

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

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:

Please complete Section I and retain your copies 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

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: Tina | Last Name: Ramirez | Middle Initial: |
| Date of Birth: | Last 4 Digits of the Social Security Number: 6776 | |
| Section II: | | |
| Name of Venue: | | |
| Venue Address: | | |
| CTLE Activity Title: Class 2 test Category | | |
| Areas of Activity: <input checked="" type="checkbox"/> test Child Category | | |
| CTLE Date: 27/08/2019 | | |
| Number of CTLE hours awarded: 4 hour(s) | | |
| 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: Project Recess Inc. | | |
| Print Name of Authorized Certifying Officer : Santi Khairassame | | |
| Signature of Authorized Certifying Officer:  | | |
| Approved Provider Identification Number: 23343 | | Date: 27/08/2019 |
| Email: santi@projectrecess.org | | Phone #: 773-716-7726 |