

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](http://www.highered.nysed.gov/tcert)

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

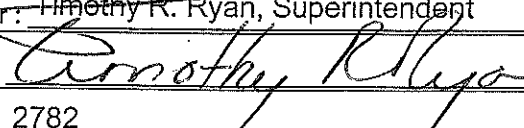
All CTLE must be completed with Approved Sponsors and be reported using this form in addition to any electronic reporting requirements.

Instructions for the Trainee:

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<b>Section I:</b>			
First Name:	Last Name:	Middle Initial:	
Date of Birth:	Last 4 Digits of the Social Security Number:		
<b>Section II:</b>			
Name of Venue: Bainbridge-Guilford Central School District			
Street Address:	City:	State:	Zip Code:
18 Juliard Street	Bainbridge	NY	13733
CTLE Activity Title: <u>Teacher 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 <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>9 / 4 / 2018</u> to: <u>9 / 5 / 2018</u>		Number of hours awarded <u>12</u>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
<b>Section III:</b>			
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>12/5/18</u>	
Email: <u>tryan@bgcsd.org</u>		Phone #: <u>607-967-6321</u>	

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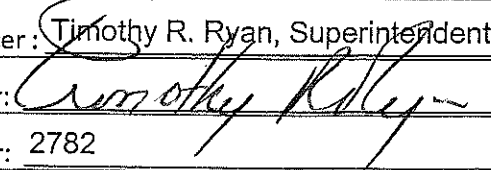
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<b>Section I:</b>			
First Name:	Last Name:	Middle Initial:	
Date of Birth:	Last 4 Digits of the Social Security Number:		
<b>Section II:</b>			
Name of Venue: Bainbridge-Guilford Central School District			
Street Address:	City:	State:	Zip Code:
18 Juliand Street	Bainbridge	NY	13733
CTLE Activity Title: <u>September 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:		Number of hours awarded	
9 / 12 / 18 <small>(mm) (dd) (yyyy)</small>		1	
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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: 12/5/18	
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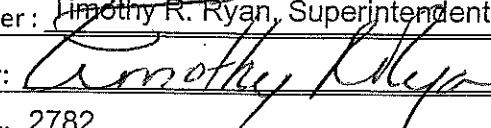
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First Name:	Last Name:	Middle Initial:	
Date of Birth:	Last 4 Digits of the Social Security Number:		
<b>Section II:</b>			
Name of Venue: Bainbridge-Guilford Central School District			
Street Address:	City:	State:	Zip Code:
18 Juliard Street	Bainbridge	NY	13733
CTLE Activity Title: Curriculum Alignment AM/Technology PD PM <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:		Number of hours awarded	
10 / 5 / 18 <small>(mm) (dd) (yyyy)</small>		6	
to:			
10 / 5 / 18 <small>(mm) (dd) (yyyy)</small>			
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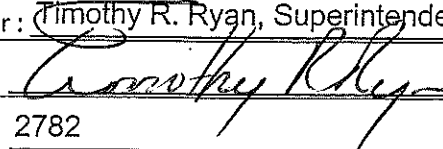
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Date of Birth:     /     /		Middle Initial:	
Last 4 Digits of the Social Security Number:			
<b>Section II</b>			
Name of Venue: Bainbridge-Guilford Central School District			
Street Address: 18 Juliard Street		City: Bainbridge	State: NY
		Zip Code: 13733	
CTLE Activity Title: <u>October 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 / 10 / 18</u> to <u>10 / 10 / 18</u>		Number of hours awarded <u>1</u>	
		<small>(mm) (dd) (yyyy)     (mm) (dd) (yyyy)</small>	
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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>12/15/18</u>	
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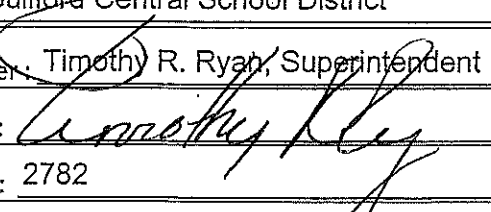
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First Name:	Last Name:	Middle Initial:	
Date of Birth:	Last 4 Digits of the Social Security Number:		
<b>Section II:</b>			
Name of Venue: <u>Bainbridge-Guilford Central School District</u>			
Street Address:	City:	State:	Zip Code:
<u>18 Juliand Street</u>	<u>Bainbridge</u>	<u>NY</u>	<u>13733</u>
CTLE Activity Title: <u>November Faculty Mtg. District Wide - SEL PD</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 / 28 / 18</u> to: <u>11 / 28 / 18</u>		Number of hours awarded: <u>1</u>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
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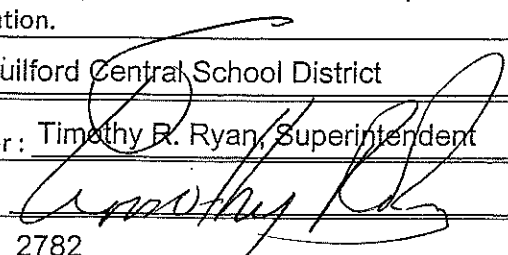
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Date of Birth: _____/_____/_____	Last 4 Digits of the Social Security Number: _____		
<b>Section II:</b>			
Name of Venue: Bainbridge-Guilford Central School District			
Street Address: 18 Juliand Street	City: Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: <u>December 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>12/12/2018</u> to <u>12/12/2018</u>		Number of hours awarded <u>1</u>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
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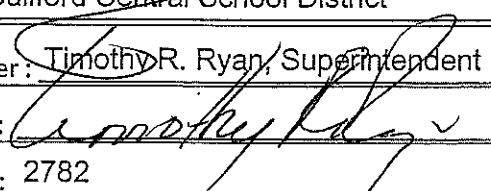
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Date of Birth:     /     /		Middle Initial:	
Last 4 Digits of the Social Security Number:			
<b>Section II:</b>			
Name of Venue: Bainbridge-Guilford Central School District			
Street Address: 18 Juliand Street		City: Bainbridge	State: NY
		Zip Code: 13733	
CTLE Activity Title: <u>January 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>1/9/19</u> to <u>1/9/19</u>		Number of hours awarded <u>1</u>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
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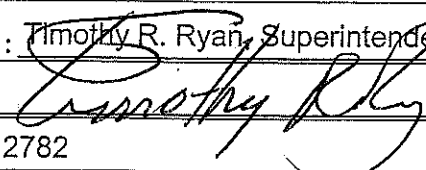
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Last 4 Digits of the Social Security Number:			
<b>Section II:</b>			
Name of Venue: <u>Bainbridge-Guilford Central School District</u>			
Street Address: <u>18 Juliard Street</u>		City: <u>Bainbridge</u>	State: <u>NY</u> Zip Code: <u>13733</u>
CTLE Activity Title: <u>Staff Professional Development Day</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s):   from: <u>1/24/19</u> to: <u>1/24/19</u>		Number of hours awarded <u>6</u>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
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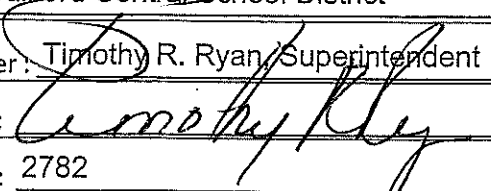
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First Name:	Last Name:	Middle Initial:	
Date of Birth: ____/____/____	Last 4 Digits of the Social Security Number:		
<b>Section II:</b>			
Name of Venue: Bainbridge-Guilford Central School District			
Street Address: 18 Juliard Street	City: Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: February District Wide Faculty mtg Tech PD <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: 2/13/19 to 2/13/19 <small>(mm) (dd) (yyyy) (mm) (dd) (yyyy)</small>		Number of hours awarded: 1	
<b>Section III:</b>			
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