

**WORKSHOP AND SEMINAR REIMBURSEMENT PROGRAM APPLICATION**  
**NURSES' ENHANCED WORKSHOP AND SEMINAR REIMBURSEMENT PROGRAM APPLICATION**  
**Effective April 1, 2014 – March 31, 2015**

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. The postmark, email date, or fax date will be used to determine the timeliness of the application.
- Make sure you complete all the fields of the application that apply to your course or event, even if the information appears on supporting documentation.
- Make sure the various dates are complete and in the correct format. You must provide month, day, and year.
- A separate application form and supporting documentation must be submitted for each course or event. More than one application may be submitted in the same envelope.
- Applications for courses or events costing less than \$35 will not be accepted.
- A maximum reimbursement of \$1,000 is available per fiscal year, which runs from April 1 through the following March 31. Nurses Enhanced WSR offers an additional \$1,000 for fiscal year 2014-2015.

**To File Application:**

1. Check to ensure that you have all necessary documentation with the application. Applications cannot be processed until all required supporting documentation has been received.
2. Sign and date the application.
3. Make a copy of the application and supporting documentation for your files.
4. Submit signed, dated application and supporting documentation in one of the following ways:

- *U.S. Mail* – Mail application and supporting documentation, postmarked by application deadline, to:

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

- *Email* – Scan the application and supporting documentation and email by application deadline to [psttraining@goer.ny.gov](mailto:psttraining@goer.ny.gov)
- *Fax* – Fax the application and supporting documentation by application deadline to (518) 474-8587

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

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

**WORKSHOP AND SEMINAR REIMBURSEMENT PROGRAM APPLICATION**  
**NURSES' ENHANCED WORKSHOP AND SEMINAR REIMBURSEMENT PROGRAM APPLICATION**  
**Effective April 1, 2014 – March 31, 2015**

PLEASE PRINT ALL INFORMATION – DO NOT USE ABBREVIATIONS

**Student Information**

Are you a NYS employee represented by PEF? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date you began State Service (mm/dd/yyyy)	
Last 4 Digits of Social Security Number <i>(Required for payment by the OSC)</i>		NYS EMPLID Number (found on paycheck stub)	
Name		Job Title	Job Grade
Home Address		City	State      Zip Code
Home Phone	Cell Phone	Home Email Address	
Agency Name		Facility/Department/Division Name	
Work Phone	Extension		

**Current Job Status**

I am employed: Full Time <input type="checkbox"/> Part Time (50% or more) <input type="checkbox"/> Less than half time* (currently actively employed) <input type="checkbox"/>			
Seasonal* (currently actively employed) <input type="checkbox"/> Laid Off * (on preferred list) <input type="checkbox"/> On Non-disciplinary Leave* <input type="checkbox"/>			
* Additional documentation required. Refer to Workshop and Seminar Reimbursement Guidelines.			

**Educational Event Details for WSR**

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? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, what kind?	How many?
Is this course or event related to your current job or your career progression in NYS? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Registration fee, or cost of the event, not including any fees or materials \$	Assistance you are entitled to receive from your agency/facility or from other sources \$	

<input type="checkbox"/> <b>Workshop Seminar Reimbursement for non-credit courses, workshops, seminars, and conferences only. (Effective April 1, 2014-March 31, 2015)</b> Attached is a certificate of successful completion, documentation showing the registration cost separate from other costs or fees, and documentation confirming the start and end dates of the course or event (month, day, and year).
<input type="checkbox"/> <b>Nurses' Enhanced Workshop Seminar Reimbursement for non-credit courses, workshops, seminars, and conferences only. (Effective April 1, 2014-March 31, 2015)</b> Attached is a certificate of successful completion, documentation showing the registration cost separate from other costs or fees, and documentation confirming the start and end dates of the course or event (month, day, and year).

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>
------------------	-------------