

**NEW YORK STATE/UNITED UNIVERSITY PROFESSIONS**  
**JOINT LABOR-MANAGEMENT COMMITTEES**  
**Certification and Licensure Exam Fee Reimbursement Program (CLEFR)**  
**Application Instructions**

The NYS/UUP JLMC Certification and Licensure Exam Fee Reimbursement (CLEFR) Program Application must be used to apply for 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](https://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 exam.
- All supporting documentation must have the applicant's name printed on them by the issuing entity.
- A maximum reimbursement of \$1,200 is available for the period January 1, 2024, through December 31, 2024.

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](mailto: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, 8th 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](mailto:nysuupclefr@oer.ny.gov) by calling 518-486-4666

CERTIFICATION AND LICENSURE FEE REIMBURSEMENT PROGRAM (CLEFR)

APPLICATION

JANUARY 1, 2024 TO DECEMBER 31, 2024

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.*

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 applies 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.

**CERTIFICATION AND LICENSURE FEE REIMBURSEMENT PROGRAM (CLEFR)  
APPLICATION  
JANUARY 1, 2024 TO DECEMBER 31, 2024**

**CERTIFICATION**

**\_\_\_ I understand that I may incur a tax liability (required).**

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.

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Applicants Signature

Date

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Supervisor Signature

Date

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Supervisor Print Name