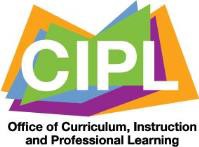
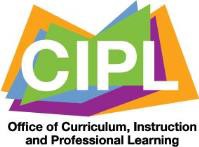
******Completion of Approved Continuing Teacher and Leader Education (CTLE) Hour(s) Certificate**

Instructions for the Trainee:

Please complete Sections I and II. Retain your copy 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.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section I:** | | | | |
| First Name: | Last Name: | | | Middle Initial: |
| Date of Birth:  / / | Last 4 Digits of the Social Security Number: | DOE File Number: | | |
| **Section II** | | | | |
| Name of Venue: | | | | |
| Street Address: | City: | | State: | Zip Code: |
| CTLE Activity Title:  (Indicate title/subject/grade level, etc.) | | | | |
| Select One or More Areas of Activity: X Pedagogy X Content English Language Learning | | | | |
| CTLE Date(s): from: / / to / /\_ **Number of hours awarded**  (mm) (dd) (yyyy) (mm) (dd) (yyyy) | | | | |
| **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: NYC Department of Education | | | | |
| Print Name of Authorized Certifying Officer : | | | | |
| Signature of Authorized Certifying Officer: | | | | |
| Approved Provider Identification Number: Date: | | | | |
| Email: Phone #: | | | | |

****