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.

- 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.
- A separate application form and supporting documentation must be submitted for each course or event.
- A maximum reimbursement of $1,000 is available for the time period April 1, 2015 through December 31, 2015. Nurses’ Enhanced WSR offers an additional $1,000 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 may 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 following ways:
  - 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.

Submitting duplicate applications may cause a delay in processing reimbursement.

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

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

**NYS EMPLID Number (found on paycheck stub)**

**(Required for payment by the OSC)**

**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:**

- **Full Time**
- **Part Time (50% or more)**
- **Less than half time (currently actively employed)**
- **Seasonal* (currently actively employed)**
- **Laid-Off* (on preferred list)**
- **On Non-disciplinary Leave***

* 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**

**Career**

**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)**

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# 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.

**Signature**

**Date**