IMPORTANT: Beginning with the second quarter of 2024, which ends on June 30, 2024, schools will be required to use PALS to submit their student quarterly hour reports.

 Log into PALS at <u>http://www.pals.pa.gov</u> using your school User ID and Password. If you need assistance logging into PALS, including password reset, please contact the PALS Help Desk at 833-367-2762, option # 2.

BPOA - Pennsylvania Licensing S 🗙 🕂	- 6
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DEPARTMENT OF STATE	
Sign In for Existing Applicants & Licensees User ID MsCamilleMcM16 Password LOGIN Need Assistance? Click here	 Don't have an account? <u>Register Now</u> Forgot your User ID? <u>Click here</u> Forgot your password? <u>Reset here</u> Update your Email Address <u>Click here</u> Forgot your Registration code? <u>Click here</u>

- 2. Go to the **Professional License Details section** and select the blue "REQUEST" to the *left* of the school license number.
- 3. A pop-up menu will appear.
- 4. Select the **Quarterly Hour Report** option.
- 5. You will need to **select the quarter and year** Please note only the current year and quarter will be the option in the "quarter" section.
- 6. After selecting the year and quarter, select "View."

7. Please **enter a valid (active/not expired) license number for the teacher(s)** of the school. The license types listed below will be accepted as faculty members:

Profession Name	License Type
Darbar Evaminara	Barber Manager
Barber Examiners	Barber Teacher
	Cosmetology Teacher
Cosmetology	Esthetician Teacher
	Nail Technology Teacher

After entering the teacher license, select "Add." PALS will then verify if the license is valid. If it is not a valid license, you will receive an error message to enter a valid license. Multiple faculty members can be added to this section.

8. You will now **add the student and their hours** into PALS. Individual students maybe added by using the "Add Student" button. Multiple students may be added at once by using and uploading the provided .csv file. Student status must also be noted. (Example: Active, Graduated, Withdrawn, Transferred, Leave of Absence, or Completed Hours) Further instructions for this are provided on the next page.

UPLOADING QUARTERLY HOUR REPORTS

<u>TO UPLOAD QUARTERLY HOURS FOR A SINGLE STUDENT</u>, follow the steps beginning at number 9 immediately below.

<u>TO UPLOAD QUARTERLY HOURS FOR MULTIPLE STUDENTS,</u> refer to page 6 for *instructions*.

9. Start at the Student Details section (see example below).

ent Details	Stude	nt Details			
10 • entries					Search:
Course of Study: Esthetician	Last Name:	First Name: dsfdsf	Enrollment Date: 11/05/2019		
SSN: 3456	Student Status: Graduated	Previous Hours:	Earned Hours:	Total Hours: 6	
ring 1 to 1 of 1 entries					Previous 1
dd Student					

Enter the required information in the fields marked with a red bar to the left. Then SAVE the information. (floppy disc icon will save student details)

Course of Study: Esthetician	Last Name:	First Name: dsfdsf	Enrollment Date: 11/05/2019		
3456	Student Status: Graduated	Previous Hours:	Earned Hours: 3	Total Hours:	
Course of Study: Cosmetologist	Last Name: tret	First Name: erter	Enrollment Date: 12/09/2019		
55N: 5663	Student Status: Transferred	Previous Hours:	Earned Hours: 5	Total Hours: 9	×

To add another student, click the blue button at the lower left marked "+ Add Student". Repeat the steps above until all students are added.

It is recommended that if you have multiple students to add use the instructions for Uploading Multiple Student Records, found on page 6.

10. When you have finished entering the student details, you should see a green bar verifying that the student was successfully added. You must then check the box to confirm you have read and agreed to the terms of use, then e-sign by typing your name and the date of the submission.

(note: the date may prepopulate with the current date)

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5663	Transferred ¥	4	5	9	e x
Showing 1 to 2 of 2 entries					Previous 1 Next
Verification Statement					-
mplemented in the Commonwealth of H vrescribed by the Department of Human equirements of the U.S. Department of verify that this application is in the orig under 18 Pa. C.S. Section 4911. I verify th (relating to unsworn falsification to auti	vennsylvania at 23 Pa. C.S. § 4304.1(c I Services about the licensee, includi Health and Human Services, Nationa inal format as supplied by the Depar tat the statements in this application corities) and may result in the susper	i). At the request of the Departr ng the social security number, a il Practitioner Data Bank. tment of State and has not bee on are true and correct to the best solor, revocation or denial of m	nent of Human Services, the li Additionally, if applicable, Soc n altered or otherwise modifi at of my knowledge, informatik y license, certificate, permit o	censing boards and commissions must pro ial Security Numbers are required in order d in any way. I am aware of the criminal p in and belief. I understand that false stater registration.	ovide to the Department of Human Services information r for the Board/Commission to comply with the reporting enalties for tampering with public records or information ments are made subject to the penalties of 18 Pa. C.S. § 4904
I CONFIRM THAT I HAVE READ AND A	GREE TO THE TERMS ABOVE.				
Signature	fghfgh	Date	12/12/2019	#	
Submit					
			Student added.		

11. After e-signing, you will receive a confirmation message (green bar, in the example below) to indicate that the student's hours were successfully submitted.

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5663	Transferred V	4	5	9		×
Showing 1 to 2 of 2 entries						Previous 1 Next
Verification Statement						-
NOTICE: Disclosing your S- implemented in the Comm prescribed by the Departn requirements of the U.S. D I verify that this applicatio under 18 Pa. C.S. Section 4 (relating to unsworn falsif	ocial Security Number on this application is m nonwealth of Pennsylvania at 23 Pa. C.S. § 430. ent of Human Services about the licensee, include near the near the licensee, and the services, Na in is in the original format as supplied by the D 101.11, verify that the statements in this applica- lication to authorities) and may result in the su	Indatory in order for the State Bo L1(a). At the request of the Depara luding the social security number ional Practitioner Data Bank. epartment of State and has not b tion are true and correct to the b spension, revocation or denial of	ards/Commissions to comply wi tment of Human Services, the li . Additionally, if applicable, Soc even altered or otherwise modifie est of my knowledge, informatic my license, certificate, permit or	ith the requirements of the Fec censing boards and commissic call Security Numbers are requi ed in any way. I am aware of th on and belief. I understand that r registration.	Jeral Social Security Act perta ons must provide to the Depa ired in order for the Board/Co e criminal penalties for tamp t false statements are made s	ning to Child Support Enforcement, as rtment of Human Services information mmilssion to comply with the reporting ering with public records or information ubject to the penalties of 18 Pa. C.S. § 4904
	/E READ AND AGREE TO THE TERMS ABOVE.	Da	ta l			.
Signature	fghfgh	Ud	12/12/2019		C	onfirmation that the

12. Return to the Dashboard, using the "dial" icon and then go to the section marked as Quarterly Hour Reports. If you go to the section marked Report Year, you will see the submitted report. The year and quarter are noted in that section. The example below shows a saved report that has not yet been submitted. If your report shows as "saved" you must click on the "saved" hyperlink to check the report, make any changes necessary, then select "submit" again to officially submit the report. If it was successfully submitted, the status of the report will show as "Submitted." To review that submitted report, you can select the "submitted" hyperlink.

Please Note: Once a report is submitted, you may NOT make any changes from your PALS account. Any changes that need made to the report must be submitted to the Board in writing by email at <u>st-cosmetology@pa.gov</u>.



Instructions for how to complete and upload multiple students using the .CSV file provided are on the next page.

TO UPLOAD MULTIPLE STUDENT RECORDS VIA A FILE UPLOAD, follow these directions:

When there are several students (dozens or hundreds), it is recommended to upload the information using a CSV (Comma Separated Values) Excel spreadsheet.

What is a Comma Separated Values (CSV) file?

A CSV file is a special type of file that you can create or edit in Microsoft Excel. (NOTE: this *may* work in other spreadsheeting programs, but you will need to ensure you follow the directions in the software you are using. Regardless of what software you use, the data must be saved as a *.**csv file**.) Rather than storing information in columns, CSV files store information separated by commas. When text and numbers are saved in a CSV file, it's easy to move them from one program to another. For example, you could export contacts from a computer email program into a CSV file and then import them to Google. In this case, you will export student quarterly hour data into PALS.

How To Create an Excel file and save it as a CSV file:

- 1. Create a new document (spreadsheet) in Microsoft Excel (recommended) NOTE a sample .CSV file has been provided to you along with these instructions.
- 2. When setting up the spreadsheet, you must create the spreadsheet with the columns and field names exactly as shown below. Failure to do so may result in your data being rejected by PALS. You must use the field names shown below in A. through K. and they must be in this order:
 - A SchoolLicense
 - B Syear
 - C Squarter
 - D CourseName
 - E LastName
 - F FirstName
 - G-SSN
 - H InitialDate
 - I PreviousHours
 - J HoursEarned
 - K StudentStatus

Note - Do <u>Not</u> Use Spaces in Column Names. Use exactly as shown above.

3. **PALS uses your school license number in the first column.** The school license number is printed on the school license OR you may find it by searching it in PALS

4.	CourseName is a 2-letter code.	Please use the following codes for each course name:
----	--------------------------------	--

Course Names	Course Code
Barber	BL
Cosmetology	СО
Cosmetology Teacher	СТ
Esthetician	CQ
Esthetician Teacher	CQT
Nail Technician	CL
Nail Technology Teacher	CLT

5. **StudentStatus** is used to indicate a student's status. The status of the student MUST be written out in full. Acceptable student status is as follow:

Student Status							
Active							
InActive							
Graduated							
Withdrawn							
Transferred							
Leave of Absence							
Completed Hours							

- 6. A couple of tips when creating your spreadsheet:
 - a. The top line may, or may not, be bolded, according to your preference
 - b. It may be helpful to right justify all columns
 - c. You may adjust column widths so that the entire column header is shown

7. After creating it, your Excel file should look like this:

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School	Icense	Syear	squarter	CourseName	LastName	FirstName	SSN	InitialDate	PreviousHours	HoursEarned	studentst	atus					
					-												

8. When you are finished, your Excel file should look similar to this: (with the exception of the student status being written out)

NOTE When entering the student's SSN with a leading zero (0) – you MUST enter the SSN with dashes in order for the CSV form to recognize that the zero (0) is supposed to be there. If you do not use a dash when entering the SSN, that leading zero (0) will be deleted and PALS will NOT accept the form. (SSN format example 000-00-0000)

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1	SchoolLicense	Syear	Squarter	CourseName	LastName	FirstName	SSN	InitialDate	PreviousHours	HoursEarn	ed Stu	identStatus	
2	CS001599	2022	4	CQ	RICHARDSON	JAMES	111111111	4/20/2021	10	100		IN	
3	CS001599	2022	4	CL	TRUMBLE	KIM	333333333	5/20/2021	20	110		WD	
4	CS001599	2022	4	CN	JOHNS	DONNA	77777777	5/21/2021	30	200		AC	
5													

- 9. Select File > Save As
- 10. Use the drop-down box to select CSV (Comma delimited) (*.csv) give the file a name (NOTE: it is suggested that you name the file something like "Student Quarterly Hour Report 2-2024" or similar, so that you will know what it is called when you need it) and then select **Save**
- 11. You can now use this new CSV file to export your student information into PALS. If you are using a .CSV file, move onto step 12 for upload instructions.
- 12. Go to the section marked "Add Student Details" and select Choose File to search for your .CSV file.

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	Add Student Details			-
	Students may be ADDED using the Add Student button. Students may also be noted as to status such as Graduated, Withdrawn, Transferred or Leave of Absence			
	Choose File No file chosen Upload File			
	Please select file to upload.			

13. You will need to go to the folder where you saved your .CSV file on your computer to select the file with the student data and then click Open after selecting it.

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This	PC > Downloads			~ ē	Search Downloa	ds	P	
:w folder					[= • II	?	
* ^	Name	Date modified	Туре	Size				
*	AA0001364746.pdf	12/10/2019 9:24 AM	Adobe Acrobat D	280	КВ			
1	QHR1.csv	12/12/2019 3:14 PM	Microsoft Excel C	1	KB			
	SSMS-Setup-ENU.exe	12/9/2019 10:37 AM	Application	551,535	КВ			
	i Teams_windows_x64.exe	12/9/2019 11:50 AM	Application	95,111	КВ			
	K vs_professional_1364411455.1575903640	12/9/2019 10:02 AM	Application	1,351	КВ			
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Once the name of file you selected is in the area next to the Choose File button, then click on the green button that says "Upload File".

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	Add Student Details			-
	Students may be ADDED using the Add Student button. Students may also be noted as to status such as Graduated, Withdrawn, Transferred or Leave of Absence			
	Choose File QHR1.csv Upload File			
	Please select file to upload.			

14. When the .csv file is uploaded, you will receive a confirmation message, similar to that for Individual Students. The students from the uploaded file will be displayed below the confirmation message under "Student Details"

ents may be ADDED using the A	dd Student button. Students may al	so be noted as to status such as Gradua	ed, Withdrawn, Transferred or Leave of Abser	nce		
Choose File No file chosen		Uploa Uple	d File oaded data successfully.		Confirmation of successful upload	
ent Details						
w 10 ▼ entries					Search:	
Course of Study:	Last Name:	First Name:	Enrollment Date: 11/06/2019		Search:	
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v 10 v entries Course of Study: Natural Hair Braider SSN: 208623191	Last Name: BOYER Student Status: Not set	First Name: BRITTANY Previous Hours: 120	Enrollment Date: 11/06/2019 Earned Hours: 10	Total Hours: 130	Search:	
v 10 v entries Course of Study: Natural Hair Braider SSN: 208623191 Course of Study:	Last Name: BOYER Student Status: Not set	First Name: BRITTANY Previous Hours: 120 First Name:	Enrollment Date: 11/06/2019 Earned Hours: 10 Enrollment Date: 10/06/2019	Total Hours:	Search:	
v 10 v entries Course of Study: Natural Hair Braider SSN: 208623191 Course of Study: Natural Hair Braider	Last Name: BOYER Student Status: Not set Last Name: SZCZECINSKI	First Name: BRITTANY Previous Hours: 120 First Name: SARA	Enrollment Date: 11/06/2019 Earned Hours: 10 Enrollment Date: 10/06/2019	Total Hours: 130	Search:	
v 10 v entries Course of Study: Natural Hair Braider SSN: 208623191 Course of Study: Natural Hair Braider SSN:	Last Name: BOYER Student Status: Not set Last Name: SZCZECINSKI Student Status:	First Name: BRITTANY Previous Hours: 120 First Name: SARA Previous Hours:	Enrollment Date: 11/06/2019 Earned Hours: 10 Enrollment Date: 10/06/2019 Earned Hours:	Total Hours: 130 Total Hours:	Search:	

NOTE: Your school quarterly hour report files may not upload due to *validation issues*. Among them are:

- Hours earned by the student fall below the minimum of 25 hours per week
- Hours are not earned within the four (4) consecutive year period as required by the Law
- Hours earned exceed 40 hours per week as per the Board's Regulations
- A student must be in **Active** status to have earned hours.
- The .CSV file does not have the correct format.

You will receive an error message similar to the one in the screenshots below if the file is not acceptable. If you receive this error message, please review your file and be sure that it meets all of the requirements listed in the instructions above.

Add Student Details
Students may be ADDED using the Add Student button. Students may also be noted as to status such as Graduated, Withdrawn, Transferred or Leave of Absence
Choose File No file chosen Upload File
Upload failed. Please enter correct year and quarter.

The total hours exceeds 40 hours per week or 8 hours per day. Please check you entries. If this continues to fail, please contact the Board Office to discuss.

15. The final step is to complete the section called "Verification Statement". You must check the box to confirm that you have read and agreed to the terms and then "e-sign" the section by typing your name (see screenshot below) and then press the green button marked "Submit"

SSN	and the second se				
554.	Student Status:	Previous Hours:	Earned Hours:	Iotal Hours:	
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TICE: Disclosing your Social Security N lemented in the Commonwealth of Po	Number on this application is mandat ennsylvania at 23 Pa. C.S. § 4304.1(a).	ory in order for the State Board At the request of the Departm	ds/Commissions to comply with the req ent of Human Services, the licensing be	uirements of the Federal Social Securi oards and commissions must provide	ity Act pertaining to Child Support Enforcement, a to the Department of Human Services information
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TICE: Disclosing your Social Security M Idemented in the Commonwealth of P scribed by the Department of Human uirements of the U.S. Department of H rify that this application is in the origi fer 18 Pa. C.S. Section 4911. I verify th ating to unsworn falsification to auth I CONFIRM THAT I HAVE READ AND AC nature	Number on this application is mandat ennsylvania at 23 Pa. C.S. § 4304.1(a) Services about the licensee, includin Health and Human Services, National inal format as supplied by the Depart at the statements in this application o orities) and may result in the suspens GREE TO THE TERMS ABOVE. dgfdgfd	ory in order for the State Board At the request of the Departm g the social security number. A Practitioner Data Bank. ment of State and has not beer are true and correct to the best ion, revocation or denial of my Date	ds/Commissions to comply with the req ent of Human Services, the licensing b dditionally, if applicable, Social Securi h altered or otherwise modified in any v of my knowledge, information and bel license, certificate, permit or registrat 12/12/2019	uirements of the Federal Social Securi vards and commissions must provide y Numbers are required in order for th ray. I am aware of the criminal penalti lef. I understand that false statements on.	ity Act pertaining to Child Support Enforcement, a to the Department of Human Services information he Board/Commission to comply with the reportin es for tampering with public records or informatic are made subject to the penalties of 18 Pa. C.S. §

16. When the hours are successfully submitted you will receive a confirmation message:

Verification Statement	-				
NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards/Commissions to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 22 Pa. C.S. § 4304.1(a). At the request of the Department of Human Services, the licensing boards and commissions must provide to the Department of Human Services information prescribed by the Department of Human Service information active and commissions must provide to the Department of Human Services information prescribed by the Department of Human Services information active and active the Department of Security Numbers are required in order for the Board/Commission to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.					
I verify that this application i under 18 Pa. C.S. Section 491 (relating to unsworn falsifica I CONFIRM THAT I HAVE	is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information 11. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 ation to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration. READ AND AGREE TO THE TERMS ABOVE.				
Signature	dgfdgfd Date 12/12/2019				
Submit					
Quarterly Hour Report Submitted.					

Congratulations! You have completed your submission of the school Quarterly Hour Reports in PALS!

17. You will be able to submit a spreadsheet for students each quarter, prior to the deadline in the Board's Regulations (April 15, July 15, October 15 and January 15). The ability to submit student hours in PALS will be enabled until the final date of the calendar month after the due date of the quarterly month. Once that date has passed, you will no longer be able to report student hours for that quarter. Any edits or reports needed after that date, you must contact the Board office by email with any changes that need made.

For example: for 2024 1st quarter due by April 15, the submit button will be enabled until April 30th.

- 18. You may update the students' records individually, after the initial upload.
- 19. Questions or edits to already submitted quarterly hours should be directed to the Board staff via email at <u>st-cosmetology@pa.gov</u> or <u>ra-barber@pa.gov</u>, respectively.

Please note: A csv. spreadsheet is attached to the email you received with this Guide. *You should save the email and this sample for future reference.*

REV 11/14/24