

Medication Administration Training Rebate Application

Your application must be completed correctly and received within 60 days of the training date. If the application is correctly filled out and received on time, you should receive your rebate in approximately 10 weeks from the time it is received. If your application is incomplete or not filled out correctly, it will be sent back to you.

Mail the completed application and W-9 form to: **Professional Development Program, MAT Rebate, 4 Tower Place, 4th Floor, Albany, NY 12203**

Section 1 TO BE COMPLETED BY APPLICANT/PROVIDER

First Name:

Last Name:

Social Security Number:

Daytime Phone Number:

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Child Care Program Name:

NYSOCFS License/Registration ID
or Legally Exempt Enrollment #:

Are you a U.S. Citizen, Permanent
Alien or Resident Alien authorized
to work in the U.S.?

☐ Yes ☐ No

I hereby attest that the information provided is true and accurate. I understand that I cannot receive more than the receipted amount, or more than \$100 for MAT classroom training, more than \$70 for MAT Independent Study or more than \$70 for 3rd Online Renewal with Skills Competency. I confirm that the Trainer listed on this form is an approved MAT trainer. I agree that I will provide additional documentation upon request. I understand that I am not eligible for the rebate without successful completion of MAT training and if the cost of the training has not been paid in full. I attest that upon completing all requirements to administer medication, the applicant listed will be designated as a medication administrator for the child care program listed on this application. I understand that rebates may be considered taxable income. I am solely responsible for complying with all federal, state and local requirements regarding reporting and payment of taxes. Any fraudulent means of receiving or accepting this rebate amount may result in the return of the funds and/or additional fines. This rebate offer will expire 60 days after the date of the training or 60 days after the issue date of the applicant's new registration/license number.

Applicant's Signature: _____

Date: _____

Section 2 TO BE COMPLETED BY MAT TRAINER

Training Information

Select Training Type:

☐ Classroom

☐ Independent Study

☐ 3rd Online renewal with Skills Competency

Date of Training or Skills Competency Completion:

 / /

Approved MAT Trainer First Name:

Approved MAT Trainer Last Name:

Seal Number:

Approved MAT Co-Trainer First Name:

Approved MAT Co-Trainer Last Name:

Seal Number:

Section 3 TO BE COMPLETED BY MAT TRAINER

Receipt

! Complete this section or attach a separate receipt.

Date: / /

Receipt #:

Amount Paid: \$.

Payment made by:

Name of Trainer receiving payment

Signature of Trainer

Name of Training Organization (if applicable):

Received for:

☐ Classroom

☐ Independent Study

☐ 3rd Online renewal with Skills Competency

! The W-9 form on the reverse should be filled out by whoever paid for the training. →

MAT PROGRAM USE ONLY
rev. 01/17

Payment Amount

Date Received

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.