******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.**

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| **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 theRegulations 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 #:  |

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