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: _____

Full address of venue: _____

CTLE Activity Title (include subject, grade level, etc.): _____

Select one or more areas of activity: ☐ Pedagogy ☐ Content ☐ English Language Learning

CTLE activity date(s): _____

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 Activity Provider:	Phone Number:	Email:
Signature of authorized Activity Provider:	Date:	
Number of CTLE Activity Completers:		Use 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 WITH THE ACTIVITY AGENDA, EVALUATION FORM, OR OTHER SUPPORTING MATERIALS