PHYSICIAN VERIFICATION FORM

Educators may request an adjustment, in terms of clock hours and/or the time for completing CTLE, if they were unable to complete the required CTLE during their registration period for good cause. Good cause includes any of the following reasons: poor health certified by a health care provider, extended active duty in the Armed Forces, or other reason acceptable to the Department.

Educators should send a request for an adjustment in terms of clock hours and/or the time for completing CTLE in an email to ctle@nysed.gov with a brief description of the good cause situation. Please indicate "Adjustment" in the subject line of the email.

Instructions for Completing this Form

You must complete Section I with your information as it appears on your TEACH account. If you were the caregiver for an individual with poor health, complete Section II as well. Then, give the form to your Physician to complete Section III in its entirety. This form must be submitted directly to CTLE@nysed.gov for review.

Section I: Educator information.		
☐ I am requesting an adjustment for my own poor health condition.		
First Name:		Last Name:
Date of Birth:____/_____/_____(mm/dd/yyyy)	**OR**	Last 4 Digits of Social Security Number:

Section II: Patient (other than educator) information.	
☐ I am the caregiver for the following individual.	
First Name:	Last Name:
Date of Birth:____/_____/_____(mm/dd/yyyy)	

Section III: To be completed and signed by the treating Physician.
Physician Name:
Physician License Number:
The patient's medical condition or injury has impeded their own/or their caregiver's ability to complete Continuing Teacher and Leader Education (CTLE) From:_____/_____/_____through:_____/_____/_____(mm/dd/yyyy)
I affirm that I am the Physician for the above listed patient and that the information provided is accurate and true. Physician - Print Name: _____ Physician - Signature: _____ _____ /_____/_____Date (mm/dd/yyyy) Physician Address: _____ Physician Phone: _____