

**CERTIFICATION AND LICENSURE EXAM FEE REIMBURSEMENT PROGRAM APPLICATION**  
**Effective April 1, 2014 – March 31, 2015**

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](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 date of the exam. 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 exam, even if the information appears on the 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 exam. More than one application may be submitted in the same envelope.
- Applications for exams costing less than \$50 will not be accepted.
- A maximum reimbursement of \$600 is available per fiscal year, which runs from April 1 through the following March 31.

**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 the application and supporting documentation, postmarked by the application deadline, to:

NYS Governor's Office of Employee Relations  
PSTP Reimbursement Unit; 7<sup>th</sup> Floor  
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

**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.*

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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/yy)	
Last 4 Digits of Social Security Number (Required for payment by the OSC)		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 Certification and Licensure Exam Fee Reimbursement Guidelines.			

**Exam Details for CLEFR**

Name of Exam Provider			
Exam Provider Address			Exam Provider Phone
Exam Name			
Exam Start Date (mm/dd/yy)	Exam End Date (mm/dd/yy)	Grade Report Date (mm/dd/yy)	Exam Grade
Is this exam related to your current job or your career progression in NYS? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Cost of exam \$		Assistance you are entitled to receive from your agency/facility or from other sources \$	

**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.

**You will incur a tax liability. Check to agree.**

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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