

## Continuing Teacher and Leader Education (CTLE) Activity Verification Form SUNY Buffalo State Approved Provider ID **256**

Name of venue providing CTLE Activity:			
Street Address:	City:	State:	Zip Code:
CTLE Activity Title (include subject, grade level, etc.):			
Select one or more areas of activity:			
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			
Regulations of the Commissioner of Education.   Print name of authorized Certifying Officer: Signature of authorized Certifying Officer:			
	eignatare er admenzed certifying emeen.		
Email:	Phone Number:	one Number: Date:	
Number of CTLE Activity Completers:	Attach additional forms as	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