

# STAFF EXCLUSION LIST (SEL) BATCH CHECK SUBMISSIONS

Providers now have the opportunity to submit batch Staff Exclusion List (SEL) checks with up to 100 names at one time. This should be helpful if you are processing numerous applicants at the same time, such as for a summer camp.

To start the process, click on this hyperlink:

<https://vpcr.justicecenter.ny.gov/SEL/>

Enter the authorized person's email address and click Next:

**Enter the Authorized Person's Email Address:**

Requestor Email Address:  Choose Type of Request:  SEL Check  Submit AARM

You'll see the usual main screen. Scroll down on the page to see instructions on doing batch SEL checks:

**Batch SEL Check Instructions:**

Providers now have the opportunity to submit batch SEL checks with up to 100 names at one time. A specific template file link is provided below which will need to be utilized in order to submit multiple individuals to be checked against the SEL.

- Providers must complete the required columns within the provided template file and then save the file by using File | Save As to save the file in CSV (comma separated value) format.
- After file is saved in CSV format, it will be uploaded during the SEL check process.
- The required columns will be checked when the provider submits the file for processing.
- If the required information is not entered correctly, the file will be rejected.
- File with any duplicate entries will be rejected.
- The required information must be entered in the following format on the template file:
  - First Name: Required Field, Must contain only letters or numbers.
  - Last Name: Required Field, Must contain only letters or numbers.
  - Date of Birth: Must be formatted in MM/DD/YYYY format. Cannot be a date in the future.
  - SSN or ARN: Must be either SSN or ARN.
  - SSN or ARN Value: SSN must be all numbers and in format XXX-XX-XXXX. ARN must be 7-11 characters long and can contain only letters and numbers.

Click [here](#) to get the SEL Batch template file.

Click on the hyperlink to access the SEL Batch template file.

Click **here** to get the SEL Batch template file.

This brings you to the Justice Center's webpage for SEL Batch Check Template File:

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

About Service Recipients and Families Custodians Service Providers

### SEL Batch Check Template File

#### Staff Exclusion List (SEL) Batch Check Template File

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#### Document:

[SEL\\_Batch\\_Template\\_File.xlsx](#)

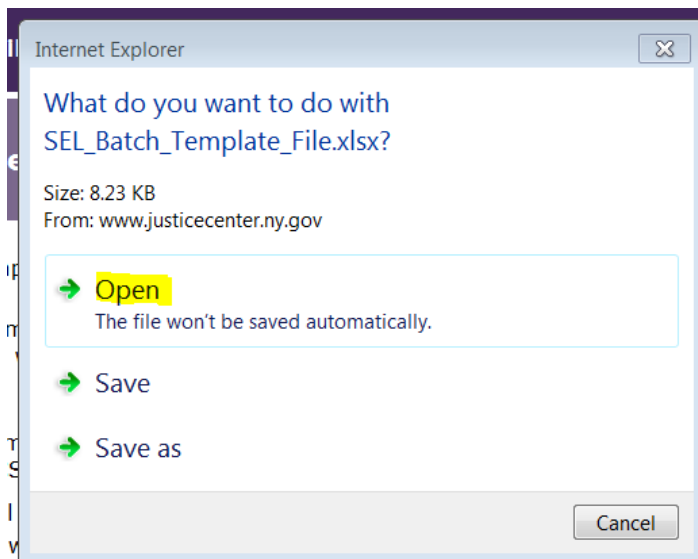
Menu	
Pre-Employment Overview	▼
Important Change to CBC Procedure December 2015 Update	
CBC Info for OMH Providers	
CBC Info for OPWDD Providers	
CBC Info for OCFS Providers	
CBC Secure Email Overview & Guidance	
Criminal Background Checks (CBC) Unit	▼
Information for Applicants	
Link to CBC System	
Pre-Employment Checks Webinars	▼
Staff Exclusion List (SEL) Management and Forms	▼
Authorized Person Designation Forms	
Request for Staff Exclusion List Check Webform (Online Request)	▼
<b>SEL Batch Check Template File</b>	
Request for Staff Exclusion List	

Click on the hyperlink to open the batch template file:

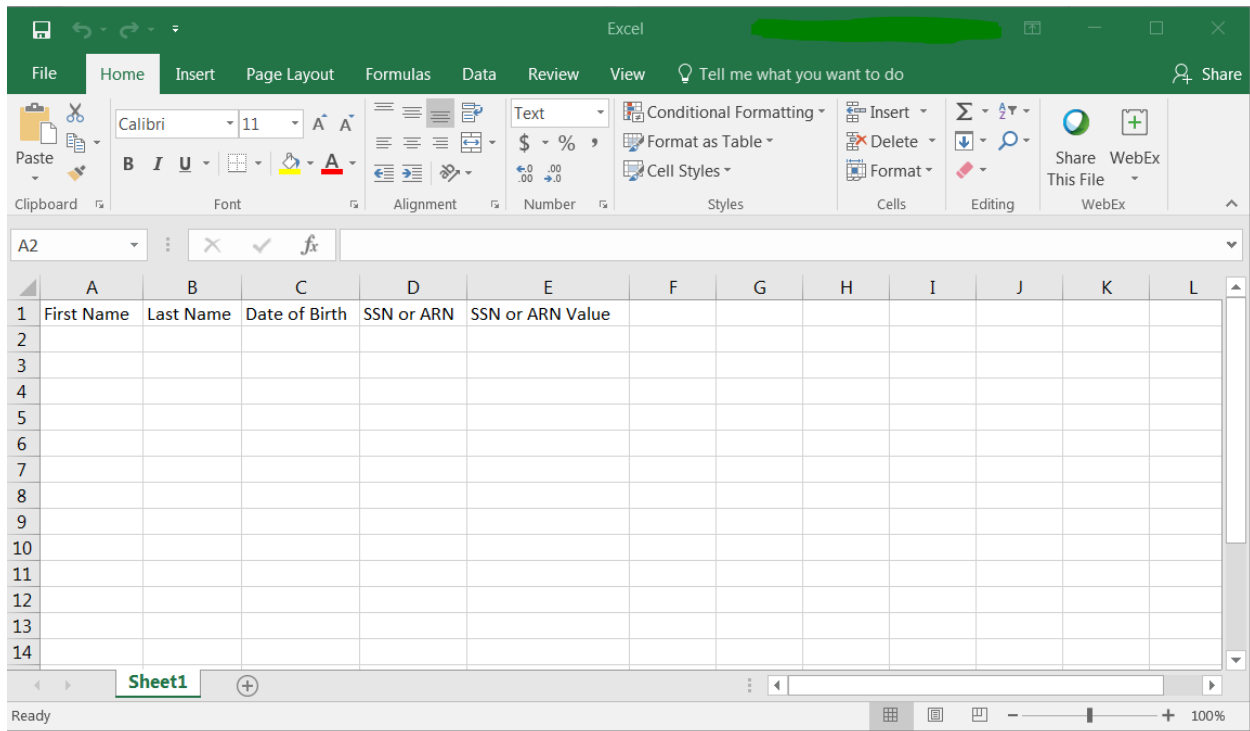
#### Document:

[SEL\\_Batch\\_Template\\_File.xlsx](#)

When the “What do you want to do” window appears, click on Open:



The file will be downloaded from the website and open as an Excel spreadsheet.



Providers must enter the applicants' first and last names and their dates of birth, select either SSN (Social Security Number) or ARN (Alien Registration Number) on the pull-down option, and then enter the actual SSN or ARN in the last column (SSN or ARN Value).

Column A: First Name

**Required Field:** Must contain only letters or numbers. The only special characters allowed are an apostrophe (') or hyphen (-). No spaces can be entered.

Column B: Last Name

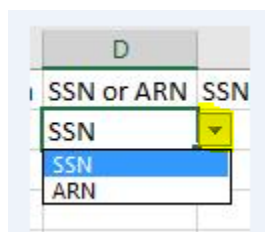
**Required Field:** Must contain only letters or numbers. The only characters allowed are an apostrophe (') or hyphen (-). No spaces can be entered.

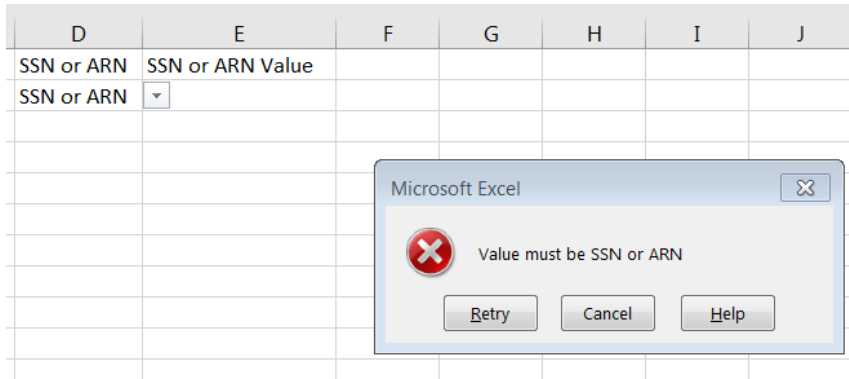
Column C: Date of Birth

Must be formatted in **MM/DD/YYYY format**. Cannot be a date in the future.

Column D: SSN or ARN

**Required Field:** Click on the down arrow to the right of the column and select either SSN or ARN from the pull-down display or type S for SSN or A for ARN.





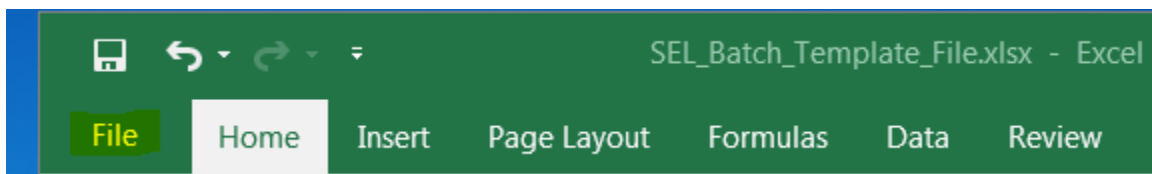
Column E: SSN or ARN Value

**Required Field:** Social Security Numbers must be all numbers and in format **XXX-XX-XXXX** (be sure to enter hyphens between the numbers). Alien Registration Numbers must be 7-11 characters long and can only contain letters and numbers.

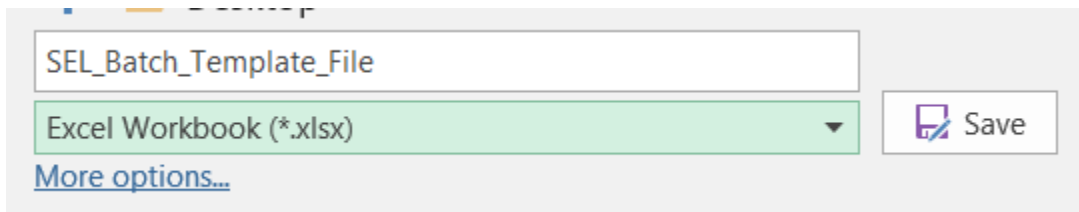
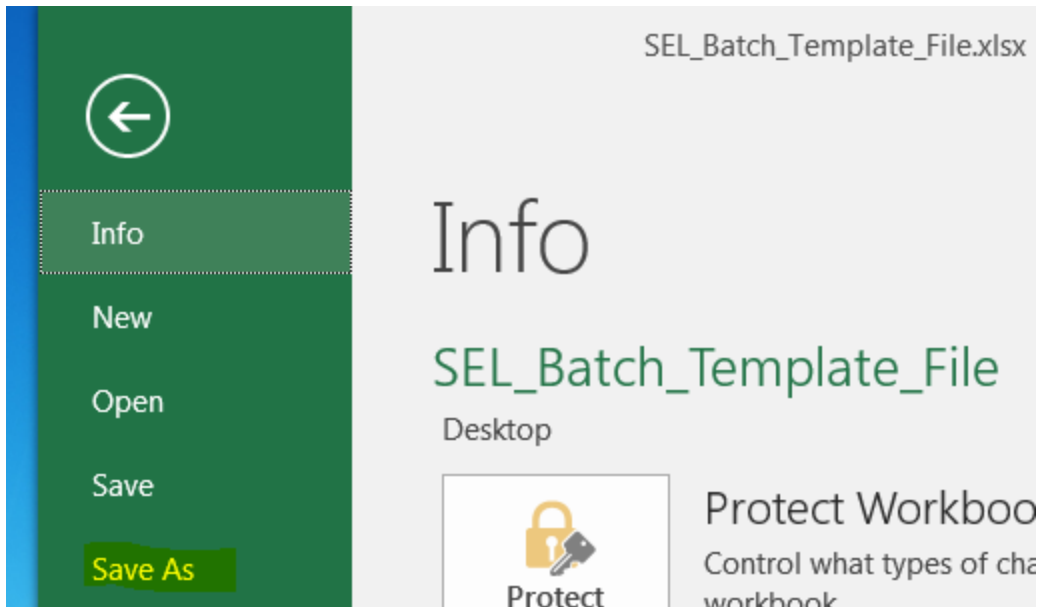
Here's an example of a completed template file:

	A	B	C	D	E	F
1	First Name	Last Name	Date of Birth	SSN or ARN	SSN or ARN Value	
2	Joe	Smith	5/3/1959	SSN	123-09-4567	
3	Mary	Brown	11/24/1986	SSN	818-53-0019	
4	Sally	Sample	2/14/1981	SSN	404-23-8912	
5	Thomas	Test	10/29/1972	SSN	764-23-4043	
6	William	Test	4/30/1982	SSN	823-12-8391	
7	Susan	Sample	2/14/1981	SSN	404-23-8913	

Once all the names have been entered, the file must be saved in **CSV (Comma Separated Value)** format. To do this, click on File at the top of the spreadsheet:

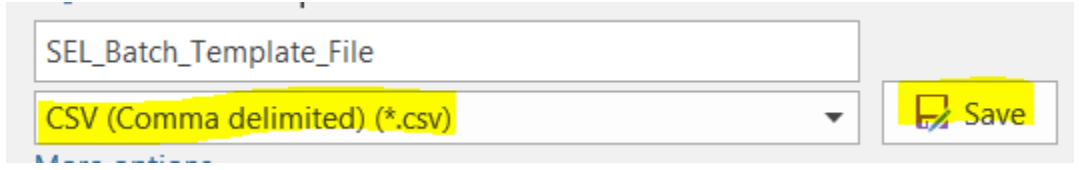


and select the **Save As** feature:



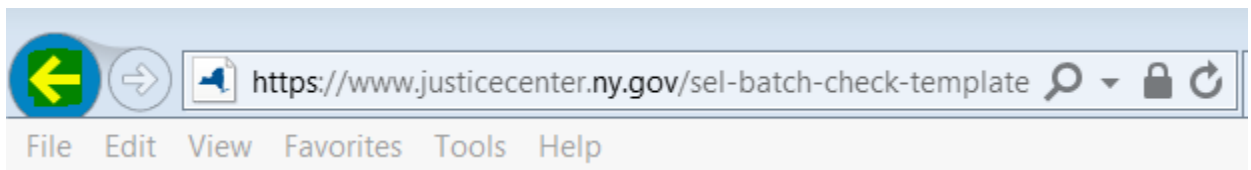
Click on the dropdown arrow and scroll down until you find **CSV (Comma delimited) (\*.csv)** option.

Then select **CSV (Comma delimited) (\*.csv)** format and click Save.

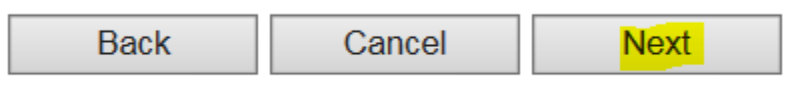


After the file is saved in CSV format, it will be uploaded during the SEL check process.

Click on the back arrow at the top left of your computer screen:



This brings you back to the SEL check instruction page. Click on the Next button.



You'll now be on the Provider Information page. Select **Batch** for the type of request:

CBC Unit test	
Provider Name: CBC Unit test	Provider Street Address: 161 Delaware Ave
Provider Category: Agency	Provider Street Address 2:
State Oversight Agency: OPWDD	Provider City: Delmar
	Provider State: NY
	Provider Zip Code: 12054-1310
	Provider Phone Number: (518) 549-██████
Choose type of request: <input type="radio"/> Single <input checked="" type="radio"/> Batch	
I would like to submit an SEL Inquiry on behalf of this Provider: <input type="button" value="Select Provider"/>	

Then click on Select Provider. Enter your own first and last name as indicated. Then click on Browse and find the saved SEL\_Batch\_Template\_File.csv (make sure it's the copy saved in the **CSV (Comma delimited) (\*.csv)** format).

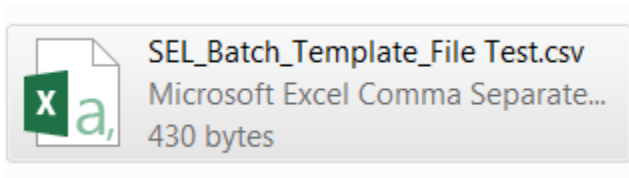
#### Enter in your own information below:

First Name: \*  ⓘ  
Last Name: \*  ⓘ

#### Please Upload a file for batch Candidate check

Please choose a file and then click verify. Once the file has been verified and successful click Submit File for Batch processing

Verification Status: Unverified



Click on Open:

File name: SEL\_Batch\_Template\_File Test.csv

The file is now uploaded.

## Please Upload a file for batch Candidate check

Please choose a file and then click verify. Once the file has been verified and successful click Submit File for Batch processing

C:\Users\jco... \Des... Browse...

Verify File Verification Status: Unverified

Submit File

Next click on Verify File:

Verify File

The system will check to ensure the information has been correctly entered in the batch template file. If there are no errors, the Verification Status will change to:

Verify File

Verification Status: **File Verified!**

Then click on Submit File:

Submit File

The next screen will ask that you review the information and confirm that the information is correct. Once you've confirmed the information, check the Certification of Review box and click on Confirm Submission.

### Review and Confirm:

Email Address Information:

SEL Authorized User Email Address: [REDACTED]@justicecenter.ny.gov

Selected Provider:

Provider Name: CBC Unit test  
Provider Category: Agency  
State Oversight Agency: OPWDD  
Provider Street Address: 161 Delaware Ave  
Provider Street Address 2:  
Provider City: Delmar  
Provider State: NY  
Provider Zip Code: 12054-1310  
Provider Phone Number: (518) 549-[REDACTED]

Applicant Batch Information For Review:

Number of Applicants: 9

User Information:

First Name: [REDACTED]  
Last Name: [REDACTED]

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

The Confirmation Information screen will display a Batch Confirmation Number and show the number of applicants submitted:

## 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.

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

Batch Confirmation Number : 5-2018-1-1961274762

Number of Applicants : 9

[Submit Another SEL Inquiry](#) [Sign Out](#) [Print Confirmation](#)

Print the confirmation page for your records. You'll also receive an email from the VPCR Notification System confirming the batch submission has been received, how many applicants it contained, and that you'll receive a separate email response for each SEL check request submitted.

### Errors:

If the required information is not entered correctly, the file will be rejected. Some common errors may be:

- Entering the applicant's date of birth with a future date (e.g., 4/9/2028 instead of 4/9/1988).
- Not entering hyphens between the numbers in the Social Security number.
- Entering a space after the applicant's first or last name.
- Entering a special character in the applicant's name. The only special characters allowed are an apostrophe (') or a hyphen (-). Do not enter periods (.) or commas (,).

Here's a sample batch file template containing errors:

	A	B	C	D	E
1	First Name	Last Name	Date of Birth	SSN or ARN	SSN or ARN Value
2	Mark	O'Trial	2/5/2035		345-67-8910
3	Andrew	Smith 2	2/2/1988	SSN	123456789
4	D' Shawna	De Shawna	6/1/1972	SSN	234-56-7890
5	Alexa*	Jones	10/34/1994	SSN	098-76-5432

This is the rejection notice received when the file was submitted for verification:

The following error(s) occurred:

- Line 2 : First Name can only contain letters or the following characters: ' - . Date of Birth cannot be a future date. Unique Id Type must be SSN or ARN.
- Line 3 : Last Name can only contain letters or the following characters: ' - . SSN must be in ###-##-#### format.
- Line 4 : First Name can only contain letters or the following characters: ' - . Last Name can only contain letters or the following characters: ' - .
- Line 5 : First Name can only contain letters or the following characters: ' - . Date of Birth must be in MM/DD/YYYY format.

In this example, **line 2** has the following errors:

Column A: A space was entered after the applicant's first name: Mark(space).

Column C: The year of birth cannot be a future date.

Column D: Either SSN or ARN must be selected—it can't be left blank.



**Line 3:**

Column B: A space was entered between Smith and 2. Entries must be typed without a separating space between a suffix (e.g., 2, II, Jr, Sr). If using the suffix of Junior or Senior, do not type a period after the abbreviations. Correct format is Jr or Sr with no space following the name.

Column E: The SSN was entered in the wrong format, without hyphens.

**Line 4:**

Column A: A space was entered after the apostrophe D'(space)DeShawna. Names containing apostrophes must be entered with no separating spaces: D'Shawna.

Column B: A space was entered between De (space) Shawna. Correct entry: DeShawna.

**Line 5:**

Column A: A special character (\*) was entered after the first name.

Column C: An invalid number was entered for the day of the month.

Correct the errors noted on the batch file and save it again. If the file isn't saved after the corrections are done, the system will verify the version containing the errors. Click on the back arrow at the top of the computer screen and then resubmit the file for verification.

Any questions can be directed to [cbc@justicecenter.ny.gov](mailto:cbc@justicecenter.ny.gov).