



MAP KNOWLEDGE TEST PROCTOR CERTIFICATION (Form 1511 MP)

Knowledge Test Proctor Name: _____ Date: ____/____/____

Knowledge Test Proctor SS#: _____ - _____ - _____ Email: _____

Address: _____ Phone(____) _____

I UNDERSTAND THAT AS A KNOWLEDGE TEST PROCTOR, THAT I WILL NOT BE ABLE TO TAKE THE MASSACHUSETTS MAP TEST FOR 6 MONTHS FROM THE DATE THAT I LAST WORKED AS A KNOWLEDGE TEST PROCTOR

KNOWLEDGE TEST PROCTOR SIGNATURE: _____ Date: _____

I hereby certify the above named individual has successfully completed MAP Knowledge Test Proctor Certification training approved by D&SDT and DDS.

D&SDT authorized knowledge test proctor certifying individual:

Name: _____ Phone: _____

Email: _____ Address: _____

Signature: _____ Date: _____