

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 BEMS Proctors

Re: Voucher Submissions Payments

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.

Exam Procotors are eligible to submit to the Bureau of EMS for payment of examinations they proctored. The BEMS Proctor's Manual outlines payment rates and other pertinent information for Proctors.

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:

One examination date is allowed per voucher.

Vendor Name	Proctor's name.					
Address, City, State, Zip Code	Proctor's official mailing address.					
Vendor Identification Number	Proctor'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	For most proctors: EMS-course#-Exam Date i.e.: EMS-125006-09/17/15 (if more than one course, choose one to use)					
	For Regional Test Site proctors: EMS-RTS#-09/17/15 i.e.: EMS-RTS15-09/17/15					
	For On-Site Scoring proctors: EMS-OSS#-09/17/15 i.e.: EMS-OSS4-09/17/15					
Exam Location	The location the exam was held where you proctored. Please supply facility name and address.					
Written Exam Date	The date of the exam that you proctored.					
Exam Start Time	The time the exam began.					
Course Number(s)	The course number(s) you proctored the exam for.					
ADA Student	If you were approved to proctor an ADA student, check this box.					

Supervisor	If you were approved to be a Supervisor for this exam location, check this box.				
Proctor Rate	The reimbursement rate that corresponds to your exam and location as per the Proctor's Manual.				
Amount	This will automatically calculate for you.				
Additional Courses	If you were approved to proctor additional courses at this exam time, select the corresponding rate.				
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 once 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 ext. 1, #4.

Sincerely,

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

Vendor Information Vendor Identification Number Vendor Identification Number Vendor Identification Number Vendor Identification Number Vendor Numb	AC32	53-S (Effective 1/12) State of New York	State of CLAIM FOR PAYMENT										
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Vendor Certification			ı							1	1		T
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