

NYS Justice Center for the Protection of People with Special Needs

Request for Staff Exclusion List Check Webform Job Aid – December 2013

Purpose

This job aid is to help Authorized Persons successfully access and submit the online webform to request that the Justice Center check the Staff Exclusion List (SEL) for any names of individuals seeking to have regular and substantial contact with persons receiving services in covered facilities or provider agencies. Authorized Persons are individuals who are affiliated with Providers and are officially registered as such within the Justice Center Vulnerable Persons' Central Register (VPCR) system. If you are not yet an Authorized Person for the Provider on behalf of which you are requesting an SEL check, you must complete the Authorized Person (AP) Form to register with the Justice Center. The form can be found on the Justice Center's website at the following link: <http://www.justicecenter.ny.gov/investigations-prosecution/sel/management/forms/apdssf-jcsele>

What is the Staff Exclusion List (SEL)?

The Protection of People with Special Needs Act was enacted by Chapter 501 of the Laws of 2012. The Act, which took effect on June 30, 2013, created the VPCR that, among other functions, maintains the Staff Exclusion List (SEL). The SEL is a list within the Justice Center's VPCR system which contains the names of individuals who have committed serious or repeated acts of abuse and/or neglect against Vulnerable Persons in programs subject to the jurisdiction of the Justice Center, and are therefore deemed ineligible to work in a position involving regular and substantial contact with a service recipient.

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 service recipient. "Any person" can include an employee, administrator, consultant, intern, volunteer, or contractor. The Act requires the following agencies and entities to check the SEL when considering an applicant for employment, volunteering, licensure, certification or approval:

- (1) Facilities and provider agencies, as defined in the Social Services Law (SSL)
- (2) Providers of service to persons in programs licensed, certified or funded by any State Oversight Agency, as defined in the SSL
- (3) Any other provider or licensing agencies required to conduct a database check with the Statewide Central Register of Child Abuse and Maltreatment (SCR) as defined in the SSL

Individuals on the Staff Exclusion List (SEL) will be prohibited from being hired by any state operated, certified or licensed agencies/providers that serve people with special needs.

What is the Request for Staff Exclusion List Check webform?

The SEL Check webform enables you to submit a request online to check an applicant's name against the Justice Center SEL. In order to access the webform, you must first enter a valid Authorized Person e-mail address. Upon validating your e-mail, you will then choose the correct Provider name on behalf of which you are requesting the SEL check. Next, you will enter and review the applicant's identifying information. Once a request form is submitted, the Justice Center will automatically search its existing VPCR contact records to determine if the job applicant is on the SEL. A notification will then be sent to the authorized e-mail address regarding the applicant's SEL status.

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Step-by-Step Webform Procedure

The webform consists of five individual screens: (1) Sign-In, (2) Select Provider, (3) Applicant Information, (4) Review Submission, and (5) Confirmation. The steps below will guide you through the webform submission process.

Step 1: Access the Sign-in Page

Access the Sign-In Page

1. Access the webform on the Justice Center web-page: www.justicecenter.ny.gov
2. Review the Instructions provided on the page
3. Enter the Authorized Person's e-mail address and click the **Next** button to proceed to the next page in the submission form.

NYS Justice Center for the Protection of People with Special Needs
Criminal Background Check Unit
161 Delaware Avenue
Delmar, NY 12054



Request for Staff Exclusion List Check Webform: Authorized Person Email

The Justice Center maintains a Vulnerable Persons Central Register (VPCR) that 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 a service recipient. 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 service recipient. "Any person" can include an employee, administrator, consultant, intern, volunteer, or contractor.

Instructions:

1. The provider's Authorized Person must submit this online form to the Justice Center's Criminal Background Check (CBC) unit for an applicant under serious consideration to be hired or otherwise permitted to have regular and substantial contact with a service recipient. In order to submit this online request, the applicant's social security number or alien registration number must be included. If you do not have either number, you must submit the [SEL Check Request form](#) to the CBC Unit via fax (518-549-0464).
2. The Justice Center's CBC unit will send the Authorized Person an email indicating the results of the SEL check.
3. If your organization is required to submit SEL inquiries on behalf of applicants, and you have yet to register an Authorized Person with the CBC, please download the appropriate forms [here](#).
4. If the Applicant is on the SEL, he or she may not be hired in a position involving regular and substantial contact with a service recipient 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, Office for People with Developmental Disabilities, Office of Alcohol and Substance Abuse Services, Office of Children and Family Services, Department of Health and State Education Department.
5. 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).
6. 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 Office of Children and Family Services, if required, must be conducted.

Enter the Authorized Person's Email Address:

Cancel Next

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Step 2: Select the correct Provider on behalf on which you are requesting SEL Check

Select Provider

1. Review each Provider Record associated with the Authorized Person's e-mail address submitted on the **Sign-In** page
2. Select the provider on behalf of which you are submitting the SEL check request by clicking the **Select Provider** button

Note: If you are an Authorized Person for more than one provider, select the specific State Oversight Agency that oversees the program on behalf of which you are requesting this particular SEL check.

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Sign In → **Select Provider** → Applicant Information → Review Submission → Confirmation

Request for Staff Exclusion List Check Webform: Provider Information

Select the Appropriate Provider Below:

Provider as referenced below may refer to an Agency, Program, School, Camp, Corporation, etc. If your organization is associated with multiple State Agencies you may see it listed multiple times. If this is true, please select the Provider record below associated to the State Agency who licenses/certifies/oversees the function the Applicant will be working in predominantly.

123Provider	
Provider Name: 123Provider Provider Category: Provider State Oversight Agency: OASAS	Provider Street Address: 456 Provider Way Provider Street Address 2: Provider City: Providersville Provider State: Provider Zip Code: Provider Phone Number: (123) 456-7890
I would like to submit an SEL inquiry on behalf of this Provider: <input type="button" value="Select Provider"/>	

ABCProvider	
Provider Name: ABCProvider Provider Category: Provider State Oversight Agency: OASAS	Provider Street Address: 123 Provider Way Provider Street Address 2: Provider City: Providersville Provider State: Provider Zip Code: Provider Phone Number: (555) 555-5555
I would like to submit an SEL inquiry on behalf of this Provider: <input type="button" value="Select Provider"/>	

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Step 3: Enter the Applicant Information for the individual about whom you are inquiring

Enter Applicant Information

1. Enter the applicant's full legal name, as well as date of birth if available. Pay careful attention to the spelling of the applicant's name as this will play a critical role in the automated searches. Avoid using nicknames.
2. Choose and enter the correct applicant identifier (SSN or Alien Reg. Number)
3. Enter your own personal contact information and click the **Next** button to proceed to the next page in the submission form.

Note: The authorized e-mail address submitted on the **Sign-In page** is used to associate the SEL check requested to a specific Provider(s). Individuals who are not the Authorized Person may submit a request on a Provider's behalf using the Authorized Person's email address. It is important to include your own individual contact information in this section so that the Provider has a record of who requested an SEL check on its behalf.

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Sign In > Select Provider > Applicant Information > Review Submission > Confirmation

Request for Staff Exclusion List Check Webform: Applicant Information

Enter in the information for the Applicant Below:

Applicant as referenced below may refer to any employee, administrator, consultant, intern, volunteer, or contractor.

Applicant First Name: * ⓘ
Applicant Last Name: * ⓘ
Applicant Date of Birth: ⓘ

Please enter the Applicant's Social Security Number or Alien Registration Number Below:

Identifier Used: Social Security Number ⓘ
SSN: * - - -
Confirm SSN: * - - -

Note: If Applicant has not provided a Social Security or Alien Registration Number, please exit the webform and contact CBC unit (CBC@Justicecenter.ny.gov) for additional assistance.

Disclaimer:

1. Date of Birth is only collected to attempt to improve matching results. New York State Justice Center does not permit age discrimination.
2. Information pertaining to SSN/Alien Number is used only to improve matching results. This information will not be provided to anyone outside of the Justice Center.

Enter in your own information below:

First Name: * ⓘ
Last Name: * ⓘ

Back Cancel **Next**

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Step 4: Review your SEL check request before you submit it

Review Submission Request

1. Validate the accuracy of your submission
2. Update any inaccurate information if necessary by clicking the **Back** button and returning to the appropriate page(s)
3. Check the box marked “I certify that all information submitted is correct and that I am authorized to submit this inquiry to the New York State Justice Center”
4. Click the **Confirm Submission** button to submit your SEL check request

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Request for Staff Exclusion List Check Webform: Review Submission

Review and Confirm:

Email Address Information:

SEL Authorized User Email Address: abcprovider@authorizedperson.com

Selected Provider:

Provider Name: 123Provider
Provider Category: Provider
State Oversight Agency: OASAS
Provider Street Address: 456 Provider Way
Provider Street Address 2:
Provider City: Providersville
Provider State:
Provider Zip Code:
Provider Phone Number: (123) 456-7890

Applicant Information For Review:

First Name: Robert
Last Name: Robertson
Date of Birth: 01/02/1970
Identifier Used: Social Security Number
SSN: 001-00-0000
Confirm SSN: 001-00-0000

User Information:

First Name: Susan
Last Name: Smith

Certification of Review:

I certify that all information submitted is correct and that I am authorized to submit this inquiry to the New York State Justice Center.

Back

Cancel

Confirm Submission

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Step 5: Confirm your SEL check request Webform Submission

Confirmation of Submission

1. Review the finalized submission confirmation. If you notice there is any remaining incorrect information, contact the Justice Center CBC Unit at cbc@justicecenter.ny.gov immediately to correct the errors.
 2. Make note of the confirmation number for tracking and recording purposes. You can click the **Print Confirmation** button to print out a copy of the confirmation page.
- Note: You will provide this confirmation number if you contact the Justice Center CBC Unit for follow-up questions or to correct any errors submitted.

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Request for Staff Exclusion List Check Webform: Confirmation Information

Your request has been successfully submitted. Please print a copy of confirmation information below for your records.

If a response is not received from the Justice Center within 3 business days of submission, please email the CBC unit (CBC@Justicecenter.ny.gov) with your confirmation number.

Confirmation Number : 3-2013-1-3300778
Applicant First Name : Robert
Applicant Last Name : Robertson

Frequently Asked Questions (FAQs)

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1. What if I am not an Authorized Person of my organization?

If you are not an Authorized Person, you can only submit the SEL check webform if you know the e-mail address of your organization's Authorized Person. The Justice Center's response to the SEL check request will be sent only to the Authorized Person's e-mail address. If you would like to become an Authorized Person, please complete the Authorized Person form found at <http://www.justicecenter.ny.gov/investigations-prosecution/sel/management/forms/apdssf-jcse/c>

2. I have already submitted my Authorized Person form, so why does the webform not recognize my e-mail address?

If the webform is not recognizing your e-mail address, please ensure you are typing in the correct one as provided on the Authorized Person form. Also, please give the Justice Center CBC Unit ample time to process the form. You should receive notification that your request to become an Authorized Person was processed and you are able to access the SEL check webform. If you have already received this notification or have accessed the webform previously, contact the Justice Center CBC Unit at cbc@justicecenter.ny.gov for assistance.

3. I am an Authorized Person associated with more than one provider listed. What should I do?

If you are associated with more than one provider agency, you should select the specific Provider listed for which the applicant is most likely to work.

4. The provider for which I am authorized is not showing up in the webform. What should I do?

If your provider agency is not showing up on the Select Provider screen of the webform, it is possible that the provider has not yet been officially approved by the Justice Center. Please contact the State Oversight Agency (ies) that operates, licenses or funds your provider organization to ensure that the name of the provider is registered with the Justice Center.

5. What do I do if I don't know the applicant's SSNS or Alien Registration Number?

If you do not know the applicant's SSN or Alien Registration Number, you will be unable to complete the webform. Please contact the Justice Center CBC Unit at cbc@justicecenter.ny.gov. You will need to complete the SEL Inquiry via fax. Note that requests submitted via fax will take longer to complete than those submitted via the webform.

6. How are SSNs stored by the Justice Center?

All information submitted via the webform is retained in a secure database maintained by the Justice Center. SSNs are not visible to Justice Center staff members who use the database, and the Justice Center will not disclose this information to other entities.

7. Why do I need to submit my own personal information along with the applicant's information?

The authorized e-mail address submitted on the **Sign-In page** is used to associate the SEL check requested to a specific Provider(s). Individuals who are not the Authorized Person may submit a request on a Provider's behalf using the Authorized Person's email address. If you are not an Authorized Person, it is important to include your own individual contact information in this section so that the provider has a record of who requested an SEL check on its behalf.

8. What if I need to submit an SEL check request for multiple applicants?

If you are requesting an SEL check for multiple applicants, remember to first make note of the Service Request Confirmation Number before you proceed to submit another SEL inquiry. You can also print the confirmation page for your records. To start the next inquiry, simply click the **Submit Another SEL Inquiry** button on the **Confirmation** page once you have finished one submission request and would like to submit another. This button will take you back to the beginning of the webform submission process and you can submit another SEL inquiry for another applicant.

9. How long will it take for me to hear back from the Justice Center regarding the applicant's SEL status?

You should expect to hear back from the Justice Center within three business days of your initial request. If you do not hear a response from the Justice Center within three business days, contact the CBC Unit at cbc@justicecenter.ny.gov. Note: any response from the Justice Center will be sent only to the Authorized Person's e-mail address.

10. Can I start and save the webform to complete it at a later time?

Once you have started an SEL check request via the webform you will not be able to save your submission. If you are unable to complete the request in one sitting, please exit your browser and start again at a later time. Fortunately, each request should take approximately five to seven minutes to complete.