



M/C CERTIFICATION AND LICENSURE EXAM FEE REIMBURSEMENT APPLICATION FORM

Name: _____ Employee ID Number: _____

Home Address: _____

City: _____ State: _____ ZIP code: _____

Primary Email Address: _____

Home/Cell Phone Number: _____ Work Phone Number: _____

Agency Name: _____

Job Title: _____ Date you began State Service: _____

Name of Exam Provider: _____

Exam Name: _____

Exam Start Date: (mm/dd/yy) _____

Exam End Date: (mm/dd/yy) _____

Exam grade: _____

Is this exam related to your current job or your career progression within NYS?

Yes No

Cost of exam: _____

Other assistance you have received or will be receiving from your agency, facility, or from other sources (not including this request): _____

(Initials Required) 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.

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.

Signature: _____ Date: _____