



CERTIFICATION AND LICENSE RENEWAL FEE REIMBURSEMENT PILOT PROGRAM APPLICATION

This application form can be used to apply for reimbursement through the Certification and License Renewal Fee Reimbursement (CLRFR) Pilot Program. A separate application form and supporting documentation must be submitted for each certification or license renewal. For complete guidelines and printable application forms, go to: <https://oer.ny.gov/public-employees-federation-afl-cio-pef>.

Applications and supporting documentation must be submitted within 90 days after the renewal payment is made. Applications for renewals that were paid for on or after April 1, 2022 through May 16, 2022, must be submitted by August 15, 2022. The date of renewal payment determines program year eligibility.

One reimbursement, up to a maximum of \$200, is available for each fiscal year.

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:

- An unaltered invoice, receipt, or itemized account summary from the provider showing the certification or license renewal cost
- Proof of payment such as a bank statement, credit card statement, cancelled check, or receipt from the issuing New York State agency indicating the source of payment.
- Documentation showing the date of the renewal payment (month, day, and year)
- Proof of renewal, such as a copy of a license or certificate or receipt from the issuing New York State agency that includes the applicant's name
- Documentation showing any financial assistance that has been received or will be received toward the cost of the renewal, if applicable

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

- **Email:** Email application and supporting documentation by the application deadline to psttraining@oer.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 Office of Employee Relations, PSTP Reimbursement Unit, 7th Floor, 2 Empire State Plaza, Albany, NY 12223-1250.

OER is not responsible for lost, misdirected, late, or incomplete applications. All questions can be addressed to psttraining@oer.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"/> |

Certification and License Renewal Information

| | |
|---|--|
| Name of provider issuing certification or license renewal | |
| Certification or License Name | |
| Date of Renewal Payment (mm/dd/yyyy) | Cost of Certification or License Renewal |
| | \$ |
| 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 License Renewal Fee Reimbursement Pilot Program Participants:

Reimbursements under the CLRFR Program are considered excludable income and are not subject to tax.

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 comply with the guidelines may result in denial of benefits or a penalty imposed on future benefits.

Signature

Date