

**D&S Diversified Technologies LLP**

**Headmaster LLP**

# **Massachusetts MAP Testing Candidate Handbook**

*UPDATED: March 22, 2024*

**Version 18**

**Updates Effective March 22, 2024**

Virtual wording has been replaced with 'remotely proctored'.

The identification section has been updated.

Medication Administration Remote On-Site Proctor Guideline and No Show Policy added.

# Massachusetts MAP Testing Candidate Handbook

## Contact Information

|                                                                                                                                                                                                                                                               |                                                                                                                                                                                       |                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>Questions regarding:</b> testing process • test scheduling • eligibility to test ..... <b>(888) 734-6211</b>                                                                                                                                               |                                                                                                                                                                                       |                                                                                     |
| <b>Questions regarding:</b> certification • renewal • Registry ..... <b>(888) 734-6211</b>                                                                                                                                                                    |                                                                                                                                                                                       |                                                                                     |
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| <b><i>Massachusetts MAP Registry</i></b><br>PO Box 418<br>Findlay, OH 45839<br><br>Email: <a href="mailto:mass@hdmaster.com">mass@hdmaster.com</a><br>Web Site: <a href="http://www.hdmaster.com">www.hdmaster.com</a>                                        | <i>Monday through Friday</i><br><br><i>8:00AM – 8:00PM</i><br><i>Eastern Standard Time (EST)</i>                                                                                      | Phone #: (888) 734-6211                                                             |

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# Massachusetts MAP Testing Candidate Handbook

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## Introduction

This handbook describes the process of taking the Medication Administration Program (MAP) Certification test. A candidate qualifies to take the test after successfully completing an approved MAP training program. The purpose of the test is to ensure that candidates seeking to be MAP Certified staff are prepared to administer medications safely as regulated by the Massachusetts Department of Public Health.

Massachusetts has approved D&S Diversified Technologies, LLP (D&SDT) to provide tests and scoring services for MAP testing and registry services. For questions not answered in this handbook, please contact D&SDT toll-free at (888)734-6211 or go to D&SDT's MAP webpage at:

[http://hdmaster.com/testing/othertesting/massachusetts\\_cma/MA\\_CMA\\_Home.htm](http://hdmaster.com/testing/othertesting/massachusetts_cma/MA_CMA_Home.htm)

There are two components to the MAP Certification test. Candidates must pass the two test components, knowledge and medication administration, to be listed as certified on the Massachusetts MAP registry.

The information in this handbook will help you prepare for your test.

## Americans with Disabilities Act (ADA)

### ADA Compliance

The Massachusetts Department of Public Health and D&SDT provide reasonable accommodations for candidates with a qualified disability or limitations that may affect their ability to take any portion of the MAP test. Accommodations are granted in accordance with the Americans with Disabilities Act (ADA).

If you have a qualified disability or limitation, you may request special accommodations for examination. D&SDT must approve accommodations before testing. If you wish to receive accommodations, inform your MAP trainer and complete the ADA Accommodation Request Form 1404. The request for accommodations can be found on the [D&SDT-HEADMASTER webpage](#) or by clicking on this link: [ADA Accommodation Form 1404](#). This form must be filled out with the required documentation listed on the second page of the ADA application attached and mailed to D&SDT at [mass@hdmaster.com](mailto:mass@hdmaster.com) at least **fourteen business days** prior to your test date for the portion of the test for which you are requesting an accommodation in order to be reviewed for a special accommodation.

ADA request forms submitted without supporting documentation of a diagnosed disability will not be accepted or reviewed.

**Please allow additional time for your request to be approved.** If you have any questions regarding the ADA review process or specific required documentation, please call D&SDT-Headmaster at (800)393-8664.

Please notify D&SDT at (888)734-6211 of the need to reschedule as soon as you become aware and no less than two business days before a scheduled accommodated test.

### Policy for MAP Testing Utilizing American Sign Language (ASL) Interpreters

ASL interpreters are requested through the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH).

## Massachusetts MAP Testing Candidate Handbook

The following guidelines are for MAP testing utilizing ASL interpreting services.

- D&SDT must submit requests for service to the MCDHH at a **minimum of two weeks before** the test date.
- Interpreter services are not guaranteed on any given test date. If D&SDT is made aware that an interpreter is unavailable for a requested date, the candidate will be notified as soon as possible.
- The ASL interpreter may translate the instructions given by the proctor/tester at the beginning of the testing session into ASL.
- The ASL interpreter does not need to share what communication occurs between the candidate and the ASL interpreter with either the knowledge test proctor or the MAP tester. The ASL interpreter is covered by the code of conduct rules through MCDHH.
- If the interpreter is late or does not show up for the test, the candidate can choose to take the test without the interpreter, with no risk to the candidate if they get a failing score on the attempt.
- If the interpreter arrives late after the candidate has already chosen to take the test without the interpreter, the interpreter is not permitted to join the candidate after the start time listed on the job order.
  - Sign language interpreters will be given the Zoom link to connect to the same testing event as the candidate.

### Additional Testing Time Granted for ASL-Approved Test Candidates

Additional test time is typically granted for ASL-approved test candidates.

#### KNOWLEDGE TEST

- Thirty additional minutes for the knowledge test.
  - The candidate is allowed to have all questions interpreted, but the maximum time for testing is one hour and forty-five minutes.
  - The sign language interpreter will log into the same TMU© account so that the questions are accessible.
  - The candidate will mark their own answers in their own test.

#### MEDICATION ADMINISTRATION TEST

- Ten additional minutes for the medication administration test.
  - The maximum time for the medication administration testing is twenty minutes (normal testing time of ten minutes plus an additional ten minutes).

## The MAP Remotely Proctored Test Scheduling

### Payment Information

| Test Description                         | Price |
|------------------------------------------|-------|
| Knowledge Test or Retake                 | \$55  |
| Medication Administration Test or Retake | \$100 |
|                                          |       |

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## Funding

DDS/DMH/DCF/MRC will only pay for three knowledge and three medication administration for an employee. Candidates are allowed only one funding source and do not get six funding attempts from each agency.

## Completing your Account in TMU©

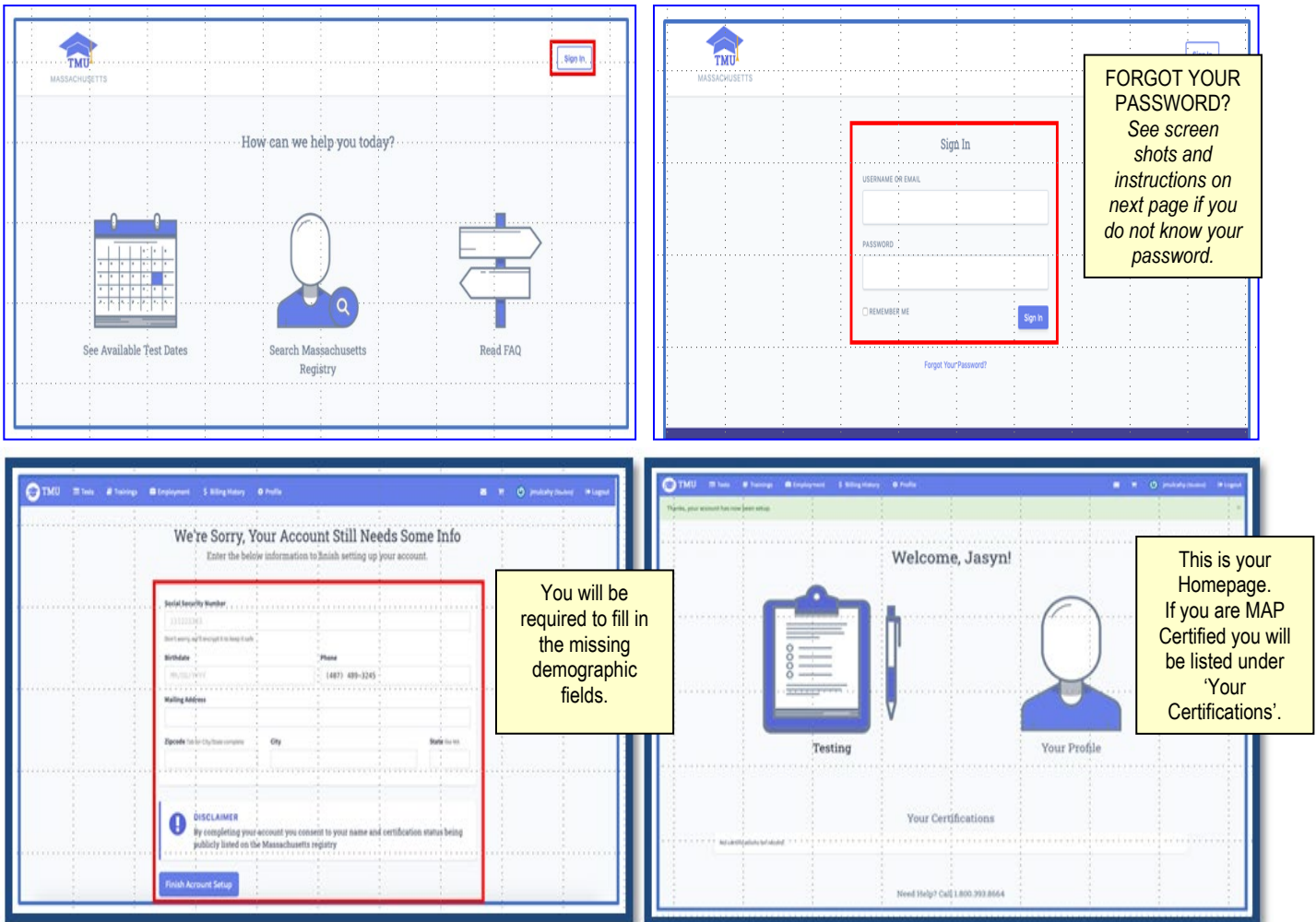
Your initial registration information will be entered in D&SDT-Headmaster's TestMaster Universe (TMU©) software.

**IMPORTANT:** Before you can test, you must sign in to the [Massachusetts MAP TMU© \(ma.tmutest.com\)](https://ma.tmutest.com) using your secure Email or Username and Password and complete your demographic information.

- It is highly recommended that when you receive your confirmation email from TMU© (check your junk/spam mail) that your account has been created, you sign in to your TMU© account, update your password, and complete your demographic information.

If you do not know your Email or Username and Password, enter your email address and click "Forgot Your Password?" You will be asked to re-enter your email, and a 'reset password link' will be sent to your email (**see instructions under 'Forgot your Password and Recover your Account'**). If you cannot sign in for any reason, contact D&SDT-Headmaster at (888)734-6211.

*Instructions for completing your record:*



The screenshots illustrate the user journey in the TMU© system:

- Top Left:** The main TMU© homepage with options to "See Available Test Dates", "Search Massachusetts Registry", and "Read FAQ". A "Sign In" link is highlighted in the top right corner.
- Top Right:** The "Sign In" form with fields for "Username or Email" and "Password", a "Remember Me" checkbox, and a "Sign In" button. A "Forgot Your Password?" link is at the bottom. A callout box states: "FORGOT YOUR PASSWORD? See screen shots and instructions on next page if you do not know your password."
- Bottom Left:** The "We're Sorry, Your Account Still Needs Some Info" page. It prompts the user to enter their Social Security Number, Birthdate, Phone, and Mailing Address. A "Finish Account Setup" button is at the bottom. A callout box states: "You will be required to fill in the missing demographic fields."
- Bottom Right:** The user's homepage, "Welcome, Jasynt!", showing sections for "Testing", "Your Profile", and "Your Certifications". A callout box states: "This is your Homepage. If you are MAP Certified you will be listed under 'Your Certifications'."

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## Forgot your Password and Recover your Account Directions

The image displays four screenshots from the TMU Massachusetts MAP Testing website:

- Recover Your Account (Top Left):** Shows two methods to recover an account: "Using your Email Address" (with a text input field) and "Using other Information" (with fields for Last 4 of SSN, Date of Birth, Last Name, and ZIP Code). Both methods have a "Recover Account" button.
- Recover Your Account (Top Right):** Shows a confirmation message: "We have e-mailed your password reset link! Please allow a few minutes for the email to be delivered." Below it are the same input fields as the previous screen.
- Reset Password (Bottom Left):** An email template with a "Reset Password" button highlighted in a red box. The email text states: "Hello! You are receiving this email because we received a password reset request for your account. This password reset link will expire in 60 minutes. If you did not request a password reset, no further action is required. Regards, TMU".
- Reset Your Password (Bottom Right):** Shows the password reset form with fields for "E-MAIL ADDRESS" (pre-filled with "sample@email.com"), "PASSWORD", and "CONFIRM PASSWORD", followed by a "Reset Password" button.

## Schedule a Remotely Proctored Test

**All testing is done with remote proctors.**

Please view the following presentation with information on what you need to know to schedule a remotely proctored test: [Guidelines for Remotely Proctored Certification Testing](#)

The guidelines for remotely proctored certification testing link can also be found on D&SDT's MAP webpage at [www.hdmaster.com](http://www.hdmaster.com). Click on Massachusetts MAP and then on 'Guidelines for Remotely Proctored MAP Certification Testing 2-1-2023'.

The image shows the "Massachusetts MAP Testing and Registry" website. A red box highlights the link "Guidelines for Virtual MAP Certification Testing- 2-1-2023" in the "Updates from DDS, DMH, DCF, and MRC" section. An "ENLARGED" callout points to this link. The website also features a banner for "INCLEMENT WEATHER INFORMATION" and a sidebar with various resources like "Candidate Forms", "Test Site Forms & MAP Trainers", and "Knowledge Test Proctor & RN Observer Forms".

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## Directions for Scheduling into a Remotely Proctored Test Event

**Step 1: Login**

How can we help you today?

See Available Test Dates | Search Massachusetts Registry | Read FAQ

**Step 2: Navigation**

Welcome, Jasyn!

Testing | Your Profile | Your Certifications

*Click on the 'Tests' tab or 'Testing'. Click on 'Schedule'*

**Step 3: Event Selection**

Exam: MAP Knowledge Knowledge | Reason: Knowledge | Status: Eligible

*All eligible test events will appear in this format. To select a test date, click 'Schedule' next to the corresponding desired test event.*

**Step 4: Confirmation**

Please Confirm

Schedule into this Event on 12/18/2019 for these exams?

MAP Knowledge Knowledge

Are you sure?

Cancel | **OK**

*A confirmation box will pop up to confirm your test event choice. Click OK*

**Step 5: Confirmation Bar**

Your Tests

Student Mulcahy, Jasyn scheduled into Knowledge for MAP Knowledge.

Testing History

| Test Date                  | Exam                    | Test Site                           | Status    |
|----------------------------|-------------------------|-------------------------------------|-----------|
| 12/18/2019<br>12:00 PM EST | MAP Knowledge Knowledge | 3L PLACE, INC.<br>CHESTNUT HILL, MA | Scheduled |

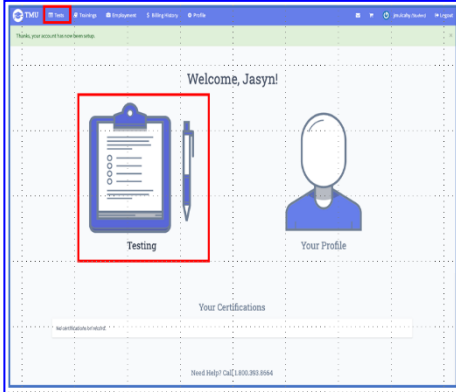
*A green confirmation bar will appear across the very top of the screen when you have been successfully scheduled into a test event.*

# Massachusetts MAP Testing Candidate Handbook

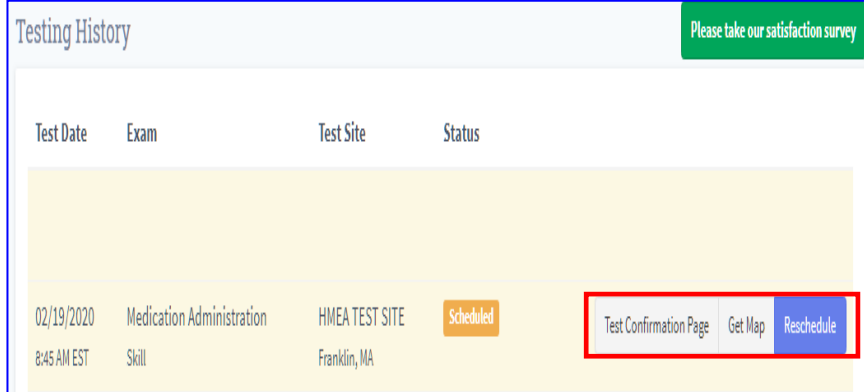
## Accessing Your Test Confirmation Page

You can access your test confirmation page at any time.

Click on Testing:



Click on Test Confirmation Page to open your test confirmation letter:



- **Sponsored** not scheduled into a test by their MAP trainer or provider will be able to schedule/reschedule themselves into a DDS/DMH/DCF/MRC funded/sponsored MAP remotely proctored test, which can be found on the calendar of events when signed into your TMU@ account.
- **Non-sponsored candidates** (candidates not employed by a DDS/DMH/DCF/MRC provider) will be able to schedule/reschedule themselves into a self-pay MAP remotely proctored test, which can be found on the calendar of events when signed into your TMU@ account.

D&SDT does not send postal mail test confirmation letters to candidates.

If you need assistance accessing your test confirmation page or have any questions regarding the test schedule or scheduling/rescheduling your test, call D&SDT at (888)734-6211.

## TEST CONFIRMATION PAGE EXAMPLE

**Test Confirmation Letter**

Scheduled Test Confirmation - Massachusetts Medication Administration

**Test Date:** 09/28/2020

**Test Time:** 1:40 PM EDT

**Test Exam:** Skill - Medication Administration

**Test Site:** VIRTUAL SKILLS TEST SITE - DD  
VIRTUAL ADDRESS - IMPORTANT-READ NOTES AT BOTTOM IN DRIVING DIRECTIONS  
VIRTUAL CITY, MA 00000

[Get Map](#) [Print](#)

Sample Candidate  
Address  
City, State Zip

Start Time for this Test Site is in the 0 timezone.

**BRING THIS NOTICE WITH YOU TO THE TEST!**  
See policy below, your ID must match the name on this form exactly for testing. The name above is formatted as follows: First, Middle, Last.

- Your MAP testing process will begin promptly at the time listed above.

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### Remotely Proctored Testing Information

#### Remotely Proctored Testing Platform

- The remotely proctored testing video conferencing platform used by D&SDT is Zoom.

#### Remotely Proctored Knowledge Test Candidate Requirements

Candidates must have:

- You must have an updated version of Google Chrome as your Internet browser.
  - *TMU© does not support Internet Explorer and, if used, will result in failing test scores.*
- Wi-Fi
- A personal computer/tablet/laptop to log into TMU© to access the knowledge test.
- A smartphone to access the video conferencing platform (i.e., Zoom).
- A quiet area to take the test alone.
- The video conferencing platform (i.e., Zoom) link must be maintained during the entire knowledge test.
  - If the Zoom connection is lost, you must immediately reconnect or be subject to voided test results.

#### Scheduling a Remotely Proctored Knowledge Test

Candidates will sign in to TMU© and schedule a knowledge test date. (See instructions under Scheduling a Test Date.) D&SDT will send a test confirmation via email and/or text message. (See instructions under Accessing your Test Confirmation.)

You will receive an email with instructions and a link to download the video conferencing platform (e.g., Zoom), including a meeting ID and password. The test site location will be listed as a “Remotely Proctored Knowledge Testing Site”.

#### Scheduling a Remotely Proctored Skills Test

Candidates cannot schedule their own med administration skills test date. The trainer or point of contact for the facility must call D&SDT and speak with a member of the MAP team.

Before calling D&SDT, please be sure the file is ready to schedule and that the candidate and the trainer have reviewed the test calendar.

The test site location will be listed as “Remotely Proctored Skills Testing Site”.

#### Remotely Proctored Skills Test

Candidates will enter the test 10 minutes before the test start time to review the instructions.

#### Remotely Proctored Test Check-In

For all components of the MAP test, you are required to sign in to the Remotely Proctored link for the check-in process with the remote tester/proctor **prior to the start time** listed on your test confirmation. If you are not signed in to your Remotely Proctored exam prior to the start time listed on your test confirmation, you will be considered a ‘no show,’ will owe a \$45 no-show fee, and will not be allowed to test. If you are a self-pay candidate, you will forfeit your testing fees and will have to pay for another test date. You are not allowed to leave once the check in process has taken place. If you do leave for any reason, you will not be allowed back into the testing area.

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## Testing Attire

- No wristwatches of any kind, smart watches, fitness monitors, or Bluetooth-connected devices are allowed.
- For testing security, coats or hooded apparel covering one's head are not allowed in the remote or on-site testing rooms.
- A candidate with long hair will be asked to pull their hair back by the remote tester/proctor to ensure that no Bluetooth-connected devices are being used.

## Identification

You must show the remote proctor a **UNITED STATES OF AMERICA (US) GOVERNMENT-ISSUED, NON-EXPIRED, SIGNED/FINGERPRINT, PHOTO-BEARING FORM OF IDENTIFICATION**. Examples of the types of IDs that are acceptable are:

- Driver's License
- State-issued Identification Card
- US Passport (Foreign Passports *are not* acceptable)
  - Exception: A signed foreign passport with a US-issued VISA included within the passport is acceptable.
- Military Identification
- Handgun Carry Permit
- Permanent Resident Card (now accepted without a signature or fingerprint)

The **FIRST** and **LAST** names listed on your ID presented to the remote tester/proctor during the remotely proctored check-in at your test event **MUST MATCH THE FIRST AND LAST NAMES** entered in the Massachusetts MAP TMU© database by your instructor/training program. **The full name must match exactly, word for word. For example, this means including the suffix when applicable.** You may call D&SDT-Headmaster at (888)734-6211 well in advance of your test date during regular business hours, 8:00AM to 8:00PM EST Monday through Friday, excluding holidays, to confirm that your name of record matches your acceptable ID, or sign in to your record in TMU© ([ma.tmutest.com](https://ma.tmutest.com)), using your Email or Username and Password, to check or change some of your demographic information.

### Note:

- **You will not be admitted for testing if you do not bring proper/valid identification.**
  - Be sure your US government-issued photo-bearing ID is an acceptable form of identification that is not expired and that it is signed.
  - Check to be positive that both your FIRST and LAST printed names on your identification match your current name of record in TMU©.
    - **The full name must match exactly, word for word. This means including the suffix when applicable.**

If the FIRST and LAST printed names on your US government-issued photo ID do not match your current name of record in your TMU© account or your ID is not proper/valid, you will not be admitted to take your remotely proctored exam. You will be considered a no-show. You will forfeit your testing fees and have to pay for another test date.

- Any name change that needs to be made (due to marriage, divorce, spelling corrections, etc.) must have documentation submitted to D&SDT via the [DEMOGRAPHIC CHANGE/CORRECTION REQUEST FORM](#) in the MAP TMU© under Applications (before you log into our TMU© account) at [ma.tmutest.com](https://ma.tmutest.com) two business days (excluding Saturdays, Sundays and Holidays), before your scheduled test.
  - **NOTE:** *Name changes or corrections will not be allowed less than two business days before your test.*

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### Testing Policies

The following policies are observed at each remotely proctored test event—

- Sign in to your TMU© account at [ma.tmutest.com](http://ma.tmutest.com) well in advance (a few days before) of your test date to update your password and complete your demographic information. Refer to the **‘Complete Your Account in TMU©’** section of this handbook for instructions and information.
  - If you have not signed in and completed/updated your TMU© account when you check in to your remotely proctored test, you may not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- **If you attempt to sign in to your remotely proctored test event late, you will not be admitted, considered a No Show, and any test fees paid will NOT be refunded.**
- If you do not present a valid US government-issued, non-expired, signed/fingerprint photo ID, you will not be admitted, considered a No Show and, any test fees paid *will NOT be refunded*.
- If the FIRST and LAST printed names, and any suffix if applicable, on your US government-issued ID does not exactly match the FIRST and LAST names, and suffix if applicable, in your current record, you will not be admitted and will be considered a No-Show. Any test fees paid *will NOT be refunded*.
- If you do not conform to all testing policies for all components of the MAP test, you will not be admitted or will be asked to leave (expelled from) the test, considered a No Show and any test fees paid *will NOT be refunded*.
- If you NO SHOW for any portion of the MAP test, un-sponsored candidates will forfeit any test fees paid. Test fees *will NOT be refunded*. You must reapply for a new test date and prepay all required testing fees for the component(s) of the MAP test missed. Sponsored candidates will have to pay a \$45 no show fee before they can schedule a new test date. If state funding is still available, employment must be verified. If state funding is exhausted, the candidate will incur test fees.
- No wristwatches are allowed to be on or near you in any testing area.
- Paper or hardback word-for-word only language translation dictionaries are allowed during testing. Before you start your test, you must show the word-for-word translation dictionary to the remote tester/proctor. The best time to make the remote tester/proctor aware is during the check-in process at the very beginning. No documentation or writing can be in the translation dictionary. If there is, the translation dictionary will not be allowed. Electronic translation dictionaries, or dictionaries with definitions or non-approved language translators, are not allowed during testing.
- You may not take notes or materials from the Remotely Proctored testing room.
- You are not permitted to eat, drink, smoke, use e-cigarettes, or vape during the remotely proctored test.
- You are not allowed to leave the remotely proctored testing room once any component of the test has begun **for any reason**. If you do leave during your remotely proctored test, you will not be allowed back into the remotely proctored testing room to finish your test.
- If you are discovered causing a disturbance, engaging in misconduct, or being visibly impaired, or if you try to take notes or testing materials from the remotely proctored testing room, you will be dismissed from the test and reported to your training program DDS, DMH, DCF, or MRC.
- No visitors, instructors, guests, pets (including companion animals), or children are allowed to be present while taking your remotely proctored test. If visitors, guests, pets, or children are at your remotely proctored test, you will not be admitted into the remotely proctored test, considered a No Show, and any test fees paid *will NOT be refunded*.
  - Service animals with an approved ADA accommodation in place are allowed.
- If you have any physical limitations (excluding pre-arranged ADAs) that would prevent you from demonstrating your competency to perform your duties as a MAP-certified staff person, we strongly recommend that you

## Massachusetts MAP Testing Candidate Handbook

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reschedule your remotely proctored test until you no longer have any limitations (s). If you decide to continue with your scheduled remotely proctored test while under limitation(s), you will not be given a free reschedule for testing due to any issue arising from the limitation(s). (Examples: cast, arm/leg braces, crutches, etc.) Call D&SDT at (888)734-6211 immediately if you are on medical restrictions/limitations. You must email ([mass@hdmaster.com](mailto:mass@hdmaster.com)) or fax (419)422-7395 a doctor's order **within three business days** of your scheduled test day to qualify for a free reschedule.

### Inappropriate Behavior Policy

Inappropriate behavior is not tolerated at any test event, whether remotely proctored or in-person. You must be logged in and ready to test before the time listed on your test confirmation. You are also expected to act in a professional manner and show respect to the other individuals testing and the test observer overseeing the event. If you refuse to follow directions, use abusive language, or disrupt the examination environment, your test will be stopped and scored as a failure. You will be dismissed from the test event and will forfeit any testing fees paid. A report of your behavior will be given to your sponsoring employer and the Massachusetts Department of Developmental Services (DDS), the Department of Mental Health (DMH), the Department of Children and Family (DCF) or the Massachusetts Rehabilitation Commission (MRC).

### Inclement Weather and Unforeseen Circumstances Policy

If a test is canceled due to weather or other unforeseen circumstances, you will be notified via email and/or text message through the TMU© software. If you are uncertain about testing due to overnight weather, please be diligent about checking your email and/or text messages for any cancellations prior to leaving home or work for your skill testing location.

**Note: Remotely proctored testing will be affected only if you travel to your business place to utilize computer and internet services.**

- Testing will proceed as scheduled if the test site is open and the on-site remote tester/proctor (for Med Administration) can travel to the site.
- If you have severe weather that occurs in your area within 24 hours prior to testing and are unable to travel to the test site as a result, you must notify D&SDT via phone call at (888)734-6211 *prior to* your scheduled test date.
  - You will be required to submit documentation within **five business days** of the missed test date regarding the severe weather in your area (e.g., a screenshot from a news station or webpage, a statement from the MassDOT website, or your local police department, etc.) for review to determine if the \$45 No Show fee will be waived.
- If you do not attend your test due to weather-related issues (e.g., extended power outage, your roof falling in due to heavy snow or trees falling, etc.), you will be required to submit documentation within **five business days of the missed test date** regarding the weather-related issue. Examples of appropriate documentation would be a claim form from your insurance company, a copy of a repair bill or estimate, a printout of power outage areas from the power provider, etc.).

**Note: D&SDT will review all exceptional weather events in collaboration with DDS, DMH, DCF, or MRC for possible cancellations, rescheduling modifications, and/or allowances.**

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## Security

If you refuse to follow directions, use abusive language, disrupt the remotely proctored test environment, or are visibly impaired, your test will be stopped and scored as a failed attempt. You will be dismissed from the remotely proctored testing room and will forfeit any testing fees paid. A report of your behavior will be given to DDS, DMH, DCF, or MRC.

You will not be allowed to test for a minimum of six months. To be eligible to test again, you must obtain permission from DDS, DMH, DCF, or MRC.

Anyone who removes or tries to take notes or information during the remotely proctored test will be reported to DDS, DMH, DCF, or MRC and is subject to prosecution to the full extent of the law by D&SDT. Your test will be scored as a failed attempt, and you will forfeit any testing fees that have been paid. You will not be allowed to retest for a minimum period of six (6) months. You will need permission from DDS, DMH, DCF, or MRC to be eligible to test again.

If you give or receive help from anyone during remotely proctored testing (which also includes the use of any other electronic recording devices or aides such as cell phones or smart watches, other than the two devices you are taking your tests on), your remote proctored test will be stopped and scored as a failed attempt. You will be dismissed from the remotely proctored testing room and will forfeit any testing fees paid. You will be reported to DDS, DMH, DCF, or MRC. You must obtain permission from DDS, DMH, DCF, or MRC to be eligible to test again.

## Reschedule / Refund Request / No Show Policies

### Reschedules

All candidates are entitled to one staff-assisted free reschedule during each three-attempt testing cycle any time up until two business days preceding a scheduled test day, excluding Saturdays, Sundays, and Holidays. Additional reschedules are subject to a \$35 fee for each rescheduled component. The reschedule fee must be paid in full before a test component is rescheduled.

- **Example:** If you are scheduled into any component of your test on a Saturday, Sunday, or Monday, you would need to reschedule by close of business (D&SDT is open until 8:00PM Eastern time Monday through Friday) the Wednesday before your scheduled test. The Thursday and Friday before a scheduled test on a Saturday, Sunday, or Monday are considered the two business days before your scheduled test. A reschedule would not be granted if D&SDT was notified on Thursday or Friday.

### MAP RESCHEDULE AND REFUND REQUEST CHART

| The scheduled test date is on a: | Last day you can reschedule by close of business: |
|----------------------------------|---------------------------------------------------|
| Monday                           | The prior Wednesday                               |
| Tuesday                          | The prior Thursday                                |
| Wednesday                        | The prior Friday                                  |
| Thursday                         | The prior Monday                                  |
| Friday                           | The prior Tuesday                                 |
| Saturday                         | The prior Wednesday                               |
| Sunday                           | The prior Wednesday                               |

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**Note:** Reschedules will not be granted less than two full business days prior to a scheduled test date. You will be considered a no-show and will forfeit any testing fees paid. A \$45 no-show fee will be owed and must be paid in full prior to scheduling a new test date.

### Refund of Testing Fees Paid

Requesting a refund of testing fees paid is different than rescheduling a test. Requesting a refund means you are not interested in taking the MAP test.

#### SPONSORED AND NON-SPONSORED CANDIDATES SCHEDULED INTO A TEST

- 1) If you are scheduled into a test, a refund request of testing fees paid must be made by filling out and submitting the [Refund Request Fillable Form 1405](#) on D&SDT's main webpage at [www.hdmaster.com](http://www.hdmaster.com) at least **two full business days** prior to your scheduled test (excluding Saturdays, Sundays and Holidays). No phone calls are accepted.
  - Example: If you are scheduled to take your test on a Saturday, Sunday or Monday, you would need to submit the Refund Request Form 1405 by close of business (D&SDT is open until 8:00PM Eastern time Monday-Friday, excluding Holidays) the Wednesday before your scheduled test. The Thursday and Friday before a scheduled test date on a Saturday, Sunday or Monday is considered the two full business days before your scheduled test and a refund request would not be granted on the Thursday or Friday prior to your scheduled test day.
- 2) Refund requests for a non-sponsored test made in the required time frame qualifies for a full refund of any testing fees paid minus a \$35 refund/processing fee.
- 3) Refund requests for a sponsored test not made within the required time frame will be assessed a \$45 No Show fee that must be paid before being allowed to schedule a new test date.
- 4) Refund requests must be made within thirty days of payment of testing fees with D&SDT. Any requests for refunds made beyond the 30 days of payment of testing fees with D&SDT will not be issued.

#### NON-SPONSORED CANDIDATES WHO ARE NOT SCHEDULED IN A TEST

- 1) Refund requests must be made within thirty days of payment of testing fees with D&SDT. Any requests for refunds made beyond the 30 days of original payment of testing fees with D&SDT will not be considered.
- 2) Refund requests must be made by filling out and submitting the [Refund Request Fillable Form 1405](#) on D&SDT's main webpage at [www.hdmaster.com](http://www.hdmaster.com). No phone calls are accepted.
- 3) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund/processing fee.

#### SPONSORED CANDIDATES WHO ARE NOT SCHEDULED IN A TEST EVENT

- 1) Refund requests must be made within thirty days of payment of testing fees with D&SDT. Any requests for refunds made beyond the 30 days of original payment of testing fees with D&SDT will not be considered.
- 2) Refund requests must be made by filling out and submitting the [Refund Request Fillable Form 1405](#) on D&SDT's main webpage at [www.hdmaster.com](http://www.hdmaster.com). No phone calls are accepted.
- 3) Refund requests not made within the required time frame will be assessed a \$45 No Show fee that must be paid before being allowed to schedule a new test date.

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### No Shows

If you are scheduled for your remotely proctored test and do not sign in before the time listed on your confirmation email to be checked in by the remote tester/proctor or do not show up without notifying D&SDT at least **two full business days** prior to your scheduled test, **excluding** Saturdays, Sundays, and Holidays, or if you are turned away for lack of proper identification or any other reason that makes you ineligible to test, you will be considered a **NO SHOW**. You will forfeit all fees paid and must submit a new testing fee to schedule yourself for a new test.

If a reschedule or refund request of testing fees paid is not received before the two full business days preceding a scheduled test, excluding Saturdays, Sundays, and Holidays (see examples under Reschedules and Refund of Testing Fees Paid), a NO SHOW status will exist, and you will forfeit your testing fees. You must repay the full testing fee to secure a new test.

### No Show Exceptions

Exceptions to the No Show status exist; if you are a No Show for any test component for any of the following reasons, a free reschedule will be authorized to the candidate of record, providing **the required documentation is received within the designated time frames outlined below and approved by the MA Program Manager**:

- **Car breakdown or accident**: D&SDT must be contacted within one business day of the missed test via phone call, fax, or email, and a tow bill, police report, or other appropriate documentation (a car repair bill is not acceptable) must be submitted within **three business days** of the missed test date. If D&SDT does not receive proof within the 3 business days' time frame, you will have to pay as though you were a No Show.
- **Medical emergency or illness**: D&SDT must be contacted within one business day of the missed test via phone call, fax, or email, and a signed doctor's note (showing seen by a doctor on or before your test date) must be submitted within **three business days** of the missed test date. If D&SDT does not receive proof within the 3 business days' time frame, you will have to pay as though you were a No Show. Both names must be referenced on the signed doctor's note for the following situations.
  - If the doctor saw your dependent child.
  - If you are the guardian or medical power of attorney for the person seen by the doctor.
- **Death in the family**: D&SDT must be contacted within one business day of the missed test via phone call, fax, or email, and an obituary or letter submitted on your behalf from the funeral home for immediate family only must be submitted within **seven business days** from a missed test date. If D&SDT does not receive proof within the 7 business days' time frame, you will have to pay as though you were a No Show. (Immediate family means parent, grand and great-grandparent, sibling, children, spouse, or significant other.)
- **Remotely proctored knowledge testing issues**: D&SDT must be contacted within one business day via phone, fax, or email, and appropriate documentation must be submitted within three (3) business days of the exam date. If we do not receive proof within the 3-business-day time frame, you will have to pay as though you were a NoShow.
  - **Internet outage or issue**: Documentation from the Internet provider showing outage date and times.
  - **Computer or cell phone issue**: If the computer or cell phone fails to work, documentation from a computer repair technician/shop or other appropriate documentation is required.

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### Candidate Feedback – Exit Survey

You will receive an email and/or text once your test is officially scored. This notice will give you a link to complete an exit survey. A link is also available when you sign in to your TMU© account to see your test results. The exit survey is confidential and will not affect the outcome of any test. You are encouraged to complete the exit survey questions with honest feedback regarding your test experience to help improve the testing process.

### Test Results

After completing your MAP test, your test will be officially scored and double-checked by D&SDT scoring teams. Once the scoring process is complete, you will receive an email and/or text letting you know your test results are available. You may securely access your results in your TMU© account at [ma.tmutest.com](http://ma.tmutest.com). Official test results are available to you after 6:00PM Eastern Standard Time (excluding Saturdays, Sundays, and Holidays) the next business day.

When you pass both components of the MAP test, you will be listed on the Massachusetts MAP Registry as certified.

**D&SDT does not send postal mail test result letters to candidates.**

To view your test results, sign in to your record in TMU© at [ma.tmutest.com](http://ma.tmutest.com) and:

Click on Testing:

Click on Details to open your results:



| Testing History            |               |                                               |         | Please take our satisfaction survey                        |
|----------------------------|---------------|-----------------------------------------------|---------|------------------------------------------------------------|
| Test Date                  | Exam          | Test Site                                     | Status  |                                                            |
| 01/21/2020<br>8:45 AM EST  | MAP Knowledge | ADVOCATES INC TEST SITE<br>FRAMINGHAM, MA     | Passed  | <a href="#">Details</a> <a href="#">Print Test Results</a> |
| 12/19/2019<br>12:00 AM EST | MAP Knowledge | SEVEN HILLS FOUNDATION #9137<br>WORCESTER, MA | No show |                                                            |

### Test Attempts

You have **three attempts** to pass any combination of the knowledge and medication administration test components. Once you receive three failed scores (any combination) you must successfully complete a remedial training by your trainer of record (if offered) or a trainer employed within your facility (if offered) or you must complete the full MAP training program again.

- If you complete a remedial training program after three failed scores (any combination), you will only retest on the component that you previously failed. Your three-month window is not extended in this option. Your original training expiration will stand.
- If you complete a new MAP training program after three failed scores (any combination), you will have to retest on all three components, even if you passed a component under your previous training. You will obtain a new three-month window for testing.

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### Retaking Components of the MAP Test

If your test results show that you failed a component of the MAP test, you may apply to retake it. You will need to adhere to the guidelines below to secure a new test date.

#### Retaking the Knowledge Test

If you fail your Knowledge Test Component:

##### DDS/DMH/DCF/MRC SPONSORED CANDIDATES

- If you are a DDS/DMH/DCF/MRC sponsored candidate, and you fail your KNOWLEDGE TEST component, you may secure a new test date by signing into TMU© after 6:00PM Eastern Standard time the business day after your test event and selecting a new date and time under the Testing tab.

##### NON-SPONSORED CANDIDATES

- If you are a non-sponsored candidate and you fail your KNOWLEDGE TEST component, you may secure a new test date by signing into your TMU© account after 6:00PM Eastern Standard Time the business day after your test, select the Knowledge Test component, pay the correct fee with a credit/debit card (VISA or MasterCard only) and then select a new test date and time under the Testing tab.

#### Retaking the Medication Administration Demonstration Component

If you fail a Medication Administration Demonstration Component:

##### DDS/DMH/DCF/MRC SPONSORED CANDIDATES

- After your employment has been re-verified, you may secure a new test date by following the instructions under Remotely Proctored Testing Information.

##### NON-SPONSORED CANDIDATES

- You may secure a new remotely proctored test date by following the instructions under Remotely Proctored Testing Information.

### Test Review Requests

You may request a review of your test results or dispute any other condition of your remotely proctored testing. **There is a \$25 test review deposit fee.** To request a review, you must submit the PDF fillable [Test Review Request and Payment Form 1403](#) available on D&SDT-Headmaster's main webpage at [www.hdmaster.com](http://www.hdmaster.com) (before you get to the Massachusetts MAP webpage) with a detailed step-by-step explanation of the steps you demonstrated but believe you were not credited with during your remotely proctored test. Submit the Test Review Fee of \$25 (MasterCard, Visa, or debit card) and a detailed explanation of why you feel your dispute is valid (upload with Form 1403) via the PDF fillable Test Review Request and Payment Form 1403 **within three (3) business days** from official scoring of your remotely proctored test (excluding Saturdays, Sundays and Holidays). Late requests will be returned and will not be considered.

**PLEASE READ BEFORE FILLING OUT THE TEST REVIEW REQUEST:** Please call D&SDT at (888)734-6211 and discuss the test outcome you are questioning before committing to sending the \$25 test review request deposit fee. Once you have further details about the scoring of your remotely proctored test, you will often understand the scoring process

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and learn how to better prepare yourself for subsequent exam attempts. If, after discussion with D&SDT staff, you still have a concern with your testing process that affected the outcome of your exam, you may submit a Test Review Request.

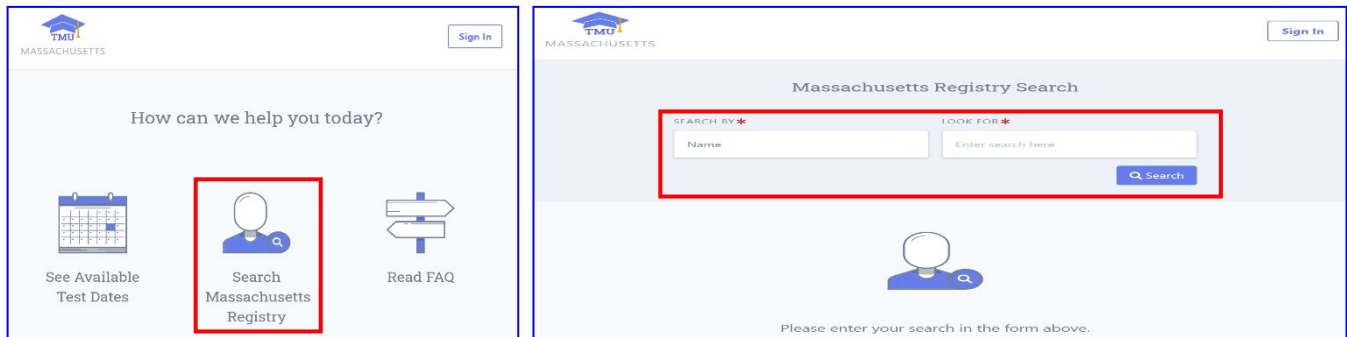
If the results of the review are in your favor, D&SDT will refund your test review fee. D&SDT will re-check the scoring of your test and may contact you and/or the tester/proctor for any additional recollection of your test(s). D&SDT will complete your review request within ten business days of receiving your timely review request and will email the review results to your email address.

If you decide to schedule and pay for another test component while waiting for the review outcome, and you successfully pass the component previously failed, and your review outcome is in your favor, the test review fee *plus* the additional test component fee you paid will be refunded.

**Note:** D&SDT will not review test results or disputes with family members or anyone else (providers/trainers, programs, etc.) on behalf of the candidate.

### MAP Registry

The Massachusetts MAP Registry contains all MAP-certified staff in Massachusetts. The MAP Registry can be accessed at [ma.tmutest.com](http://ma.tmutest.com).



### Certification

Your certification is valid for a two-year period. You must re-certify within 90 days of your expiration date. If you do not re-certify within the 90-day re-certification period, your certification will lapse. You are eligible to re-certify for up to one year from when your certification expired, however, you will no longer be eligible to administer medications. For questions regarding your MAP certification status, go to the MAP webpage at:

[http://hdmaster.com/testing/othertesting/massachusetts\\_cma/MA\\_CMA\\_Home.htm](http://hdmaster.com/testing/othertesting/massachusetts_cma/MA_CMA_Home.htm)

Or contact the MAP Registry staff Monday through Friday 8:00AM to 8:00PM EST, via phone call at (888)734-6211 or by fax at (419)422-7395.

### Re-Certification Process

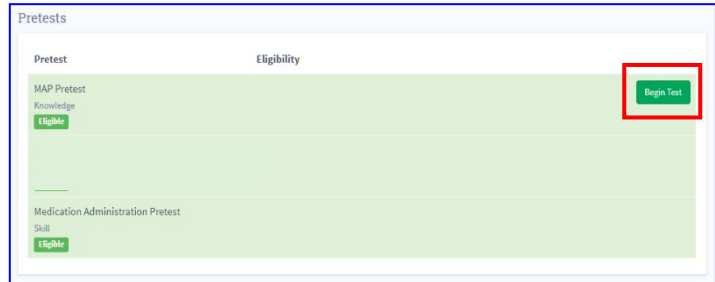
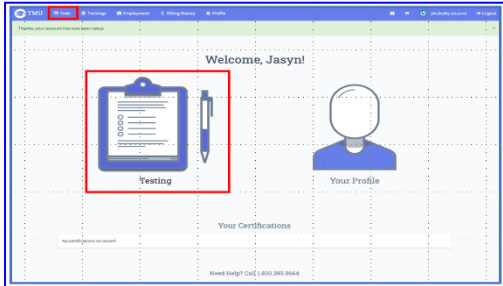
Re-certifications can be done through D&SDT or in-house. If a re-certification is scheduled through D&SDT, the entire re-certification process must be completed through D&SDT. Once the process begins, an in-house re-certification is

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not allowed. Vice versa, if an in-house re-certification is completed first, the process must be completed through the in-house re-certification.

### The Knowledge Test Component

The purpose of the knowledge component is to test your understanding of all job duties detailed in the approved Massachusetts MAP curriculum, ‘Responsibilities in Action’ (RIA), as they relate to medication management.



You should have received information during your MAP training explaining that it is to your advantage to spend time on your own reading RIA from cover to cover as well as taking the pretest over and over. The pretest is available by signing into your TMU© account at [ma.tmutest.com](https://ma.tmutest.com).

The knowledge test component is administered electronically via TMU©. The test will be displayed on a computer screen for you to read and key in your answers.

You will have a maximum of 75 minutes to complete the test. You will be told when 15 minutes remain. You may not ask questions about the content of the test, such as “What does this question mean?”

**You must have a score of 80% or better to pass the knowledge test component of the MAP test.**

### Knowledge Test Content

The Knowledge Test consists of 50 multiple-choice questions. Questions are selected from RIA subject areas. The subject areas and number of questions from each area are listed below:

| Subject Area                                                 | Number of Questions |  | Subject Area                                | Number of Questions |
|--------------------------------------------------------------|---------------------|--|---------------------------------------------|---------------------|
| Unit 1: Introduction and Working in a MAP Registered Program | 5                   |  | Unit 6: Recording Information               | 5                   |
| Unit 2: Observing and Reporting                              | 6                   |  | Unit 7: Administering Medication            | 10                  |
| Unit 3: Medications                                          | 4                   |  | Unit 8: Chain of Custody                    | 7                   |
| Unit 4: Interacting with Health Care Provider                | 3                   |  | Unit 9: Medication Occurrences and Appendix | 4                   |
| Unit 5: Obtaining, Storing and Securing Medication           | 6                   |  |                                             |                     |

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### The Skill Test Components

#### The Remotely Proctored Medication Administration Demonstration Component

The purpose of the medication administration component is for you to demonstrate that you can administer medication safely, as outlined in RIA Unit 7.

The medication administration demonstration occurs in an individual setting and is conducted by a certified tester.

- For testing purposes, your hands are considered washed, and the medication is double-locked.
- You have a maximum of **10 minutes** to complete your medication administration demonstration.
- Listen carefully to all instructions read by the tester. You may ask to have any of them repeated at any time.
- You are read a scenario immediately before you demonstrate. The scenario includes the name of the individual and the date and time you are administering the medication. Based on the scenario, you must determine the correct medication to administer. The medication is countable. You are given a copy of the scenario for reference.
- You are asked if you have any questions. Once the test begins, you may not ask further questions.
- After listening to the scenario, use the medication book provided to locate the right individual's medication sheet and determine what medication to remove from the medication box.
- If you believe you made a mistake during the medication administration demonstration, tell the tester. For a correction to be accepted, you must re-demonstrate or correct **any step** or **steps** you believe you performed incorrectly at **any time** during your allotted 10 minutes or until you tell the tester you are finished.
- No corrections are accepted after the medication has been administered or after documentation has been completed.
- **All steps must actually be demonstrated. Steps that are only verbalized WILL NOT COUNT.**
- A passing test score can be achieved when all **BOLDED** 'Key Steps' are successfully performed and no more than two 'non-key steps' are missed.
- A failing score will occur when one single **BOLDED** 'Key Step' is not successfully performed or when any combination of three 'non-key steps' is missed.

#### Medication Administration Demonstration Checklist used by the Tester

- 1) Candidate locates the correct individual in the medication book.
- 2) Candidate identifies the correct medication on the medication sheet.
- 3) Candidate identifies the correct medication from the medication box.
- 4) Candidate performs Check #1 by comparing the HCP order and the pharmacy label.
- 5) Candidate performs Check #2 by comparing the pharmacy label and the medication sheet.
- 6) Candidate pours the correct number of tablets.
- 7) Candidate performs Check #3 by comparing the pharmacy label and the medication sheet.
- 8) Candidate gives only the right medication.
- 9) Candidate gives the right dose of medication.

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- 10) Documentation Med Sheet: Candidate initials the correct medication sheet under the right date after administering medication.
- 11) Documentation Med Sheet: Candidate initials the correct medication sheet across from the right time after administering medication.
- 12) Documentation Med Sheet: Candidate initials the correct medication sheet across from the right medication after administering the medication.
- 13) Documentation Count Book: Candidate records the appropriate date on the correct page in the count book. Acceptable date format includes “year” or “yr” or actual current year.
- 14) Documentation Count Book: Candidate records the right time on the correct page in the count book.
- 15) Documentation Count Book: Candidate records the right route on the correct page in the count book.
- 16) Documentation Count Book: Candidate records the right number of tablets on hand on the correct page in the count book.
  - a. Please be aware that medications in blister packs may have been popped out of sequence by previous candidates. There will be a sticker on the package calling your attention to this. In such a case, you must count each tablet separately and not rely on the numbered blisters. This is not an attempt to trick you.
- 17) Documentation Count Book: Candidate records the right number of tablets used on the correct page in the count book.
- 18) Documentation Count Book: Candidate records the right number of tablets remaining on the correct page in the count book.
- 19) Documentation Count Book: Candidate signs name on correct page in the count book.
- 20) Candidate secures all medication(s).

### Medication Administration Remote On-Site Proctor Guidelines

*These requirements need to be followed by approved Med Administration Remote On-Site Proctors:*

1. Be ready to test and log into the Zoom session 10 minutes before the test starts.
2. Provide all **six scenarios** in your testing kit as outlined on [mapmass.com](http://mapmass.com).
3. Ensure the test area is large enough to contain all testing materials yet confined enough so the remote test observer can see the entire area.
4. Remind the candidate to speak loudly and clearly during the remotely proctored test event.
5. Confirm with the remote test observer that the med sheet is up to date with the appropriate initials and that the blister pack count matches the appropriate count page.
6. Take and send pictures of the blister pack, medicine cup, count page, and med sheet.
7. **Abide by the NO SHOW policy listed below.**

### Med Administration Remote On-Site Proctor No Show Policy

Exceptions to the NO SHOW status exist. If you are a NO SHOW for a test event for any of the following reasons, the candidate of record will be authorized to reschedule free of charge. The Provider will not be required to pay the candidate’s NO SHOW fee, provided the required documentation is received within the designated time frames outlined and approved by the Massachusetts MAP Program Manager. All emails need to be sent to [mass@hdmaster.com](mailto:mass@hdmaster.com).

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- **Car breakdown or accident:** D&SDT must be contacted within one business day of the missed test via phone, fax, or email, and a tow bill, police report, or other appropriate documentation (a car repair bill is not acceptable) must be submitted within **three business days** of the missed test date. If D&SDT does not receive proof within 3 business days, ***the Provider will be responsible for the candidate's NO SHOW fee.***
  - **Medical emergency or illness:** D&SDT must be contacted within one business day of the missed test via phone call, fax, or email, and a signed doctor's note (showing seen by a doctor on or before your test date) must be submitted within **three business days** of the missed test date. If D&SDT does not receive proof within 3 business days, ***the Provider will be responsible for the candidate's NO SHOW fee.*** Both names must be referenced on the signed doctor's note for the following situations.
    - If the doctor saw your dependent child.
    - If you are the guardian or medical power of attorney for the person seen by the doctor.
  - **Death in the family:** D&SDT must be contacted within one business day of the missed test via phone call, fax, or email, and an obituary or letter submitted on your behalf from the funeral home for immediate family only must be submitted within **seven business days** from a missed test date. If D&SDT does not receive proof within 7 business days, ***the Provider will be responsible for the candidate's NO SHOW fee.*** (Immediate family means parent, grand and great-grandparent, sibling, children, spouse, or significant other.)
  - **Remotely proctored on-site testing issues:** D&SDT must be contacted within one business day via phone, fax, or email, and appropriate documentation must be submitted within **three (3) business days** of the exam date. If we do not receive proof within 3 business days, ***the Provider will be responsible for the candidate's NO SHOW fee.***
    - **Internet outage or issue:** Documentation from the Internet provider showing outage date and times.
    - **Computer issue:** If the computer fails to work, documentation from a computer repair technician/shop or other appropriate documentation is required.
1. When the Med Administration Remote On-site Proctor is at fault in these instances, they will be considered a **NO SHOW** for the test event, and **the Provider, not the candidate, is responsible for paying the candidate's NO SHOW fee.**
  2. **The Provider is responsible** for any Med Administration Remote On-Site Proctor job responsibilities that hinder the Med Administration Remote On-Site Proctor from being able to administer a candidate's Med Administration test.
    - Even though the candidate was at the facility for the scheduled test event, the candidate will be marked as a NO SHOW for the event, and a NO SHOW fee will be added to their account.

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### 3. Payment of the candidate's NO SHOW fee can be made via:

- The Provider's account in TMU©, or
- The [Facility Payment Form 1402](#) (←click link)

*If you need to reschedule your test event, please do so at least two full business days before the scheduled test date.*

## Knowledge Test Vocabulary List

|                                                               |                                   |                                   |
|---------------------------------------------------------------|-----------------------------------|-----------------------------------|
| abbreviation                                                  | healthcare provider order         | observing and reporting           |
| acceptable codes                                              | healthcare provider visit         | obtaining medication              |
| accuracy check                                                | health-related questions          | over-the-counter (OTC) medication |
| administration                                                | hotline medication occurrence     | parameters                        |
| adverse response                                              | leave of absence (LOA)            | pharmacy label                    |
| allergies                                                     | liquid medication                 | post                              |
| amount                                                        | MAP                               | prescription                      |
| anaphylactic                                                  | MAP consultant                    | principles of medication          |
| authorized prescriber                                         | MAP recertification               | administration                    |
| brand name medication                                         | measuring devices                 | PRN medication                    |
| chain of custody                                              | medication administration process | reporting                         |
| communication                                                 | medication administration sheet   | respecting a person's rights      |
| confidentiality                                               | medication categories             | responsibilities                  |
| count book                                                    | medication information sheet      | Responsibilities in Action        |
| count sheet                                                   | medication interaction            | route                             |
| countable controlled medication                               | medication not administered       | sample medication                 |
| day program medication and residential staff responsibilities | medication occurrence             | sensitivity to medication         |
|                                                               | medication occurrence report (MO) | shoulder-to-shoulder count        |
| dietary supplements                                           | medication ordering and receiving | side effect                       |
| discontinue medication/treatment                              | log                               | special instructions              |
| disposal                                                      | medication outcome                | specialized training              |
| documentation                                                 | medication reconciliation         | subjective information            |
| documentation error                                           | medication refill                 | support plan                      |
| dose                                                          | medication refusal                | supporting abilities              |
| drug loss                                                     | medication release document       | telephone health care provider    |
| emergency contact list                                        | medication security               | order                             |
| exhausting current supply                                     | medication sheet                  | transcribe                        |
| fax health care provider order                                | medication storage                | transcription                     |
| five rights of medication                                     | medication supply discrepancy     | verify                            |
| administration                                                | mindfulness                       | when not to administer medication |
| frequency                                                     | objective information             | wrong dose                        |
| generic name medication                                       | observation                       | wrong medication                  |

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