

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:			
Street Address:	City:	State:	Zip Code:
CTLE Activity Title: _____ <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: _____ Pedagogy _____ Content _____ English Language Learning			
CTLE Date(s): from: ____/____/____ <small>(mm) (dd) (yyyy)</small>		to ____/____/____ <small>(mm) (dd) (yyyy)</small> Number of hours awarded _____	
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:			
Print Name of Authorized Certifying Officer :			
Signature of Authorized Certifying Officer:			
Approved Sponsor Identification Number:		Date:	
Email:		Phone Number:	