

CERTIFICATION AND LICENSURE EXAM FEE REIMBURSEMENT PROGRAM APPLICATION
Effective January 1, 2017 – December 31, 2017

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:

www.goer.ny.gov/Training_Development/PEF.

- 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.
- A **separate** application form and supporting documentation must be submitted for **each** exam.
- A maximum reimbursement of \$1,100 is available for the time period January 1, 2017 through December 31, 2017.

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 signed, dated application, and supporting documentation in **one** of the ways below.
Submitting duplicate applications will cause a delay in processing reimbursement.

- *Email:* Scan application and supporting documentation, convert to PDF, and email by application deadline to pstraining@goer.ny.gov. All emailed documentation must be in PDF format. All other formats (JPGs or other photo formats, Word Documents, etc.) will not be accepted.
- *U.S. Mail:* Mail application and supporting documentation, postmarked by application deadline to:

NYS Governor's Office of Employee Relations
PSTP Reimbursement Unit, 7th Floor
2 Empire State Plaza
Albany, NY 12223-1250

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

All questions can be addressed to pstraining@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 | | | | | | | | | | | | |
| 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"> <tr><td>Full Time</td><td></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"> <tr><td>Laid-Off* (on preferred list)</td><td></td></tr> <tr><td>On Non-disciplinary Leave*</td><td></td></tr> </table> | | | Laid-Off* (on preferred list) | | On Non-disciplinary Leave* | |
| Full Time | | | | | | | | | | | | | | |
| Part Time (50% or more) | | | | | | | | | | | | | | |
| Less than half time (currently actively employed) | | | | | | | | | | | | | | |
| Laid-Off* (on preferred list) | | | | | | | | | | | | | | |
| On Non-disciplinary Leave* | | | | | | | | | | | | | | |
| * Additional documentation required. Refer to College Tuition Reimbursement Guidelines. | | | | | | | | | | | | | | |

Exam Details

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|---|---|---------------------|--|--|
| 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"/> | | | | |
| If career related, explain career ladder or career change. | | | | |
| Cost of exam \$ | Other assistance you have received or will be receiving from your agency, facility, or other sources (not including this request) \$ | | | |
| Important Message to Certification and Licensure Exam Fee Reimbursement Program Participants: | | | | |
| 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. | | | | |
| If you have questions regarding your specific tax situation, please consult your tax professional or the IRS for assistance. | | | | |
| I understand I will incur a tax liability. Check to agree. <input type="checkbox"/> | | | | |

Certification

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|---|-------------|
| 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 |