Medication Administration Program (MAP)

Employment Verification Procedure

To Verify Employment & Approve Test Funding

- 1) Logon to <u>hdmaster.com</u>
- 2) Select "MAP" under "Medication Aide Testing"
- 3) Select "WebETest Start Page"
- 4) Select "Employment Verification" button (see screenshot 1)
- 5) Enter your Provider ID number and PIN and click "<u>Logon</u>" to enter WebETest (see screenshot 2)
- 6) Click "<u>Search</u>" under the box on the right of the screen (see screenshot 3)
- 7) All test candidates "parented" to your agency will be listed (see screenshot 4)
- For the desired candidate(s), select "<u>Approved</u>" under "Validate Employment" and then select the applicable agency (DMH or DDS) under "<u>Funding Source</u>" (see screenshot 4)
- 9) Type your name into the "*Provider Representative*" box in the middle of the screen (see screenshot 4)
- 10) Read the affirmation statement and place a check mark in the box to the left of the statement (see screenshot 4)
- 11) Click the "Submit Verifications" button at the top of the screen to save the approval(s) (see screenshot 4)
- 12) A new screen will appear with the candidate(s) name(s) for whom you are verifying employment
 - a) If only verifying employment and not wishing to schedule the candidate(s) to test, the process is complete and you may log out of WebETest
 - b) If scheduling the candidate to test, click on the candidate's blue "Test ID" number to open their WebETest record and schedule their test.. (see screenshot 5)

To Remove Employment Verification & Deny Test Funding

13) Complete Steps #1 thru #7. At Step #8, select "<u>Denied</u>" under "<u>Validate Employment</u>" and "<u>Unsponsored</u>" as the "<u>Funding Source</u>"

(see screenshot 4)

- 14) Complete Steps #9, #10 and #11
- 15) If the test candidate has a scheduled test event, it may be possible to cancel that test via the candidate's WebETest record:
 - a) click on the candidate's blue "Test ID" number to open their Webetest record
 - b) under the scheduled test information, there is a section for "Test Options"
 - c) place a check mark in the box beside "<u>Cancel</u>" and click "<u>Submit Updates</u>" at the top of the screen to cancel the test (see screenshot 6)
 - d) After you complete the cancellation process a new screen will appear with the cancellation confirmation. (see screenshot 7)
- 16) If the "*Cancel*" check box is not available in the candidate WebETest record, the test must be cancelled by D&S directly by calling 1-877-201-0758 or 1-877-851-2355

Screen Shot #1

N	lassachusetts MAP			Main Menu
r.		Welcome to WebETest© Choose a link below based on the o	, our on-line exam service. lescription that best fits your needs.	
-		D&S Staff Only	Staff	-
		Provider or MAP Trainer	Proctored Knowledge Exam	
		Test Site	On-line Test Results	
		Non-sponsored by DDS/DMH	Skill Tester or Knowledge Test Proctor	5
		Employment Verification	Recertification	
-		Four Month Test Schedule	Provider Initiated Recertification	
		NEW! User Buil	t Test Schedule	

Screen Shot #2

	Massachusetts MAP Approved Employer
N. I.	You have received an e-mail request that you verify employment of a MAP testing candidate. In order for the test to be scheduled you must verify that the candidate noted in your e-mail is your employee.
	Please enter your assigned Provider ID
	Please enter your employer PIN
	Complete fields then click here to
2	Copyright © 2012, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

Screen Shot #3

	Submit Verifications		
The following testing candidates have indicated that they are employ facility but has not requested employment verification and thus employ be completed before you may Submit Verifications:	Affirmation ed at your facility. N/A indicates a candidate that has listed you yment cannot be confirmed. The following identifying informati	as the employing on and affirmation must All	Search Employment Status
Provider Representative: By checking here and submitting these verifications I affirm that applicants approved herein are employed at our MAP funded facility.	i am the MAP Trainer/Provider who is referred to above, and I	hereby certify that the	ou may search for candidates by the following tethods ⁴ mm/dd/yyyy = candidates with this training start date 9 =mm/dd/yyyy = candidates with this training completion date 9 Search = all candidates parented with your Provider
Provider Representative: By checking here and submitting these verifications I affirm that applicants approved herein are employed at our MAP funded facility.	am the MAP Trainer/Provider who is referred to above, and I Return to Main Menu	hereby certify that the	ou may search for candidates by the following tethods D*mm/dd/yyyy e candidates with this training start date D =mm/dd/yyyy e candidates with this training completion date O Search = all candidates parented with your Provider
Provider Representative: By checking here and submitting these verifications I affirm that applicants approved herein are employed at our MAP funded facility. Scheduled Exam [-]completed [x]in progress	am the MAP Trainer/Provider who is referred to above, and I Return to Main Menu Validate Employment	hereby certify that the	ou may search for candidates by the following behods ⁹ mm/dd/yyyy = candidates with this training start date =mm/dd/yyyy = candidates with this training completion date Search = all candidates parented with your Provider ID (Edit) Name

Screen Shot #4

	Submit Verif	fications		
	Affirmation		Sea	irch
he following testing candidates have indicated t acility but has not requested employment verific e completed before you may Submit Verificatio	hat they are employed at your facility. N/A indicates a ca ation and thus employment cannot be confirmed. The foll ns:	ndidate that has listed you as the employing lowing identifying information and affirmation mu	Employm All ♥ Pending ♥ A	ent Status pproved • Denied •
Provider Representative:			 You may search for candid 	dates by the following
By checking here and submitting these veri pplicants approved herein are employed at our	fications I affirm that I am the MAP Trainer/Provider who MAP funded facility.	is referred to above, and I hereby certify that the	 ^mm/dd/yyyy = candi date =mm/dd/yyyy = candi completion date Search = all candidate 	dates with this training sta idates with this training es parented with your Pro
By checking here and submitting these veri pplicants approved herein are employed at our Scheduled Exam	fications I affirm that I am the MAP Trainer/Provider who MAP funded facility. Return to Ma Validate Employment	is referred to above, and I hereby certify that the ain Menu Funding Source	 Amm/dd/yyyy = candi data =mm/dd/yyyy = candi completion date Search = all candidate 	dates with this training sta idates with this training es parented with your Pro Name
By checking here and submitting these veri pplicants approved herein are employed at our Scheduled Exam [-]completed [x]in progress	fications I affirm that I am the MAP Trainer/Provider who MAP funded facility. Return to M: Validate Employment	ain Menu Funding Source	 Amm/dd/yyyy = candi date =mm/dd/yyyy = candi comptetion date Search = all candidate ID (Edit) 0583-331-831	dates with this training sta idates with this training es parented with your Prov Name DORRANCE, PAUL LI
By checking here and submitting these veri pplicants approved herein are employed at our Scheduled Exam [-]completed [x]in progress	fications I affirm that I am the MAP Trainer/Provider who MAP funded facility. Return to Mi Validate Employment Pending © Approved © Denied ©	ain Menu Funding Source ODS ODH Unsponsored	Armm/dd/yyyy = candi date =rmn/dd/yyyy = candi completion date Search = all candidate ID (Edit) <u>0583-331-831</u> <u>0251-314-150</u>	dates with this training sta idates with this training es parented with your Prov Name DORRANCE, PAUL LI FLINSTONE, FRED R
By checking here and submitting these veri pplicants approved herein are employed at our Scheduled Exam [-]completed [x]in progress 08/31/2011 : 9001_H093 x	fications I affirm that I am the MAP Trainer/Provider who MAP funded facility. Return to M Validate Employment Pending Approved Denied O Pending Approved Denied O Pending Approved Penied O	ain Menu Funding Source DDS DMH Unsponsored DDS DMH Unsponsored DDS DMH Unsponsored DDS DMH Unsponsored	Armm/dd/yyyy = candi date S =mm/dd/yyyy = candi completion date Search = all candidate ID (Edit) <u>0583-331-831</u> <u>0251-314-150</u> <u>1731-037-540</u>	dates with this training sta idates with this training es parented with your Prov Name DORRANCE, PAUL LI FLINSTONE, FRED R PRACTICE, THREE
By checking here and submitting these veri pplicants approved herein are employed at our Scheduled Exam [-]completed [x]in progress 08/31/2011 : 9801_H993 x 08/01/2011 : 9801_H198 x	Return to M Validate Employment Pending Approved © Denied O Pending Approved © Denied O Pending Approved @ Denied O Pending Approved @ Denied O Pending O Approved @ Denied O	ain Menu Funding Source PDS DMH Unsponsored DDS DMH Unsponsored DDS MM Unsponsored	Armm/dd/yyyy = candi dat Search = all candidat ID (Edit) <u>0583-331-831</u> <u>0251-314-150</u> <u>1731-037-540</u> <u>0826-357-522</u>	dates with this training sta idates with this training es parented with your Prov Name DORRANCE, PAUL LI FLINSTONE, FRED R PRACTICE, THREE PRACTICE, TWO
By checking here and submitting these veri pplicants approved herein are employed at our Scheduled Exam [-]completed [x]in progress 08/31/2011 : 9001_H093 x 08/01/2011 : 9001_H105 x	Return to M NAP funded facility. Return to M Validate Employment Pending Approved © Denied O Pending Approved © Denied O Pending Approved © Denied O Pending Approved © Denied O Pending O Approved © Denied O	ain Menu Funding Source DoS DMH Unsponsored DOS DMH Unsponsored DDS DMH Unsponsored	Armm/dd/yyyy = candi dat Search = all candidat ID (Edit) <u>0583-331-831</u> <u>0251-314-150</u> <u>1731-037-540</u> <u>0826-357-522</u> <u>7713-302-031</u>	dates with this training sta idates with this training es parented with your Prov Name DORRANCE, PAUL LI FLINSTONE, FRED R PRACTICE, THREE PRACTICE, TWO SALOS, CHAD
By checking here and submitting these veri pplicants approved herein are employed at our Scheduled Exam [-]completed [x]in progress 08/31/2011 : 9001_H093 x 08/01/2011 : 9001_H108 x	Return to M MAP funded facility. Return to M Validate Employment Pending Approved © Denied Pending Denied ©	ain Menu Funding Source BOS DMH Unsponsored DDS DMH Unsponsored	 Amm/dd/yyyy = candi date =mm/dd/yyyy = candi completion date Search = all candidate ID (Edit) 0583-331-831 0251-314-150 1731-037-540 0826-357-522 7713-302-031 7140-527-720 	dates with this training sta idates with this training es parented with your Prov Name DORRANCE, PAUL LI FULNISTONE, FRED R PRACTICE, THREE PRACTICE, THREE PRACTICE, THREE SCHWITT, SUE

Screen Shot #5

Affirmation Check Control Cont
By checking here and submitting these verifications I affirm that I am the MAP Trainer/Provider who is referred to above, and I hereby certify that the date of hmm/dd/yyyy = candidates with this training applicants approved herein are employed at our MAP funded facility.
Completion date O Search = all candidates parented with your P Return to Main Menu
Scheduled Exam Validate Employment Europing Source ID (Edit) Name
[-]completed [x]in progress
[-]completed [x]in progress Pending © Approved © Denied © D DOS © DMH © Unsponsored 7713-302-031 SALOS, CHAIN
[-]completed [x]in progress Pending © Approved © Denied © DIS © DMH © Unsponsored 7713-302-031 SALOS, CHA Pending © Approved © Denied © DDS © DMH © Unsponsored 7140-527-720 SCHMITT, SUI
completion date O Search = all candidates parented with yo

Screen Shot #6

ADA Request Status
Accommodation Requested Please Note: Selection of this option requires submission of the documents available through this <u>link</u> . You will be unable to test until all required documentation is received and the status of your request has been determined.
View Test Schedule Build Test Schedule Site: 3820 NORTH SUFFOLK MENTAL HEALTH, CHELSEA Knowledge Test Date: 07/02/2012 G401 14:00 ET

Screen Shot #7

Massachusetts MAP		Process Complete
	GEORGE SMITH : Removed from packet	
	Test request cleared	-
	Copyright © 2012, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved	

Trainers and Candidates can request Employment Verification from the candidate record in WebETest.

Bit biggede Bezersonality completed when the record is associated Bezersonal Information: Last Updated 07/03/2012 10:09 MT Soc: Sec: Number 33333333 In Number: Wala First Midde Last BARNET Nation (Other name Addressip Do Xa18 Addressip Do Xa18 City ST Zize [RNDLAY Note Sec: Number 3033333 In Number: Wala Materian Information: Last Updated 07/03/2012 10:09 MT Valation and State 100 Provided Materian Information: Last Updated 07/03/2012 10:00 MT Addressip Do Xa18 City ST Zize [RNDLAY Nation (Other name Addressip Do Xa18 Materian Information: Last Updated 07/03/2012 New Rest Cale Schedule (Distate Schedule Information: Last Date Schedule Informatint Date Schedule In	sachusetts MAP	Edit Candidate Record (Trainin
Correct Training Test Results	NOTE: The BOLD fields are read only and will be automatically co	quired. mpleted when the record is saved.
Personal Information 1. Last Update 0/03/2012 10:09 MT Soc. See. Humber 33333333 Pin humber 1/2 Name First Nidde Last BARNEY Image of the second s		
Soc. See. Number @3333333 Pin Number: Vv:1a First Midde Lask BARNEY RUBBLE Maden (Other name) RUBBLE Maden (Other name) RUBBLE Maden (Other name) RUBBLE Maden (ST2p): NOLXY, OH 45933 Hone Phone@ST2p1:0728 Bith (ST2p): NoLXY, OH 45933 Hone Phone@ST2p1:0728 Date of Bith (ST2p1:0729) Test Date Solection Recent Scheduling (Last 60 days) Complete G5/25/2011 Yow Test Schedule Dim Training Test Meauting Stel Select a test ate. Itest Options: Candidate exists Solection Itest Options: Stel Select a test ate. Itest Options: Candidate exists Solection of the option process is not Complete until solectase that the andidate is correctly employment attains; for checked the indicates that the andidate is correctly employment attains; for checked the indicates that the andidate is correctly employment attains; for checked the indicates that the andidate is correctly employment attains; for checked the indicates that the andidate is correctly employment attains; for checked the indicates that the andidate is correctly employment attains; for checked the indicates that the andidate is correctly employment attains; for checked the indicates that the andidate is correctly employment attains; for checked the indicates that the andidate is correctly employment attains; for checked the indicates that the andidate is correctly employment attains; for checked the indicates that th	Personal Information : Last Updated 07/03/2012 10:09 MT	Training Program
First Midde Last@ANNEY RuBEL Waden (Other name Hourn ande Address #0 60X.418 Hourn 16 Address #0 60X.418 Hourn 16 Chy ST Zip FINDLAY Hourn 16 Badard (Other name Concypondentiation of the status of the status of your request has been determined. Date of Birth (05/12/19/1) Test Dottes Schedule Badard (Other name Mode Test Date (Schedule) Status of the status of the status of your request has been determined. Examination is received and the status of your request has been determined. Current Training Test Results Exame Schedule of the status of your request has been determined. Current Training Test Results Exame Schedule of the status of your request has been determined. Exame Taxing Test Results Exame Schedule of the status of your request has been determined. Current Training Test Results Exame Schedule of the status of your request has been determined. Exame Training Test Results Exame Schedule of the status of the status of your request has been determined. Previous Training Test Results Exame Schedule of the status of the status of your request has been det the status of the status of your request has been determined. Exame Taxing Test Results Exame Taxing Test Results Exame Taxing Test Results <td< td=""><td>Soc. Sec. Number 333333333 Pin Number: Vv1m</td><td>D 9002 View Approved Trainers</td></td<>	Soc. Sec. Number 333333333 Pin Number: Vv1m	D 9002 View Approved Trainers
Made (Other name Address PO BOX 418 City ST Zip FINDLAY OH 45939 Home Finon@877201-0758 Ciccopper#### Work or Cell - Ciccopper#### Work or Cell - Ciccopper#### Date of Birth@57201-0758 Ciccopper#### Date of Birth@57201-0758 Ciccopper#### Date of Birth@57201-0758 Ciccopper### Date of Birth@57201-0758 Ciccopper### Ciccopper## Ciccopper# Ciccoppe	First Middle Last BARNEY	Hours 16
Address [30 ORC.AND AVE C.Cry 57 20 [NDLAY] OH 5533 Home Phone (877/201-0758] (ccc)pp-#### Work or Cell (Ccc)pp-#### Email Address Date of Birth (05/12/1974) movidaryyyy Test Date Selection Recent Scheduling (Last 60 days) View Test Scheduling (Last 60 days) Candidate diets to SELF-SCHEDULE (Last 100 view) View Test Scheduling (Last 60 days) Competition has not taken place of the candidate the test of the scheduling process. Your reguest has been diet with scheduling provider) View Test Not Add Candidate (Last 100 view) View Test Scheduling (Last 100	Maiden (Other name)	Name FINDLAY PRACTICE SITE
Ciry 57 Zip FINDLAY OH 4583 Home Phone [877;20:1075] (ccc)pp-#### Work or Celi - : (ccc)pp-#### Email Address Email Addres	Address PO BOX 418	Address 333 OAKLAND AVE
Home Prioritig(7/2010/75) (coc)ppp=#### Work or Cel() (coc)pp=#### Date of Birth(05/12/1974) mmiddlyyyy Test Date of Birth(05/12/1974) mmiddlyyyy Stell Select a test set. Med Ad Test Date: Select a test dete: Test Options: Candidate alter Choosing and then Accepting a test date, you MUST Submit Updates to omplete undi your Confirmation term daphayed. ADA Request Status DA Request Status Musie to test until al required documentation in the status of your request has been determined. D 5002 (MAP provider) Confirmation email: D 5002 (MAP provider) Pending Employee: Finding/Pending Employee: Approval Request alto a status of your request has been determined. Correret Training Test Results D 5002 (MAP provider) Pending Employee: Finding Musie Status Make to test until al required documentation in the status of your request has been determined. D 5002 (MAP provider) Correret Training Test Results D 5002 (MAP provider) Findidet	City ST Zip FINDLAY OH 45839	City, St FINDLAY, OH 45840
work or detail (coc)ppp=### Date of Birth (05/12/1974 mmidd/yyyy Test Date Scheduling (Last 60 days) New Test Scheduling (Last 60 days) New Test Schedule Ste Select a test ate. Base note that after Choosing and then Accepting a test date, you MUST Submit Updates to onpoited the scheduling process in and completed unit your Confirmation enail Biolic Confidence test at the status of your request has been determined. Desse Note: Selection of this polone queues submission of these ADA documents. You will be unable to test until all required documentation is received and the status of your request has been determined. Disc Current Training Test Results Europhysic Bio Status Disc Selection of this generation of these ADA documents. You will be unable to test until all required documentation is received and the status of your request has been determined. Un-sponsored facility indication Status Pending Test Results Unable to test until all required documentation is received and the status of your request has been determined. Un-sponsored facility paying for exam 0 9002 (MAP provider) Pending Test Results Unable to test until all required status for pays the status of your request has been determined. Unable to test until all required accurrent Training Test Results Unable to test until all required status and the status of your request	Home Phone((877)201-0758 (ccc)ppp-####	Started 05/23/2011
Date of Birth@S/12/1974 mmvldd/yyyy Test Date Scheduling (Last 60 days) Niew Test Scheduling (Last 60 days) Site Select a test ste. Bate of Birth@S/12/1974 Med Ad Test Date: Sele Select a test ste. Candidate elects to SELF-SCHEDULE Candidate elects to SELF-SCHEDULE Itale of Birth@Site Select. Base Note: Selection of the option regularation process is not complete unal your confirmation documents in sincicate below: and that proloyed at the state place or it or candidate of the option regulars than proceed table place or it or candidate of the option regulars studnission of these ADA documents. You will be unable to test until al required documentation is received and the status of your request has been determined. Current Training Test Results If you be of our regulars tool 100 Kitobe Bed Xmi (Coll) If you be of our regulars tool 100 Kitobe Bed Xmi (Coll) If you be of our regulars tool 100 Kitobe Bed Xmi (Coll) If you be of our regulars tool 100 Kitobe Bed Xmi (Coll) If you be of our regulars tool 100 Kitobe Bed Xmi (Coll) If you be of our regulars tool 100 Kitobe Bed Xmi (Coll) If you be of our regulars tool 100 Kitobe Bed Xmi (Coll) If you be of our regulars tool 100 Kitobe Bed Xmi (Coll) If you be of our regulars tool 100 Kitobe Bed Xmi (Coll)	Work or Cell() - (ccc)ppp-####	Pre-test 05/23/2011
Expression Expressi	Date of Picture (1) (1074 and dates	Completed 05/25/2011
Remedial training does not extend the testing regibility period. Graduated? VES Ster Select a test ste Med Ad Test Date: Select a test date Test Options: Candidate elects to SELF-SCHEDULE Candidate is to SELF-SCHEDULE Candidate elect to SELF-SCHEDULE Candidate electronic terre to SELF-SCHEDULE Candidat	Test Date Selection	Paradial Training
Recent Scheduling (Last 60 days) Site Select a test ste Image: Select a test ste		Note: Remedial training does not extend the testing ligibility period
Stel Select a test stell If N0, due to Select Stel Select a test stell. Med Ad Test Date: Select a test date = Med Ad Test Date: Select a test date = If N0, due to Select Candidate elects to SELF-SCHEDULE Image: Select a test date, you MUST Submit Updates to onrplete the scheduling process. Your registration process is not complete until your Confirmation terr is displayed. Image: Select a test date, you MUST Submit Updates to onreplete the scheduling process. Your registration process is not complete until your Confirmation terr is displayed. Image: Select a test date, you MUST Submit Updates to one see for addide or the on-seconsport facility indicated below is resonable for paying the testing fees. Please Note: Selection of this option requires submission of these ADA documents. You will be unable to test until al required documentation is received and the status of your request has been determined. Image: Schedule is test date. Current Training Test Results Image: Schedule is test date. Image: Schedule is test date. Image: Select a test date is to to in secons cases is to indicate is indicate is indicate is currently employed at the status of your request has been determined. Image: Schedule is test date. Confirmation email: Image: Schedule is test date. Image: Schedule is test date. Image: Schedule is test date. Image: Schedule is test date. Image: Schedule is testestest is test date. Image: Sc	Recent Scheduling (Last 60 days)	Graduated? YES NO requires reason
Site Seect a test stell. Med Ad Test Date: Select a test date Test Options: Candidate elects to SELF-SCHEDULE C Candidate elects to SELF-SCHEDULE C Employed: If checked this indicates that the landidate is currently employed at the state sponsored IAAD forvider listed below, and that provider has writing the employment latus. If not checked, the estimates of the state sponsored IAAD forvider listed below, and that provider has writing the employment latus. If not checked, the estimates of the state sponsored IAAD forvider listed below, and that provider has writing the employment latus. If not checked, the estimates of the employment latus. If not checked, the estimates of the state sponsored IAAD forvider is candidate or the construction being the employment latus. If not checked, the estimates of pour request has been determined. ADA Request Status Mod Ad Test Date: Selection of this option requires submission of these ADA documents. You will be unable to test until al required documentation is received and the status of your request has been determined. 9002 (MAP provider) Facility FINDLAY PRACTICE SIT Facility FINDLAY PRACTICE SIT Location Employment Verification Status Med ad to the status of your request has been determined. Un-sponsored facility paying for exam Un-sponsored facility paying for exam 0 9002 FINDLAY PRACTICE SIT Med ad tip cyclosit stop the base factores Site - Test site D Med ad to the status of your request has been determined. Un-sponsored facility paying for exam Med ad tip cyclosit stop these states	View Test Schedule Build Test Schedule	If NO, due to., Select
Med Ad Test Date: Select a test date Test Options: Candidate elects to SELF-SCHEDULE Image: Select a test date, you MUST Submit Updates to complete the scheduling process. You'r registration process is not complete und you'r Confirmation ter is displayed. ADA Request Status Image: Select a test date, you MUST Submit Updates to complete the scheduling process. You'r registration process is not complete und you'r Confirmation ter is displayed. ADA Request Galaxy Image: Select a test date, you MUST Submit Updates to complete the scheduling process. You'r registration process is not complete und you'r confirmation terms of the set of the s	Site: Select a test site	Exam Funding Options
Contribution email too Solinita Fundion Source: ODS C: DWC Usesonsourcet C Employment Verification Status Pending Employer Approval Request Employment Verification Un-sponsored facility paying for exam I Source: Diss Source I Source: State State I Source: State State State I Source: State State I Source: State State I State State State </th <th>Candidate elects to SELF-SCHEDULE ease note that after Choosing and then Accepting a test date, you MUST Submit Updates to omplete the scheduling process. Your registration process is not complete until your Confirmation ter is displayed. ADA Request Status Accommodation Requested Please Note: Selection of this option requires submission of these ADA documents. You will be unable to test until all required documentation is received and the status of your request has been determined.</th> <th>and that provider has <u>verified</u> the employment tatus, if not checked, then either verification has not taken place or the candidate or the mon-sponsored facility indicated below is resubnisble for paying the testing fees. D 9002 (MAP provider) Facility FINDLAY PRACTICE SIT</th>	Candidate elects to SELF-SCHEDULE ease note that after Choosing and then Accepting a test date, you MUST Submit Updates to omplete the scheduling process. Your registration process is not complete until your Confirmation ter is displayed. ADA Request Status Accommodation Requested Please Note: Selection of this option requires submission of these ADA documents. You will be unable to test until all required documentation is received and the status of your request has been determined.	and that provider has <u>verified</u> the employment tatus, if not checked, then either verification has not taken place or the candidate or the mon-sponsored facility indicated below is resubnisble for paying the testing fees. D 9002 (MAP provider) Facility FINDLAY PRACTICE SIT
Employment Verification Status Pending Employer Approval Request Employment Verification Un-sponsored facility paying for exam ID 9002 FINDLAY PRACTICE SIT ID 9002 FINDLAY PRACTICE SIT I 00 900 000 00/27/2011 9001 100 Weitsten Exam Ver = Transcription or Med Admin Version Ster Test site ID Score = Kills (Trans, MedAd); Prefix K=Failed Score = Skills (Trans, MedAd); Prefix K=Failed Score = Skills (Trans, MedAd); Prefix K=Failed Previous Training Test Results	r	Funding Source: DDS C DNN C Lipsonssored C
Pending Employer Approval Request Employment Verification Un-sponsored facility paying for exam D 9002 EINDLAY PRACTICE SIT • ## = test form 0 9002 FINDLAY PRACTICE SIT • ## = test form 1 002 003 06/27/2011 9001 100 Writsen Base 2 121 003 12/06/2011 9001 100 Writsen Base 3 121 023 12/06/2011 9001 100 WP Transcription (3) Previous Training Test Results		Employment Verification Status
Current Training Test Results ID SOO2 FINDLAY PRACTICE SIT ## No Stas Bocza Care and Carea and Care and Carea and		Pending Employer Approval Request Employment Verification
ID 9002 FINDLAY PRACTICE SIT Current Training Test Results ## Transcription or Med Admin Version 1 002 004 27/2011 9001 100 2 121 001 12/06/2011 9001 100 MoF Med Admin (03) 3 121 021 12/06/2011 9001 100 MoF Med Admin (03) 5 121 021 12/06/2011 9001 100 MoF Med Admin (03) Previous Training Test Results		Un-sponsored facility paying for exam
Current Training Test Results • ## = test form ## Ver Date Size Borce 1 002 002 06/27/2011 6001 100 Wristen Leam 2 121 002 12/06/2011 6001 100 Wristen Leam 2 121 002 12/06/2011 6001 100 Work Mak Admin (02) 5 121 002 12/06/2011 6001 100 Work Mak Admin (02) 6 Score = Red Cross examp, MedAd); Prefix K=Failed Previous Training Test Results • Category = Previous=Red Cross; MAP=D&S		D 9002 FINDLAY PRACTICE SIT
riorious (failing) rest results	Current Training Test Results ## Vint Date Sine Score Category 1. 002 003 06/27/2011 5001 100 Written Lean 2. 121 003 12/06/2011 5001 K055 MAP Med Admin (05) 5. 121 025 12/06/2011 5001 100 MOP Transcription (3	## = test form Ver = Transcription or Med Admin Version Site = Test site D Score = Knowledge (Written); Prefix F=Failed Score = Skills (Trans, MedAd); Prefix K=Failed because of Key step Score = Red Cross exams; Prefix F=Failed Category = Previous=Red Cross; MAP+D&S
	Classical control (particular	