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CTLE/PD TRANSCRIPT INFORMATION FORM

Your transcript will be electronically accessible via your NYLA account. By submitting this form, you verify that the information provided is accurate reflection of your participation. This information will only be used for verification purposes as stated by the NYSED CTLE guidelines.

Check this box if you need a physical transcript mailed to your address

Participant Name: _____

Date of Birth*: ____/____/____ (MUST include month, day and year)

Last FOUR of Social Security Number*: ____ _

Address: _____

City: _____ State: _____ Zip: _____

CTLE Program Participation			
DATE	PROGRAM / WORKSHOP TITLE	SPEAKER	DURATION**
TOTAL # OF CONTACT HOURS			_____

* Required items for CTLE transcripts

**Please list duration in hours, represented as a decimal. e.g. 90 minutes would be 1.5.

Applicant Signature: _____	Date: _____
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