

**M/C Certification and Licensure Exam Fee Reimbursement Program  
Application Form**

The Certification and Licensure Exam Fee Reimbursement (CLEFR) Program guidelines are available at [www.goer.ny.gov/managementconfidential-mc-training-programs](http://www.goer.ny.gov/managementconfidential-mc-training-programs). This program provides reimbursement for the cost of examinations for first-time certification or licensure of M/C employees for exams that occurred on or after April 1, 2021 through March 31, 2022. Applications must be postmarked no later than 60 days after the end date of the exam and must be accompanied by the following documentation:

- Proof of payment for exam: Original itemized invoice/receipt from the exam provider showing payment made, title of exam, date of exam administration, and cost of exam.
- Proof of a passing grade on the exam: Copy of documentation showing passing grade. If you have not received your exam grade, please submit your application timely and forward your grade to us upon receipt.

Applications for exams that began on or after April 1, 2021, and ended prior to September 1, 2021, must be submitted by November 1, 2021.

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

- Email: Email the application and supporting documentation by application deadline to [mctraining@goer.ny.gov](mailto:mctraining@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:  

Governor's Office of Employee Relations  
 M/C Reimbursement Unit  
 2 Empire State Plaza, 7th Floor  
 Albany, NY 12223-1250

**SECTION I – EMPLOYEE INFORMATION**

Name		NYS Employee ID Number (Found on paycheck stub) Required for payment by OSC N _____		
Start date with New York State (mm/dd/yy)		Date of last entry into State Service (mm/dd/yy)		
Home Address	City	State	ZIP code	Home Phone
Employing Agency/Facility Name				
Agency/Facility Code		Current Job Title		
Work Address	City	State	ZIP code	Work Phone
Home Email Address		Percentage Time Working  <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time, 50% or more <input type="checkbox"/> Part-Time, 50% or less <input type="checkbox"/> Leave with Pay <input type="checkbox"/> Leave without Pay <input type="checkbox"/> Laid off		
Work Email Address				

**OFFICE USE ONLY: DO NOT WRITE IN THIS SECTION**

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SECTION II – EXAM INFORMATION			
Exam Provider		Exam Provider Phone Number	
Exam Provider Address		City	State
Exam Title			
Start Date (mm/dd/yy)	End Date (mm/dd/yy)	Exam Grade	
Job-Related or Career-Related Justification (Describe how the exam is related to present job duties or career goals. Attach additional sheets if necessary.)			
Cost of exam \$		Other assistance received \$	

SECTION III – TAX LIABILITY
<p>Under current Federal law, the Office of the State Comptroller states that the IRS has determined reimbursement under the CLEFR Program does not qualify for the exclusion from gross income that applied to benefits payable under education 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.</p> <p><b>I understand I will incur a tax liability. Please initial _____.</b></p>

SECTION IV – SIGNATURE
<p>I attest to the authenticity of the statements in this application, as well as the enclosed documentation. I have complied with all eligibility requirements of the Certification and Licensure Exam Fee Reimbursement Program and request reimbursement. All the information contained in this request is true and accurate. I have read and understand the guidelines to this program and agree to comply with all policies and procedures.</p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p>