

**WORKSHOP AND SEMINAR REIMBURSEMENT PROGRAM APPLICATION  
AND  
NURSES' ENHANCED WORKSHOP AND SEMINAR REIMBURSEMENT PROGRAM APPLICATION  
Effective January 1, 2016 – December 31, 2016**

This application form can be used to apply for reimbursement through the Workshop and Seminar Reimbursement (WSR) and Nurses' Enhanced WSR Programs. 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](http://www.goer.ny.gov/Training_Development/PEF/index.cfm).

- Read the WSR Program Guidelines and/or the Nurses' Enhanced WSR Program Guidelines to confirm this program applies to your educational event. Applications that fail to adhere to the guidelines will be denied.
- All applications must be submitted within 60 days of the end date of the course.
- Applications for courses or events that began on or after January 1, 2016 and ended prior to June 9, 2016 must be submitted by August 8, 2016.
- A **separate** application form and supporting documentation must be submitted for **each** course or event.
- A maximum reimbursement of \$1,250 is available for the time period January 1, 2016 through December 31, 2016. Nurses' Enhanced WSR offers an additional \$1,250 for the same time period.

**To File Application:**

- Complete **all** fields of the application that apply to your course or event, even if the information appears on 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.
- 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](mailto: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 address to [psttraining@goer.ny.gov](mailto: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 <b>(Required for payment by the OSC)</b> XXX – XX – _____		NYS EMPLID Number (found on paycheck stub) <b>(Required for payment by the OSC)</b> 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 Workshop and Seminar Reimbursement Guidelines.															

**Event Details**

Name of Accredited Educational Institution or Organization		
Event Name or Non-credit Course Name	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
Are you receiving Continuing Education Credits?	If so, what kind?	How many?
Is this course or event related to your current job or your career progression with NYS? Job <input type="checkbox"/> Career <input type="checkbox"/>		
Registration fee, or cost of the event, not including any fees or materials  \$	Other assistance you have received or will be receiving from your agency, facility, or from other sources (not including this request)  \$	

**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 a course or event successfully or failure to comply with the guidelines may result in denial of benefits or a penalty imposed on future benefits.

<b>Signature</b>	<b>Date</b>
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