BUFFALO STATE
The State University of New York

Continuing Teacher and Leader Education (CTLE) Activity Verification Form

SUNY Buffalo State Approved Provider ID **256**

Name of venue providing CTLE Activity:			
CTLE Activity Title (include subject, grade level, etc.):			
Street Address:	City:	State:	Zip Code:
Select one or more areas of activity: ☐ Pedagogy ☐ Content ☐ English language learning			
CTLE activity date(s):	Number of hours awarded for this activity:		
I certify that the individuals listed below completed the CTLE cited above pursuant to Subpart 80-6 of the Regulations of the Commissioner of Education.			
Print name of authorized Certifying Officer:	Signature of authorized Certifying Officer:		
Email:	Phone Number:	Date:	
Number of CTLE Activity Completers:	Attach additional forms as needed		

CTLE Activity Participant Full Name	Birthdate (mm/dd/yy)	Last 4 Digits of SS#

RETURN THIS FORM TO THE TEACHER CERTIFICATION OFFICE IN CHASE HALL, ROOM 222 IMMEDIATELY AFTER THE EVENT ALONG WITH THE ACTIVITY AGENDA, EVALUATION FORM, OR OTHER SUPPORTING MATERIALS