New York State/United University Professions
Joint Labor Management Committees

Certification and Licensure Exam Fee Reimbursement Program (CLEFR) Application

The NYS/UUP JLMC Certification and Licensure Exam Fee Reimbursement (CLEFR) Program Application provides reimbursement for first-time exams for certification, licensure, or designation. A separate application form and supporting documentation must be submitted for each exam. For complete guidelines and printable application forms, go to: oer.ny.gov/nysuupjlmc.

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

The following documents are required:

- ☐ An 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).

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 end date of the exam, as follows:

Email: nysuupclefr@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 – CLEFR
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 nysuupclefr@oer.ny.gov by calling 518-486-4666.

PLEASE PRINT ALL INFORMATION – DO NOT USE ABBREVIATIONS

Applicant Information

1. Start Date of SUNY Service:_____ Campus: _____
2. NYS Employee ID Number Required N_____ (found on paycheck stub)
3. First and Last Name (as it appears on your paycheck): _____
4. Home Address *(Include Apt/Unit/Floor, City. State, Zip Code):

   _____

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

Exam Information

1. Name of Exam Provider: _____
2. Exam Name: _____
3. Exam Start Date: _____ Exam End Date: _____ Exam Grade: _____
4. Is this exam related to your job or career progression with SUNY? Job ___ Career __
5. Exam Cost: _____ Other financial assistance you received: _____
6. Explain how the exam directly relates to your profession, job assignment, duties, and responsibilities, or how it will increase your opportunity for advancement or career mobility within SUNY.

Important Message to Certification and Licensure Exam Fee Reimbursement Program Participants

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

CERTIFICATION

_____ I understand that I may incur a tax liability (required).

All reimbursements issued during the calendar year are reported to the Office of the State Comptroller (OSC) during the month of October. Once these reimbursements are reported, no further payments will be issued until after January 1 of the following calendar year. The IRS considers reimbursements under the NYS/UUP Certification and Licensure Exam Fee Reimbursement Program as taxable income, therefore, the Office of the State Comptroller will withhold estimated taxes at the end of the calendar year. This may result in substantial withholding from paychecks and applicants should plan accordingly. NYS/UUP JLMC nor the Office of Employee Relations can provide any tax clarifications. Employees should consult a tax expert with questions regarding taxation of these benefits (reimbursements).

_____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.

Applicants Signature Date

Supervisor Signature Date

Supervisor Print Name