

**NEW YORK STATE/UNITED UNIVERSITY PROFESSIONS
JOINT LABOR-MANAGEMENT COMMITTEES**

**Certification and Licensure Reimbursement Program-Renewals (CLRP-Renewals)
Application Instructions**

The NYS/UUP JLMC Certification and Licensure Reimbursement Program (CLRP-Renewals) Application must be used to apply for reimbursement for renewals for certification, licensure, or designation. A separate application form and supporting documentation must be submitted for each renewal. For complete guidelines and printable application forms, go to: oer.ny.gov/nysuupjlmc.

- Fill out, print, and sign the application.
- Applications and supporting documentation must be submitted within 90 calendar days after the end date of the renewal.
- All supporting documentation must have the applicant's name printed on them by the issuing entity.
- A maximum reimbursement of \$200 is available for the period January 1 through December 31, of each calendar year.

In addition, the following documents are required:

- An unaltered invoice, receipt, or itemized account summary from the provider showing the certification, licensure, or designation renewal cost.
- Proof of payment, such as a bank statement, credit card statement, canceled 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 certificate, licensure, or designation 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.

PLEASE NOTE: If there is a change to the applicant's mailing address, reimbursement checks cannot be forwarded to another mailing address.

Submit the signed and dated application with supporting documentation within 90 days after the renewal, as follows:

Email: nysuupclrp-renewal@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: NYS/UUP JLMC – CLRP-Renewals
2 Empire State Plaza, 11th
Floor Albany, NY 12223

NYS/UUP JLMC is not responsible for lost, misdirected, late, or incomplete applications. All questions can be addressed to: nysuupclrp-renewal@oer.ny.gov, or by calling 518-486-4666.

CERTIFICATION AND LICENSURE REIMBURSEMENT PROGRAM RENEWALS
(CLRP-Renewals)
APPLICATION
JANUARY 1 TO DECEMBER 31

PLEASE PRINT ALL INFORMATION – DO NOT USE ABBREVIATIONS

Applicant Information

1. Start Date of SUNY Service: _____
2. Campus: _____
3. NYS Employee ID Number Required N_____ (found on paycheck stub)
4. First and Last Name (as it appears on your paycheck):

5. Home Address *(Include Apt/Unit/Floor, City, State, Zip Code):

6. Title/Rank: _____
7. Title/Rank Appointment Date: _____
8. Division/Program/Department: _____
9. Home Phone: _____ Cell Phone: _____ Work Phone: _____
10. Primary Email Address: _____
11. Employment Status: Full-Time _____ Part-Time _____
12. Employment Status: Academic _____ Professional _____

Renewal Information

1. Name of Renewal Provider: _____
2. Type of Renewal: _____
3. Date of Renewal: _____
4. Cost of Renewal: _____
5. Other financial assistance you have received or will be receiving: _____
6. Is this renewal related to your job or career progression within SUNY?
 Job _____ Career _____
7. Explain how the renewal directly relates to your profession, job assignments, duties, and responsibilities, or how it will increase your opportunity for advancement or career mobility within SUNY.

Certification and Signatures

***PLEASE NOTE:** If there is a change to the applicant's mailing address, reimbursement checks cannot be forwarded to another mailing address.

Reimbursements under the CLRP-Renewals 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.

Applicant Signature

Date

Supervisor Signature

Date

Supervisor Print Name