

CERTIFICATION AND LICENSURE EXAM FEE REIMBURSEMENT PROGRAM APPLICATION
Effective January 1, 2016 – December 31, 2016

This application form can be used to apply for reimbursement through the Certification and Licensure Exam Fee Reimbursement (CLEFR) Program. Listed below are some important reminders. For complete guidelines and printable application forms, go to:

http://www.goer.ny.gov/Training_Development/PEF/index.cfm.

- Read the CLEFR Program Guidelines to confirm this program applies to your exam. Applications that fail to adhere to the guidelines will be denied.
- All CLEFR applications must be submitted within 90 days of the end date of the exam.
- Applications for exams that began on or after January 1, 2016 and ended prior to June 9, 2016 must be submitted by September 7, 2016.
- A **separate** application form and supporting documentation must be submitted for **each** exam.
- Applications for exams costing less than \$50 will not be accepted.
- A maximum reimbursement of \$750 is available for the time period January 1, 2016 through December 31, 2016.

To File Application:

- Complete **all** fields of the application that apply to your exam, even if the information appears on the supporting documentation. Blank fields will delay the processing of reimbursement.
- Sign and date the application. Unsigned applications will be returned for signature.
- Check to ensure that you have all necessary documentation with the application. Missing documentation will delay the processing of reimbursement.
- Make a copy of the application and supporting documentation with the application.
- Submit all documentation in **one** of the ways below. **Submitting duplicate applications will cause a delay in processing reimbursement.**
 - U.S. Mail – Mail the application and supporting documentation, postmarked by the application deadline, to:

NYS Governor's Office of Employee Relations
PSTP Reimbursement Unit
7th Floor
2 Empire State Plaza
Albany, NY 12223-1250
 - Email – Scan the application and supporting documentation and email by the application deadline to psttraining@goer.ny.gov
 - Fax – Fax the application and supporting documentation by the application deadline to (518) 474-8587. Illegible faxes will not be accepted.

GOER is not responsible for lost, misdirected, late, or incomplete applications.

All questions can be addressed to psttraining@goer.ny.gov or by calling (518) 474-6612.

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PLEASE PRINT ALL INFORMATION – DO NOT USE ABBREVIATIONS

Applicant Information

Are you a NYS employee represented by PEF?		Date you began State Service (mm/dd/yyyy)													
Last 4 digits of Social Security Number (Required for payment by the OSC) XXX – XX – _____		NYS EMPLID Number (found on paycheck stub) (Required for payment by the OSC) N _____													
First and Last Name (as it appears on your NYS paycheck stub)		Job Title	Job Grade												
Home Address		City	State Zip-Code												
Home Phone	Cell Phone	Primary Email Address													
Agency Name		Facility/Department/Division Name													
Work Phone	Extension														
Current Job Status:															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Full Time</td><td style="width: 20px;"></td></tr> <tr><td>Part Time (50% or more)</td><td></td></tr> <tr><td>Less than half time (currently actively employed)</td><td></td></tr> </table>		Full Time		Part Time (50% or more)		Less than half time (currently actively employed)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Seasonal* (currently actively employed)</td><td style="width: 20px;"></td></tr> <tr><td>Laid-Off* (on preferred list)</td><td></td></tr> <tr><td>On Non-disciplinary Leave*</td><td></td></tr> </table>		Seasonal* (currently actively employed)		Laid-Off* (on preferred list)		On Non-disciplinary Leave*	
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* Additional documentation required. Refer to Certification and Licensure Exam Fee Reimbursement Guidelines.															

Exam Details

Name of Exam Provider		Exam Provider Phone
Exam Name		
Exam Start Date (mm/dd/yyyy)	Exam End Date (mm/dd/yyyy)	Exam Grade
Is this exam related to your current job or your career progression with NYS? Job <input type="checkbox"/> Career <input type="checkbox"/>		
Cost of exam	Other assistance you have received or will be receiving from your agency, facility, or other sources (not including this request)	
<p>Important Message to Certification and Licensure Exam Fee Reimbursement Program Participants:</p> <p>Under current Federal law, the Office of the State Comptroller states that the Internal Revenue Service (IRS) has determined reimbursements under the Certification and Licensure Exam Fee Reimbursement (CLEFR) Program do not qualify for the exclusion from gross income that applied to benefits payable under educational assistance programs. Therefore, these reimbursements will be reported to you as taxable income. Extra withholding connected with CLEFR payments will be taken from a paycheck in early December. You will be notified in mid-November which paycheck will be impacted.</p> <p>If you have questions regarding your specific tax situation, please consult your tax professional or the IRS for assistance.</p> <p style="text-align: center;">I understand I will incur a tax liability. Check to agree. <input type="checkbox"/></p>		

Certification

By signing and dating this application, I hereby certify that all information contained on this application and attached supporting documentation is true and accurate. I have read and understand the guidelines for this program and agree to comply with all the program policies and procedures. I understand failure to complete and pass an exam or failure to comply with the guidelines may result in denial of benefits or a penalty imposed on future benefits.

Signature

Date