

## CERTIFICATION AND LICENSURE EXAM FEE REIMBURSEMENT PROGRAM APPLICATION

This application form can be used to apply for reimbursement through the Certification and Licensure Exam Fee Reimbursement (CLEFR) Program. A separate application form and supporting documentation must be submitted for each exam. For complete guidelines and printable application forms, go to: <https://www.goer.ny.gov/public-employees-federation-afl-cio-pef>.

Applications and supporting documentation must be submitted within 90 calendar days after the end date of the exam.

A maximum reimbursement of \$1,100 is available for the period January 1 through December 31.

All supporting documentation 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, links to documentation or websites, etc.) will not be accepted.

The documents in the following checklist are required:

- Unaltered invoice, receipt, or itemized summary from the exam provider, showing the registration cost of the exam (separate from any additional fees)
- Proof of payment, such as a bank statement, credit card statement, or cancelled check
- Documentation showing any financial assistance that has been or will be received toward the cost of the exam indicating the name of the entity providing the assistance
- Documentation showing the start and end dates of the exam (month, day, and year)
- Documentation from the exam provider indicating successful passing of the exam (license or certificate will not be accepted)

Submit signed, dated application, and supporting documentation in one of the ways below.

- *Email:* Email application and supporting documentation by the 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, links to documentation or websites, 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 [psstraining@goer.ny.gov](mailto:psstraining@goer.ny.gov) or by calling (518) 474-6612.

# CERTIFICATION AND LICENSURE EXAM FEE REIMBURSEMENT PROGRAM APPLICATION

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"/>

## Exam Information

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) \$		

## Certification

### 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 that I may incur a tax liability. (required)**

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. Use digital signature or print and hand sign.

Signature	Date
-----------	------