

**COLLEGE TUITION REIMBURSEMENT PROGRAM APPLICATION**  
**NURSES' ENHANCED COLLEGE TUITION REIMBURSEMENT PROGRAM APPLICATION**  
**Effective January 1, 2018 – December 31, 2018**

This application form can be used to apply for reimbursement through the College Tuition Reimbursement (CTR) and Nurses' Enhanced CTR Programs. A separate application must be submitted for each successfully completed course. The CTR Program will not cover incomplete or failed courses or CBEs. Complete program guidelines can be found at <https://goer.ny.gov/public-employees-federation-afl-cio-pef>.

Applications must be submitted within 90 calendar days after the end date of the course.

All supporting documents must have the applicant's name printed on them by the issuing entity. Documentation submitted by email must be in PDF format. All other formats (JPGs or other photo formats, Word Documents, etc.) will not be accepted.

The documents in the following checklist are required:

- Unaltered invoice, receipt, or itemized summary from the school, showing the cost of the course (separate from any additional fees)
- Proof of payment
- List of any financial assistance received toward the cost of the course indicating the name of the entity providing the assistance
- Documentation showing the start and end dates of the course (month, day, and year)
- Documentation from the provider showing your passing grade

Submit signed, dated application, and supporting documentation in one of the following ways:

- *Email:* Scan application and supporting documentation as a PDF and email by application deadline to [psstraining@goer.ny.gov](mailto:psstraining@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

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 addressed to [psstraining@goer.ny.gov](mailto:psstraining@goer.ny.gov) or by calling (518) 474-6612.

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PLEASE PRINT ALL INFORMATION – DO NOT USE ABBREVIATIONS

**Applicant Information**

Date you began State Service	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	Agency Name		
City	State	ZIP code	Facility/Department/Division Name
Home Phone	Cell Phone	Work Phone	Extension
Primary Email Address			
Current Job Status	Full Time <input type="checkbox"/>	Part Time (50% or more) <input type="checkbox"/>	Less than half time <input type="checkbox"/>

**Course Details**

Name of Accredited Educational Institution			
Are you matriculated in a degree program? Yes <input type="checkbox"/> No <input type="checkbox"/>		If matriculated, what is your major?	
Course Name	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	
Course Number	Number of course credits	Course grade	
Course Type	Undergraduate <input type="checkbox"/>	Post Graduate Certificate Program <input type="checkbox"/>	Specialized Certification <input type="checkbox"/>
Is this course or event 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			
Tuition cost, not including any fees \$	Other assistance you have received or will be receiving from your agency, facility, or from other sources (not including this request) \$		

**Nurses' Enhanced (Must be a PEF-represented nurse matriculated in a Nursing Degree Program)**

I have read page 8 of the CTR Guidelines and recognize there are different ways to utilize these benefits. I request to use them as indicated below and understand that this decision cannot be altered once the application is approved.

**(Choose only one)**

The remaining cost of a course that exceeded the maximum of a standard CTR benefit. I understand that by using any portion of each benefit, I will be exhausting that benefit in its entirety.

The cost of an additional course.

**Certification**

OSC will withhold estimated taxes at the end of each calendar year from employees whose benefits from this program and any additional educational benefits from their agency exceed \$5,250. This may result in substantial withholding from paychecks at the end of the year and applicants should plan accordingly.

**I understand that I may incur a tax liability.**

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 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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