

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) Hours 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 indicate your name on this form **as it appears on the TEACH website**. Retain your copy of this form 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

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.

| | | | |
|--|---------------------------|--|-----------|
| Section I: | | | |
| First Name: | Last Name: | Middle Initial: | |
| Email Address: | Date of Birth (mmddyyyy): | Last 4 of SSN: | |
| Section II | | | |
| Name of Venue: | | | |
| Street Address: | City: | State: | Zip Code: |
| CTLE Activity Title: _____ <small>(Applicable to all grade levels and subjects, counseling and other interactions.)</small> | | | |
| Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input type="checkbox"/> Content <input type="checkbox"/> English Language Learning | | | |
| CTLE Date(s) from: _____ <small>(mmddyyyy)</small> | | to: _____ <small>(mmddyyyy)</small> | |
| | | Number of hours awarded _____ <small>(7 hours/day)</small> | |
| 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: International Institute for Restorative Practices (IIRP)* | | | |
| Print Name of Authorized Certifying Officer (Instructor): | | | |
| Signature of Authorized Certifying Officer (Instructor): | | | |
| Approved Provider Identification Number: 23496 | | Date: | |
| Email: cecredits@iirp.edu | | Phone Number: 610-807-9221 | |

* The IIRP is recognized by the New York State Education Department's Office of Teaching Initiatives as an approved sponsor of CTLE for Professional Classroom Teachers, School Leaders and Level III Teaching Assistants.