NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

September 18, 2015

To: All NYS EMS Course Sponsors
Re: Voucher Submissions for Reimbursements

To Whom It May Concern:

The New York State Office of the State Comptroller has issued a new Claim For Payment voucher, AC3253-S, which replaces the previous form, AC92. Effective as of the date of this letter, all Claims For Payment must be submitted using AC3253-S.

Course Sponsors are eligible to submit to the Bureau of EMS for reimbursement under the guidelines of BEMS Policy 09-06. Please make sure you follow Policy 09-06 and any future updates to this policy.

Form AC3253-S is a fill-in-able Adobe PDF document, which can be filled out on your computer, printed, then submitted to BEMS. We encourage you to take advantage of this format instead of printing the form and then filling it out so the form is legible and accurate. Following are the instructions to fill out the form:

A maximum of one course can be on a single voucher. If you have more than one course, you must submit additional vouchers. A copy of the examination results from our testing contractor, must accompany the voucher with all names highlighted for whom you are seeking reimbursement. A copy of the Final PSE Summary Sheet must also be included with the appropriate names highlighted.

Sponsor Code	Your BEMS 4 digit Course Sponsor code.
Vendor Name	Course Sponsor's name BEMS has on-file.
Address, City, State, Zip Code	Course Sponsor's official mailing address.
Vendor Identification Number	Course Sponsor's vendor ID number as assigned by the Office of the State Comptroller. If you have not received your vendor ID, please go to: http://www.sfs.ny.gov/ and follow the information for "Vendor Support".
Invoice Number ***Updated 09/18/15***	EMS-SponsorCode-Course#-InvoiceDate For example: **EMS-02016-125000-09/18/15**
Course Level	The level of the course you are seeking reimbursement. i.e. CFR, EMT, Intermediate, Critical Care, or Paramedic
Course Number	Course number you were assigned by BEMS.
Original, Refresher, CME	Check the box that is appropriate for the course the provider took to become certified. Only one box may be checked.
Course Start Date	The date the course was approved to begin.
Written Exam Date	The date of the State Written Certification Exam that was scheduled by BEMS.

Number Passed State Written Exam	Total number of students who passed the State Written Certification Exam and who are listed on the exam results documentation, which must be submitted with this voucher.
Reimbursement Rate per Student	The reimbursement rate that corresponds to the course level and if it was original, refresher or CME. Please make sure you are using the current rate as listed in Policy 0-06.
Number of Students for the State Final Practical Skills Exam.	The total number of students who took the Final PSE.
Reimbursement Rate per Student	The reimbursement rate that corresponds to the course level and if it was original, refresher or CME for the Final PSE. Please make sure you are using the current rate as listed in Policy 0-06.
Amount	This will automatically calculate for you.
Total	This will automatically calculate for you.
Discount %	Leave blank.
Net	This will automatically calculate for you.
Vendor's Signature	Must be signed in ink after the form is printed.
Title	Title of person signing this voucher.
Date	Date of signature.
Name of Company	Leave blank.

The AC3253-S and other information can be found on our web site at: http://www.health.ny.gov/nysdoh/ems/main.htm. If you have questions regarding submission of vouchers, please contact our Funding Unit at (518) 402-0996.

Sincerely,

Andrew G. Johnson, BS, AEMT-P, CIC
Deputy Director for Education and Certification
Bureau of Emergency Medical Services

AC3253-S (Effective 1/12)

State of New York

CLAIM FOR PAYMENT

Sponsor Code:

Vendor Information

Vendor Name	Vendor Identification Number		
Address	City	State	Zip Code
	Invoice Number		

Purchase Order No. and Date	Description of Materials/Service	Quantity	Unit	Price	Amount
Course Level:	Original				
	Refresher				
Course Number:	CME				
Course Start Date:	Number Passed State Written Exam:		Reimbursement Rate per Student:	$000	$0
Written Exam Date:	Number of Students that Took the State Final Practical Skills Exam:		Reimbursement Rate per Student:	$000	$0

Vendor Certification

I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.

Vendor's Signature in Ink

Title

Date

Name of Company

Total	0.00
Discount %	
Net	0.00

NYS Agency Information

Vendor Identification Number	Vendor Location ID	Vendor Address Sequence		
Voucher ID	Business Unit Name	Bus. Unit	Interest Eligible (Y/N)	Contract ID
Payment Date (MM) (DD) (YY)	Liability Date (MM) (DD) (YY)	Merch/Inv. Rec'd Date (MM) (DD) (YY)		
Withholding Class	Withholding Amount	Handling Code	Payee Amount	
Invoice Number	Invoice Date			

PeopleSoft Format Charge Lines (If Applicable)

Business Unit	Department	Program	Fund	Account
DOH01	3450355	28308	20809	55062
Budget Reference	Project ID	Activity	Class	Operating Unit
Product	Chartfield 1 - Accumulator	Chartfield 2 - Agency Use	Chartfield 3	Amount
	11850			

Legacy Format Charge Lines (If Applicable)

Expenditures									Liquidation			
Dept	Cost Center	Var	Yr.	Object	Accum Dept.	Accum Statewide	Amount		Orig.Agency	PO/Contract	Line	F/P

Liability Date	From Date	TC	Subledger	Optional