

Medication Administration Training Rebate Application

Directions

Please read these directions carefully. Print all information neatly.

The application will be returned if it is not filled out correctly or if we cannot read the information.

Section 1: Applicant Information and Attestation

1. Print the information of the person who successfully completed the MAT training. Provide name, day time phone number, and applicant's social security number.
2. Provide the license or registration number of the child care program the applicant works for. The license number or registration number can be found on the license or registration issued to the childcare provider or child care program by NYS OCFS. If you work for a NYC DOHMH program, use the permit number listed on the permit. If you are a legally exempt provider use your enrollment number and list the name of the caseworker assigned to the child you provide care for.
3. The applicant must answer the citizenship question.
4. The applicant must read, sign and date the attestation.

Section 2: Training Information – To be completed by MAT trainer

1. Select the MAT training type: Classroom, Independent Study or 3rd Online Renewal with Skills Competency.
2. Enter the date the MAT training was completed.
3. Enter the MAT trainer name and seal number. Enter co-trainer information if applicable.

Section 3: Receipt

The MAT trainer or their training organization completes this section or they may attach a separate receipt.

1. Enter the date, receipt number and amount received.
2. Enter the name of the class participant the payment is for.
3. Enter the name of who paid for the training, either the participant or participant's employer. The name entered here must match the name on the W-9.
4. The trainer needs to print their name and sign the form.

W-9 Form

The W-9 form can be found on the back of the rebate application. It must be completed in order to issue payment. The W-9 form should be completed using the information of whoever paid for the training. If the class participant paid for the training, use the participant's name and Social Security Number. If the participant's employer paid for the training, use the employer's business name and tax identification number. Visit www.irs.gov if you need additional information to complete this form.

1. Name or Business Name: Fill out either the name section or the business name section, but NOT both. This is how the check will be printed. If you have a legal business name and can cash checks written payable to that name, fill in the Business Name. Otherwise, only complete the Name line.
2. Check appropriate box: Mark Individual/Sole proprietor if you do business under your own name or an official DBA. Mark Corporation, Partnership or Limited Liability Company if you have filed legal papers to operate with this designation.
3. Address: Print your mailing address. This is where the check will be sent.
4. Taxpayer Identification Number (TIN): If you checked Individual/Sole proprietor, fill in your Social Security number. If you checked Sole proprietor, Corporation, Partnership, Limited Liability Company or other, fill in your employer identification number.
5. Certification: Sign and date where indicated. Payments cannot be processed without an original signature.