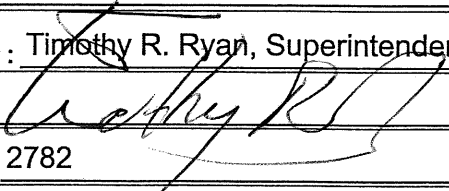
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Street Address: 18 Juliand Street		City: Bainbridge		State: NY	Zip Code: 13733
CTLE Activity Title: <u>Faculty Meeting PK-12</u> <small>(Indicate title/subject/grade level, etc.)</small>					
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning					
CTLE Date(s): from: <u>2/14/2024</u> to <u>2/14/2024</u> Number of hours awarded <u>1</u> <small>(mm) (dd) (yyyy) (mm) (dd) (yyyy)</small>					
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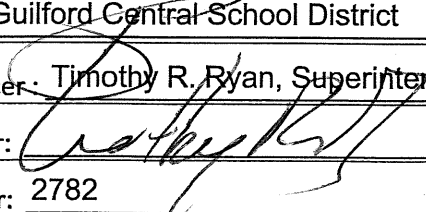
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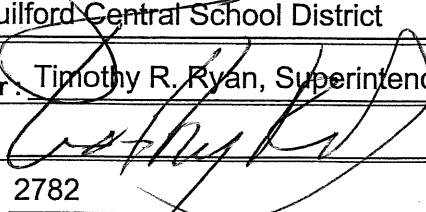
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Signature of Authorized Certifying Officer: 			
Approved Provider Identification Number: 2782		Date: <u>7/18/24</u>	
Email: <u>tryan@bgcsd.org</u>		Phone #: <u>607-967-6321</u>	

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

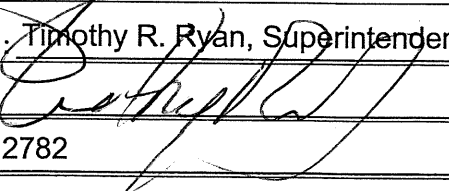
All CTLE must be completed with Approved Sponsors and be reported using this form in addition to any electronic reporting requirements.

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: Bainbridge-Guilford Central School District					
Street Address: 18 Juliand Street		City: Bainbridge		State: NY	Zip Code: 13733
CTLE Activity Title: <u>Faculty Meeting PK-12</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>5/8/2024</u> to <u>5/8/2024</u> Number of hours awarded <u>1</u> <div style="display: flex; justify-content: space-around; font-size: small;"><div>(mm) (dd) (yyyy)</div><div>(mm) (dd) (yyyy)</div></div>					
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: <u>7/18/24</u>	
Email: <u>tryan@bgcsd.org</u>				Phone #: <u>607-967-6321</u>	

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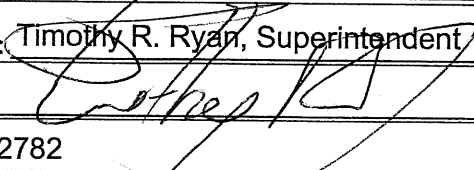
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Instructions for the Trainee:

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: Bainbridge-Guilford Central School District					
Street Address: 18 Juliand Street		City: Bainbridge		State: NY	Zip Code: 13733
CTLE Activity Title: <u>Faculty Meeting PK-12</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>6/12/2024</u> to <u>6/12/2024</u> Number of hours awarded <u>1</u> <small>(mm) (dd) (yyyy) (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: Bainbridge-Guilford Central School District					
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>7/18/24</u>					
Email: <u>tryan@bgcsd.org</u> Phone #: <u>607-967-6321</u>					