



## Justice Center for the Protection of People with Special Needs

Request for Staff Exclusion List (SEL)  
Check Form  
for applicants without a Social  
Security Number  
email: SELcheck@justicecenter.ny.gov  
Fax: 518-549-0464

**Authorized Person:** I certify that the Applicant listed below has not been issued a Social Security Number (SSN) or Alien Registration Number (ARN). \_\_\_\_\_ check here to certify.  
14 NYCRR Part 702 provides the authority for the Justice Center to request SSN for purposes of a SEL check.  
SEL checks for Applicants with a SSN or ARN must be done online.

The Vulnerable Persons Central Register (VPCR) includes a Staff Exclusion List (SEL) containing the names of individuals who have committed serious acts of abuse and are deemed ineligible to work in a position involving regular and substantial contact with persons receiving services. Providers must request the Justice Center to conduct a check of the SEL before determining whether to hire or otherwise allow any person to have regular and substantial contact with a person receiving services.

### Instructions:

1. The provider's Authorized Person must complete this form and email or fax it to the Justice Center for an Applicant under consideration to be hired or otherwise permitted to have regular and substantial contact with a person receiving services.
2. The Authorized Person will receive an email indicating the results of the SEL check.
3. If the Applicant is on the SEL, he or she may not be hired in a position involving regular and substantial contact with a person receiving services in a facility or provider agency defined in Social Services Law § 488(4) or by other providers of services in programs licensed or certified by the Office of Mental Health (OMH), Office for People With Developmental Disabilities (OPWDD), Office of Addiction Services and Supports (OASAS), Office of Children and Family Services (OCFS), Department of Health (DOH), and State Education Department (SED).
4. If the Applicant is on the SEL, certain other providers have discretion whether to hire the individual as provided in Social Services Law § 495(3).
5. If the Applicant is not on the SEL, a criminal background check through the Justice Center, if required, and an inquiry of the Statewide Central Register of Child Abuse and Maltreatment through the OCFS, if required, must be conducted.

Last Name:	First Name:	MI:
Job title:	Date of Birth:	
Facility/Provider Name & Address:		
Oversight Agency: <input type="checkbox"/> OMH <input type="checkbox"/> OPWDD <input type="checkbox"/> DOH <input type="checkbox"/> SED <input type="checkbox"/> OASAS <input type="checkbox"/> OCFS (Please check one)		

### Part 2. Authorized Person Information

Name:
Work Email Required
Facility/Provider Name:
Phone:

Clear Form

Print Form