



D&S Diversified Technologies LLP

Headmaster LLP

Massachusetts MAP Testing Candidate Handbook

EFFECTIVE: February 25, 2020 | Updated March 30, 2020

Version 7

Massachusetts MAP Testing Candidate Handbook

EFFECTIVE: February 25, 2020

Contact Information

| | | |
|--|--|--|
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| Questions about certification, renewals or Registry: (888) 734-6211 | | |
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Table of Contents

| | |
|---|----------|
| INTRODUCTION | 1 |
| AMERICANS WITH DISABILITIES ACT (ADA) | 1 |
| ADA COMPLIANCE | 1 |
| POLICY FOR MAP TESTING UTILIZING AMERICAN SIGN LANGUAGE (ASL) INTERPRETERS..... | 1 |
| <i>Additional Testing Time Granted for ASL Approved Test Candidates</i> | <i>2</i> |
| Knowledge Test..... | 2 |
| Transcription Test | 2 |
| Medication Administration Test | 2 |
| THE MAP TEST SCHEDULING | 2 |
| PAYMENT INFORMATION | 2 |
| <i>Funding.....</i> | <i>2</i> |
| COMPLETING YOUR INITIAL LOGIN | 2 |
| <i>Forgot your Password Directions.....</i> | <i>3</i> |
| SCHEDULE A TEST | 3 |
| <i>Directions for Scheduling into a Test Event</i> | <i>4</i> |
| <i>Test Confirmation Page Example.....</i> | <i>5</i> |
| <i>Accessing Your Test Confirmation Page</i> | <i>5</i> |
| TEST CHECK-IN | 6 |
| TESTING ATTIRE | 6 |
| IDENTIFICATION..... | 6 |
| TESTING POLICIES..... | 7 |
| <i>Inappropriate Behavior Policy</i> | <i>8</i> |
| SECURITY | 8 |
| RESCHEDULE / REFUND REQUEST / NO SHOW POLICIES..... | 8 |
| RESCHEDULES | 8 |
| MAP RESCHEDULE AND REFUND REQUEST CHART | 9 |

Massachusetts MAP Testing Candidate Handbook

EFFECTIVE: February 25, 2020

| | |
|--|-----------|
| REFUND OF TESTING FEES PAID | 9 |
| Sponsored and Non-Sponsored Candidates Scheduled into a Test | 9 |
| Non-Sponsored Candidates who are not scheduled in a Test | 9 |
| Sponsored Candidates who are not scheduled in a Test Event | 10 |
| NO SHOWS | 10 |
| <i>No Show Exceptions</i> | 10 |
| INCLEMENT WEATHER POLICY..... | 10 |
| CANDIDATE FEEDBACK – EXIT SURVEY | 11 |
| TEST RESULTS | 11 |
| TEST ATTEMPTS | 12 |
| RETAKE COMPONENTS OF THE MAP TEST | 12 |
| <i>Retaking the Knowledge Test</i> | 12 |
| DDS/DMH/DCF Sponsored Candidates | 12 |
| Non-Sponsored Candidates | 12 |
| <i>Retaking the Medication Administration Demonstration and/or Transcription Component</i> | 12 |
| DDS/DMH/DCF Sponsored Candidates | 12 |
| Non-Sponsored Candidates | 12 |
| TEST REVIEW REQUESTS | 12 |
| MAP REGISTRY..... | 13 |
| <i>Certification</i> | 13 |
| <i>Re-Certification Process</i> | 13 |
| THE KNOWLEDGE TEST COMPONENT | 13 |
| KNOWLEDGE TEST CONTENT..... | 14 |
| THE SKILL TEST COMPONENTS..... | 14 |
| THE MEDICATION ADMINISTRATION DEMONSTRATION COMPONENT | 14 |
| <i>Medication Administration Demonstration Checklist used by the Tester</i> | 15 |
| THE TRANSCRIPTION COMPONENT | 16 |
| <i>Transcription Checklist used by the Tester</i> | 16 |
| KNOWLEDGE TEST VOCABULARY LIST | 17 |
| NOTES: | 19 |

Introduction

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

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

http://hdmaster.com/testing/othertesting/massachusetts_cma/MA_CMA_Home.htm

There are three components to the MAP Certification test. Candidates must pass the three test components; knowledge, transcription 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

If you have a qualified disability or limitations that may affect your ability to take any portion of the MAP test, you may request special accommodations. Accommodations must be approved in advance of testing by D&S DT. If you wish to receive accommodations, inform your MAP trainer and complete the ADA Accommodation Request Form 1404MP available on the D&S DT website at:

http://hdmaster.com/testing/othertesting/massachusetts_cma/forms/1404MP.pdf

The Form 1404MP with the required supporting documentation must be submitted to D&S DT at least **fourteen business days** prior to your test date for the portion of the test for which you are requesting an accommodation. The documents can be submitted to D&S DT via postal mail (PO Box 418, Findlay, OH 45839), fax ([419] 422-7395) or imaged and emailed (hdmastereast@hdmaster.com).

Notify D&S DT at (888)734-6211 of the need to reschedule as soon as you become aware 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).

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

- D&S DT 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&S DT is made aware that an interpreter is not available for a requested date, the candidate will be notified as soon as possible.
- The ASL interpreter may translate into ASL instructions as given by the proctor/tester at the beginning of the testing session.
- 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 with 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.

Massachusetts MAP Testing Candidate Handbook

EFFECTIVE: February 25, 2020

- 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.
 - The exception is if the candidate is still moving to the testing room and the sign in portion of the process and instructions have not yet started.

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.

Transcription Test

- Fifteen additional minutes for the transcription test.
 - The maximum time for transcription testing is thirty minutes (normal testing time of fifteen minutes plus fifteen additional minutes).

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 Test Scheduling

Payment Information

| Test Description | Price |
|--|-------|
| Knowledge Test or Retake | \$43 |
| Medication Administration or Retake | \$71 |
| Transcription Test or Retake | \$71 |
| Medication Administration and Transcription Test <i>Together</i> | \$96 |

Funding

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

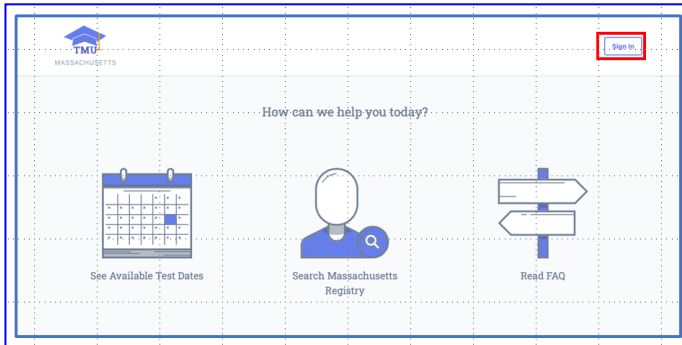
Completing your Initial Login

Your initial registration information will be entered in D&S DT’s TestMaster Universe (TMU©) software. You must login to TMU© at <https://ma.tmuniverse.com> using your secure email or username and password and complete your demographic information. If you do not know your username and/or password, enter your email address of record 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 below). If you are unable to login for any reason, contact D&S DT by calling (888)734-6211.

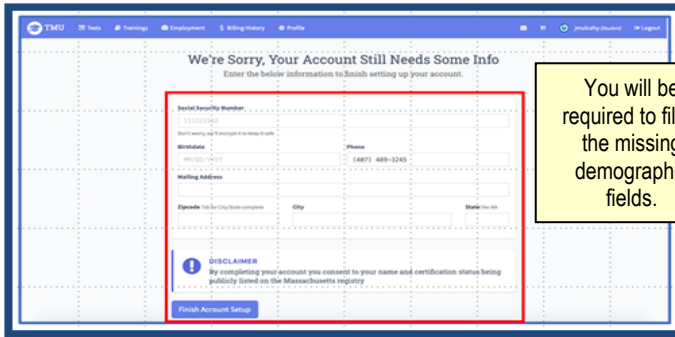
Refer to screen shots and directions on the next page.

Massachusetts MAP Testing Candidate Handbook

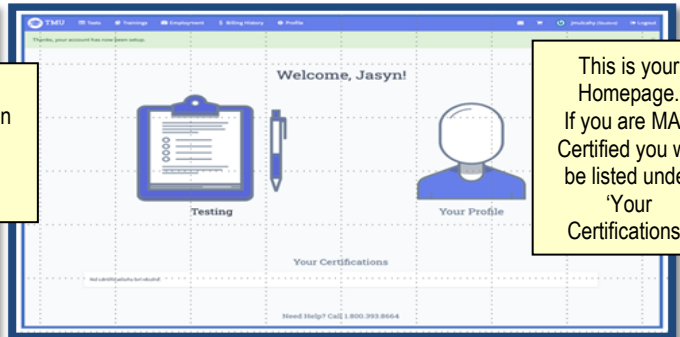
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FORGOT YOUR PASSWORD?
See screen shots and instructions on next page if you do not know your password.

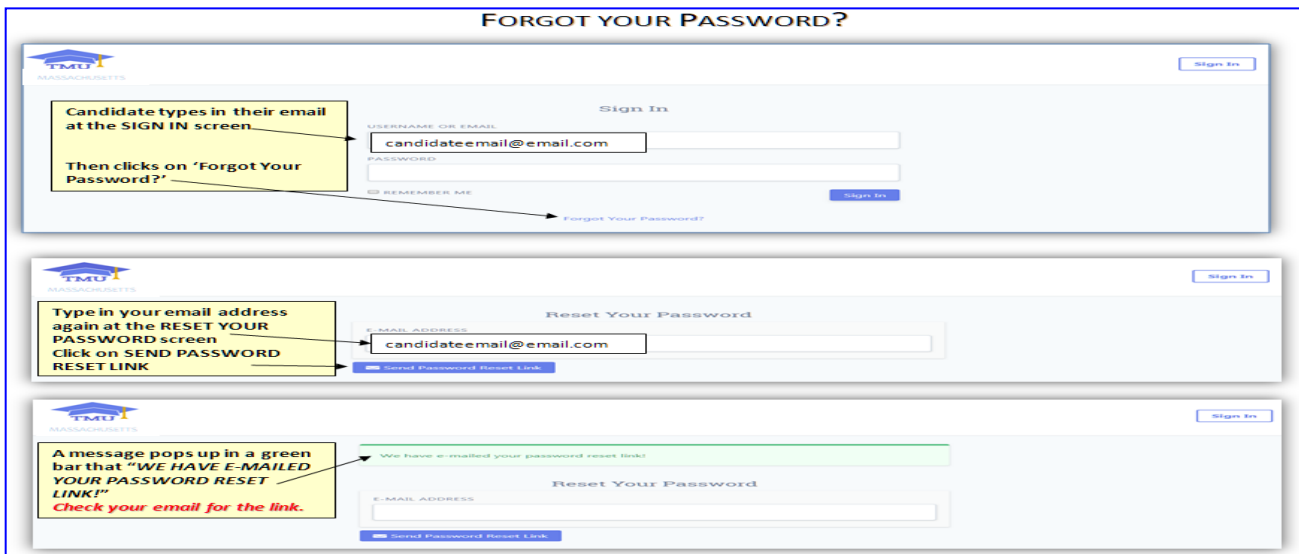


You will be required to fill in the missing demographic fields.



This is your Homepage. If you are MAP Certified you will be listed under 'Your Certifications'.

Forgot your Password Directions



Schedule a Test

You may take the MAP test at a regional (open) test site, or at a provider-specific (closed) test site.

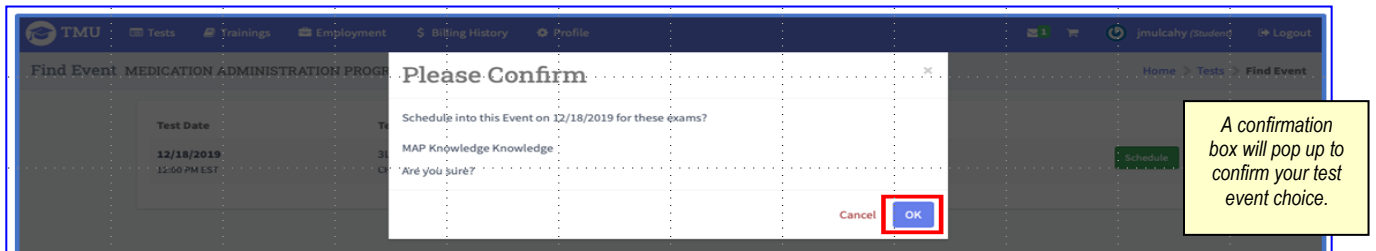
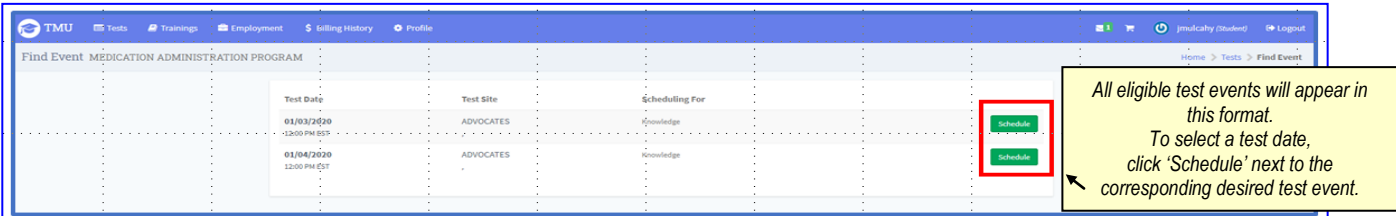
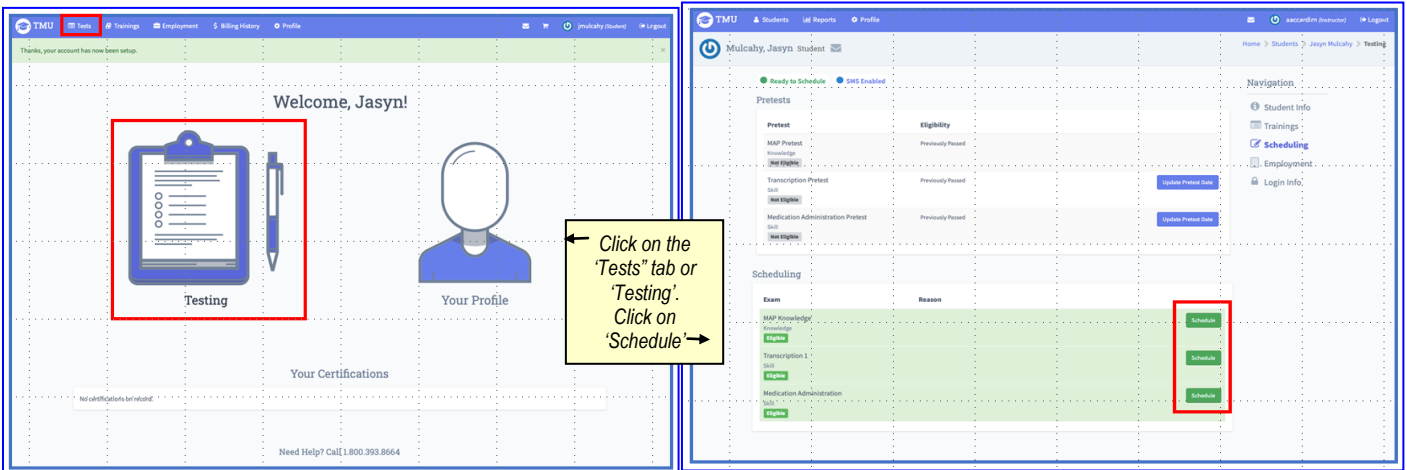
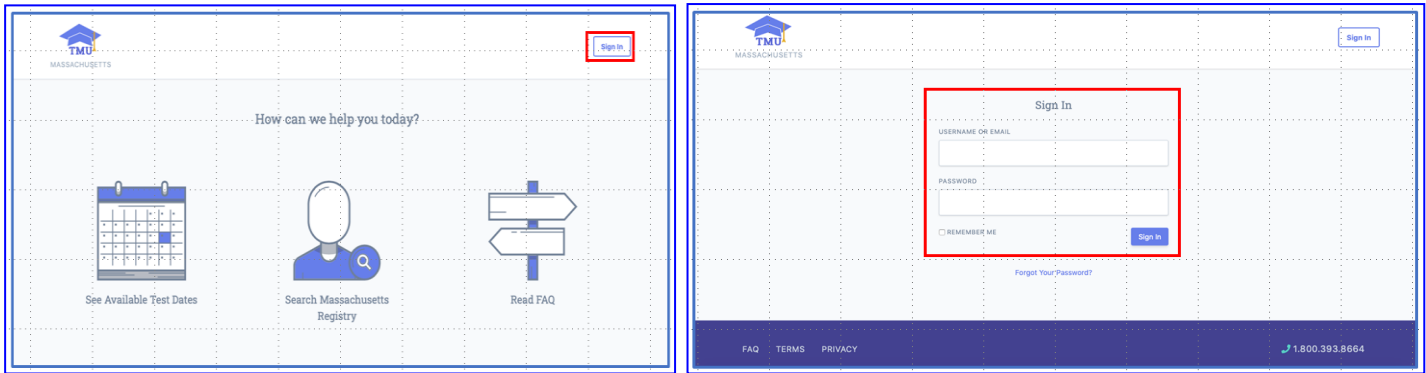
Your MAP trainer or provider can schedule you into a test event. You should receive your test confirmation from your trainer or provider, or you can access your test confirmation page in your own TMU© record. If you are not notified by your trainer; or provider of your scheduled test; and you miss your scheduled test, you will still be considered a No Show and will owe a \$45 no show fee.

Refer to screen shots and directions on the next page.

Massachusetts MAP Testing Candidate Handbook

EFFECTIVE: February 25, 2020

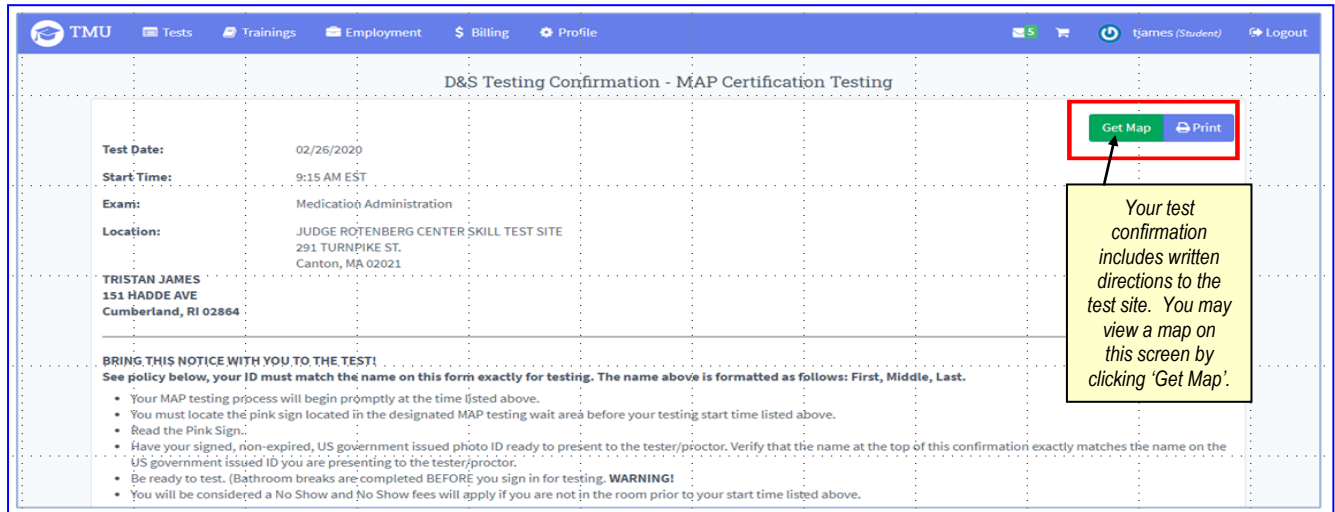
Directions for Scheduling into a Test Event



Massachusetts MAP Testing Candidate Handbook

EFFECTIVE: February 25, 2020

Test Confirmation Page Example



D&S Testing Confirmation - MAP Certification Testing

Test Date: 02/26/2020
Start Time: 9:15 AM EST
Exam: Medication Administration
Location: JUDGE ROTENBERG CENTER SKILL TEST SITE
 291 TURNPIKE ST.
 Canton, MA 02021

TRISTAN JAMES
 151 HADDE AVE
 Cumberland, RI 02864

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.
- You must locate the pink sign located in the designated MAP testing wait area before your testing start time listed above.
- Read the Pink Sign.
- Have your signed, non-expired, US government issued photo ID ready to present to the tester/proctor. Verify that the name at the top of this confirmation exactly matches the name on the US government issued ID you are presenting to the tester/proctor.
- Be ready to test. (Bathroom breaks are completed BEFORE you sign in for testing. **WARNING!**
- You will be considered a No Show and No Show fees will apply if you are not in the room prior to your start time listed above.

Your test confirmation includes written directions to the test site. You may view a map on this screen by clicking 'Get Map'.

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

Effective January 13, 2020, candidates will have the opportunity to take all three components of the MAP test on the same day at four designated sites listed below. It will be the candidate's responsibility to schedule each test component individually.

- Center for Human Development - Springfield, MA.
- Hogan Regional Center - Danvers, MA (**Please note:** Weekend testing at Hogan Regional Center will only be for Medication Administration and Transcription Testing)
- Lifestream, Inc. - New Bedford, MA
- Seven Hills Foundation - Worcester, MA (**Please note:** Weekend testing at Seven Hills Foundation will only be for Medication Administration and Transcription Testing)

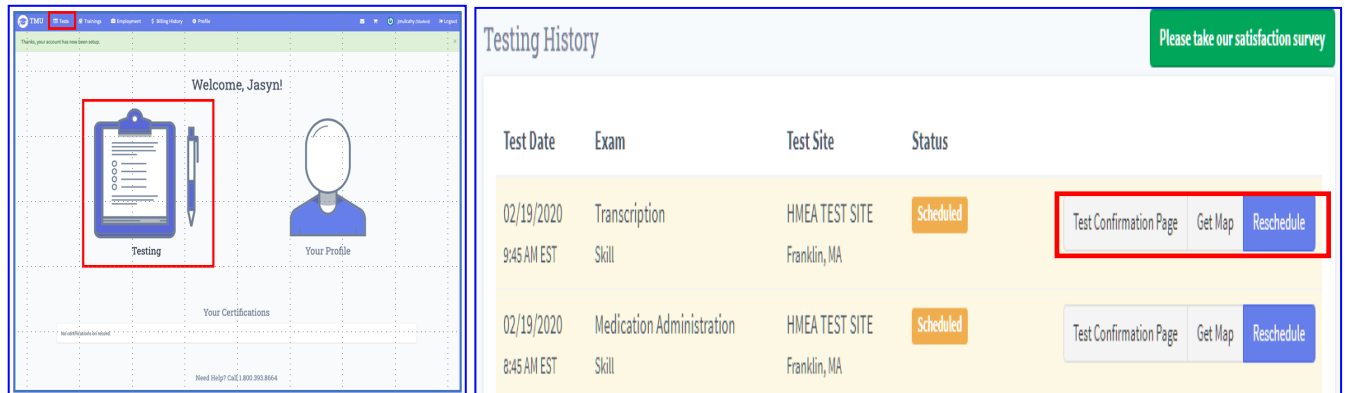
Please note: All other test sites will not have the option to take all three components on the same day.

Accessing Your Test Confirmation Page

You can access your test confirmation page at any time. Sign in to your account and follow the directions below.

Click on Testing:

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



Testing History

Please take our satisfaction survey

| Test Date | Exam | Test Site | Status | |
|---------------------------|------------------------------------|--------------------------------|-----------|---|
| 02/19/2020 9:45 AM EST | Transcription Skill | HMEA TEST SITE Franklin, MA | Scheduled | Test Confirmation Page Get Map Reschedule |
| 02/19/2020 8:45 AM EST | Medication Administration Skill | HMEA TEST SITE Franklin, MA | Scheduled | Test Confirmation Page Get Map Reschedule |

Massachusetts MAP Testing Candidate Handbook

EFFECTIVE: February 25, 2020

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

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

Test Check-In

For all components of the MAP test, you are required to be in the designated testing wait area for the sign in process with the tester/proctor **prior to the start time** listed on your test confirmation. The test wait area is identified by a pink testing sign. If you are not in the designated testing wait area, 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 sign in process has taken place. If you do leave for any reason, you will not be allowed back into the testing area.

Please note: Signing in with the front desk at the test location does not count as being signed in for testing. Plan to arrive early.

Testing Attire

- No wrist watches of any kind, smart watches or fitness monitors are allowed.
- For testing security, you are not allowed to have coats or hooded apparel covering your head during testing in the testing rooms.
- A candidate with long hair will be asked to pull his/her hair back by the tester/proctor to ensure that no blue tooth devices are being used.

Identification

You must bring a **UNITED STATES OF AMERICA (US) GOVERNMENT ISSUED, NON-EXPIRED, SIGNED, PHOTO-BEARING FORM OF IDENTIFICATION**. Examples of the types of ID's that are acceptable are:

- Driver's License
- State issued Identification Card
- US Passport (Foreign Passports *are not* acceptable)
- Military Identification
- Handgun Carry Permit

The FIRST and LAST names listed on the ID presented to the Test Observer during sign-in at your test event **MUST EXACTLY MATCH** the FIRST and LAST names that were entered in the TMU© database by your instructor/training program. You may call D&S DT at (888)734-6211 prior to your test to confirm that your name of record matches your US government issued ID, or sign in to your record in TMU© using your secure email or username and password to verify that your names match. You can also edit some of the demographic information in your record.

- Any name change that needs to be made (due to marriage, divorce, spelling corrections, etc.) must have documentation submitted to D&S DT via email (hdmastereast@hdmaster.com) or faxed to (419)422-7395 two business days, (excluding Saturdays, Sundays and Holidays), before your scheduled test. Name changes or corrections will not be allowed less than two business days before your scheduled test.

Please note: You will not be admitted for testing if you do not bring a proper form of ID, or if your FIRST and LAST printed names on your US government issued photo ID do not match your current name of record. You will be considered a NO SHOW. You will forfeit your testing fees and have to pay for another test date.

Massachusetts MAP Testing Candidate Handbook

EFFECTIVE: February 25, 2020

Testing Policies

The following policies are observed at each test site—

- If you arrive late for your test you will not be admitted, considered a No Show and any test fees paid *will NOT be refunded*.
- If you do not bring a valid US government issued, non-expired, signed 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 on your US government issued ID do not exactly match the FIRST and LAST names in your current record, you will not be admitted, considered a No Show and 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, test fees will be incurred by the candidate.
- No wrist watches are allowed to be on or be near you in any testing area.
- Cell phones, smart watches, fitness monitors, electronic recording devices, blue tooth capable devices and personal items (such as briefcases, large bags, study materials, extra books, or papers) are not permitted to be on or near you in any testing area. You will be informed by the tester/proctor of a designated area to place your personal items and electronic devices and you may collect these items when you complete your test(s). All electronic devices must be **turned off before entering the testing room(s)**. If your phone rings, beeps or vibrates, your test will be stopped, scored as a failure and you will be asked to leave (expelled from) the test. Any smart watches or fitness monitors must be removed from your wrist and turned off before entering the testing room(s). Anyone caught using any type of electronic recording device or aide during testing will be removed, forfeit all testing fees and will not be permitted to test for 6 months or without the approval of the DDS, DMH or DCF.
- You may use personal devices during your free time in the waiting area.
- You are encouraged to bring a jacket, snack, drink or study material to have during your free time in the waiting area.
- Paper or hard back word-for-word only language translation dictionaries are allowed during testing. You must show the word-for-word translation dictionary to the tester/proctor before you start your test. The best time to make the tester 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 are not allowed during testing.
- You may not take any notes or other materials from any testing room.
- You are not permitted to eat, drink, smoke, use e-cigarettes or vape during the test.
- You are not allowed to leave the testing room once any component of the test has begun **for any reason**. If you do leave during your test, you will not be allowed back into the testing room to finish your test.
- If you are discovered causing a disturbance of any kind, engaging in any kind of misconduct or if you try to take any notes or testing materials from the testing room, you will be dismissed from the test and reported to your training program DDS, DMH or DCF.
- No visitors, instructors, guests, pets (including companion animals) or children are allowed. If you bring visitors, guests, pets or children to your test, you will not be admitted into the test, considered a No Show and any test fees paid *will NOT be refunded*.
- If you have any type of physical limitations (excluding pre-arranged ADA's) that would prevent you from demonstrating your competency to perform your duties as a MAP certified staff person, we strongly recommend that you reschedule your test until you no longer have any limitation(s). If you decide to continue with your scheduled test while under limitation(s), you will not be given a free reschedule for

Massachusetts MAP Testing Candidate Handbook

EFFECTIVE: February 25, 2020

testing due to any issue arising due to the limitation(s). (Examples: cast, arm/leg braces, crutches, etc.) Call D&S DT at (888)734-6211 immediately if you are on medical restrictions/limitations. You must email (hdmastereast@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.

- Test facilities and D&S DT testers/proctors are not responsible for candidate personal belongings at the test site.
- Due to changes in road construction and weather, it is recommended that you check on either of the following websites to review any current projects or closures which may impact your travel to testing: <http://www.massdot.state.ma.us> or <https://twitter.com/MassDOT>.
- Check D&S DT's MAP testing website prior to your test date for any policy and testing updates at: http://hdmaster.com/testing/othertesting/massachusetts_cma/MA_CMA_Home.htm

Inappropriate Behavior Policy

Inappropriate behavior is not tolerated at test events. You are required to be in the designated test wait area prior to the time listed on your test confirmation information. If you are late, you will be given an information sheet with delineated steps that need to be followed in order to schedule a new test.

Security personnel or the police will be contacted if your behavior causes any disturbance to testing or the work place. Your sponsoring employer will be informed of any inappropriate behavior.

Security

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

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

Anyone who removes or tries to remove test material or takes notes or information from the test site will be reported to DDS, DMH or DCF and is subject to prosecution to the full extent of the law by D&S DT. Your test will be scored as a test failure and you will forfeit any testing fees paid. You will not be allowed to retest for a minimum period of six (6) months. You will need to obtain permission from DDS, DMH or DCF to be eligible to test again.

If you give or receive help from anyone during testing (which also includes the use of any electronic recording devices or aides such as cell phones, smart watches, etc.), your test will be stopped and scored as a failure. You will be dismissed from the testing room and will forfeit any testing fees paid. You will be reported to DDS, DMH or DCF. You must obtain permission from DDS, DMH or DCF 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, prior to a test component reschedule taking place.

- 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&S DT is open until 6:00pm 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 and a reschedule would not be granted if D&S DT was notified on the Thursday or Friday.

Massachusetts MAP Testing Candidate Handbook

EFFECTIVE: February 25, 2020

MAP RESCHEDULE AND REFUND REQUEST CHART

| 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 |

Please 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, 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 that you are not interested in taking the MAP test at all.

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 in writing at least **two full business days** prior to your scheduled test (excluding Saturdays, Sundays and Holidays). D&S DT accepts faxed, (419)422-7395, or emailed (hdmastereast@hdmaster.com) requests for cancellation. 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 a written refund request by close of business (D&S DT is open until 6 pm Eastern time Monday-Friday) 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&S DT. Any requests for refunds made beyond the 30 days of payment of testing fees with D&S DT 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&S DT. Any requests for refunds made beyond the 30 days of original payment of testing fees with D&S DT will not be considered.
- 2) Refund requests must be in writing. D&S DT accepts faxed, (419)422-7395, or emailed (hdmastereast@hdmaster.com) refund requests. 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.

Massachusetts MAP Testing Candidate Handbook

EFFECTIVE: February 25, 2020

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&S DT. Any requests for refunds made beyond the 30 days of original payment of testing fees with D&S DT will not be considered.
- 2) Refund requests must be in writing. D&S DT accepts faxed, (419)422-7395, or emailed (hdmastereast@hdmaster.com) refund requests. 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.

No Shows

If you are scheduled for your test and do not arrive before the time listed on your confirmation email to be checked in by the tester/proctor, or do not show up without notifying D&S DT 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 (e.g., you take one component of the skill test and leave before taking the second skill test component), you will be considered a **NO SHOW**. You will forfeit all fees paid and must submit a new testing fee to schedule yourself into 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 and 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:** D&S DT 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 test date. If D&S DT does not receive proof within the three business days time frame you will have to pay as though you were a No Show.
- **Medical emergency:** D&S DT 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 doctor on or before your test date) must be submitted within **three business days** of the missed test date. If D&S DT does not receive proof within the three business days time frame you will have to pay as though you were a No Show. For the signed doctor's note, both names must be referenced on the signed doctor's note for the following situations:
 - If your dependent child was seen by the doctor.
 - If you are the guardian or medical power of attorney for the person seen by the doctor.
- **Death in the family:** D&S DT 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. (Immediate family means parents, grand and great-grand parents, siblings, children, spouse or significant other.)

Inclement Weather Policy

If a test is cancelled 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 weather that has occurred overnight, please be diligent about checking your email and/or text messages for any cancellations prior to leaving home or work for your test.

Massachusetts MAP Testing Candidate Handbook

EFFECTIVE: February 25, 2020

- Testing will proceed as scheduled if the test site is open and the tester/proctor is able to travel to the test 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&S DT 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 screen shot 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 fell 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 print out of power outage areas from the power provider, etc.).

Please note: All exceptional weather events will be reviewed by D&S DT, in collaboration with DDS, DMH and DCF for possible cancellations, rescheduling modifications and/or allowances.

Candidate Feedback – Exit Survey

You will receive an email and/or text message as soon as your test is official scored. In this notice, you will be provided a link to SurveyMonkey to complete an exit survey. A link is also available when you sign in to your TMU© record to see your test results. The exit survey is confidential and will not have any bearing on 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

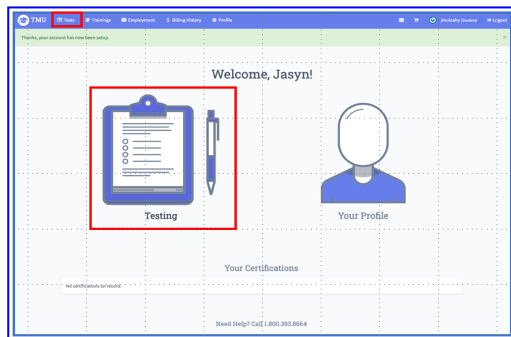
After completing your MAP test, your test will be officially scored and double checked in the D&S DT Findlay, Ohio office. Once the scoring process is complete, you will receive an email and/or text letting you know your test results are available. You may securely access your results in your own record in TMU© at <https://ma.tmuniverse.com>. Official test results are available to you after 6:00PM Eastern Standard time (excluding Saturdays, Sundays and Holidays) the next business day, and three to five business days after a paper and pencil test date.

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

D&S DT does not send postal mail test result letters to candidates.

To view your test results, sign in to your record in TMU© at <https://ma.tmuniverse.com> and Click on Testing:

Click on Details to open your results:



| Test Date | Exam | Test Site | Status | |
|----------------------------|----------------------------|---|--------|--|
| 01/21/2020 8:45 AM EST | MAP Knowledge Knowledge | ADVOCATES INC TEST SITE FRAMINGHAM, MA | Passed | <div style="border: 1px solid red; padding: 2px;"> Details Print Test Results </div> |
| 12/19/2019 12:00 AM EST | MAP Knowledge Knowledge | SEVEN HILLS FOUNDATION #9137 WORCESTER, MA | Noshow | |

Massachusetts MAP Testing Candidate Handbook

EFFECTIVE: February 25, 2020

Test Attempts

You have **three attempts** to pass any combination of the knowledge, medication administration or transcription 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 six-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 under your previous training you passed a component. You will obtain a new six-month window for testing.

Retaking Components of the MAP Test

In the event that your test results show that you failed a component of the MAP test, you may apply to retake the component of the MAP test you failed. 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 Sponsored Candidates

- If you are a DDS/DMH/DCF 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 select 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 TMU© 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 and/or Transcription Component

If you fail a Medication Administration Demonstration and/or Transcription Component:

DDS/DMH/DCF Sponsored Candidates

- After your employment has been re-verified, you may secure a new test date in TMU© after 6:00PM Eastern Standard time the business day after your test and select a new date and time under the Testing tab.

Non-Sponsored Candidates

- You may secure a new test date in TMU© after 6:00PM Eastern Standard time the business day after your test event by selecting the Medication Administration Demonstration and/or Transcription Task component, paying the correct fee with a credit/debit card (VISA or MasterCard only) and then selecting a new test date and time under the Testing tab.

Test Review Requests

You may request a review of your test results or dispute any other condition of your testing. **There is a \$25 test review deposit fee.** To request a review, you must submit the Scheduling and Payment Form 1402MP (http://hdmaster.com/testing/othertesting/massachusetts_cma/forms/1402MP.pdf), check the Test Review Fee of \$25 (cashier's check, money order, credit or debit card with expiration date) and submit a detailed, step-by-step explanation of the steps you demonstrated but believe you were not credited with during your test and send to D&S DT via email (hdmastereast@hdmaster.com), fax to (419)422-7395 or mail (P.O. Box 418, Findlay, OH 45839)

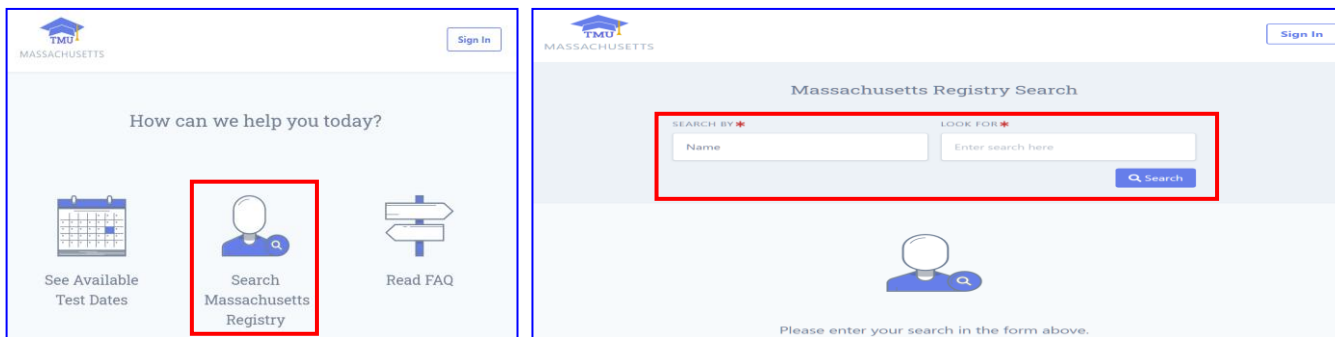
Massachusetts MAP Testing Candidate Handbook

EFFECTIVE: February 25, 2020

within three business days from the official scoring of your test (excluding Saturdays, Sundays and Holidays). Late requests will be returned and will not be considered. If the results of the review are in your favor, D&S DT will refund your test review fee. D&S DT 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&S DT will complete your review request within ten business days of the receipt of 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 would be refunded.

MAP Registry

The Massachusetts MAP Registry contains all MAP certified staff in Massachusetts. The MAP Registry can be accessed at <https://ma.tmuniverse.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

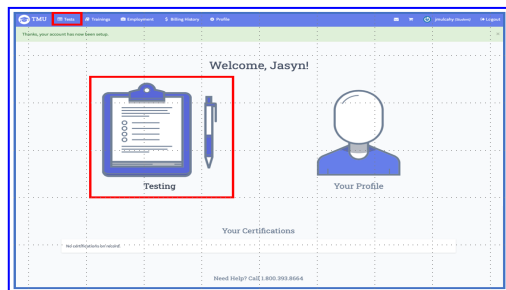
Or contact the MAP Registry staff Monday through Friday 8:00AM to 8:00PM, via phone call at (888)734-6211 or by fax at (419)422-7395.

Re-Certification Process

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



Massachusetts MAP Testing Candidate Handbook

EFFECTIVE: February 25, 2020

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 record in TMU© at <https://ma.tmuniverse.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 |
|--|---------------------|
| Introduction | 1 |
| Unit 1- Working in a MAP Registered Program | 4 |
| Unit 2- Observing and Reporting | 6 |
| Unit 3- Medications | 4 |
| Unit 4- Interacting with Health Care Provider | 3 |
| Unit 5- Obtaining, Storing and Securing Medication | 6 |
| Unit 6- Recording Information | 5 |
| Unit 7- Administering Medication | 10 |
| Unit 8- Chain of Custody | 7 |
| Unit 9- Medication Occurrences | 4 |

The Skill Test Components

Expect to spend no more than 2 ½ hours at a skills test event.

The 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 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.
- A scenario is read to you immediately before you demonstrate. The scenario includes the name of the individual the date and time you are administering the medication. Based on the scenario, you must

Massachusetts MAP Testing Candidate Handbook

EFFECTIVE: February 25, 2020

determine the correct medication to administer. The medication is countable medication. 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.
- The tester will play the role of the right individual. You will administer the right medication to the tester.

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.
- You must correctly perform all of the steps on the medication administration checklist in order to pass the medication administration demonstration component.
- **All steps must actually be demonstrated. Steps that are only verbalized WILL NOT COUNT.**

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.
- 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.

Massachusetts MAP Testing Candidate Handbook

EFFECTIVE: February 25, 2020

- 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).

The Transcription Component

The purpose of the transcription component is for you to demonstrate your ability, using an HCP order, to correctly document the discontinuation of a medication and to transcribe a new medication onto a medication administration sheet as outlined in RIA Unit 6.

When transcribing a medication you are not administering the medication; **do not** initial the grid portion of the medication sheet.

- Spelling counts.
- Copy information exactly as it is printed.
- Write or print clearly. If the scoring staff cannot be certain of what you have written, it will be marked as wrong.
- If choosing 12 o'clock as a medication time, it must be written as 12:00am or 12:00pm. Midnight or Noon are not valid times.
- AM or PM must be written for all times listed on the medication sheet.
- There is a practice mock transcription exercise available on the D&S DT webpage under Pre-Test and Mock Testing Documents:
 - Sample Transcription Medication Sheet - http://hdmaster.com/testing/othertesting/massachusetts_cma/forms/MackTestmannTest777MedSheet.pdf
 - Sample Transcription Documents - http://hdmaster.com/testing/othertesting/massachusetts_cma/forms/MackTestTemplateTest777Transcription.pdf
- Or download the Transcription Workbooks 1 & 2 available under MAP Trainer Tools on the Mass.gov website at: www.mass.gov/dph/MAP

The transcription component occurs in a group setting by a certified tester. Each candidate is provided a unique transcription. You will find the transcription checklist used to score your transcription below.

- You will be allowed a maximum of **15 minutes** to complete the discontinuation and transcription.
- You must correctly document all of the steps on the transcription checklist in order to pass the transcription test.

Transcription Checklist used by the Tester

- 1) Candidate marks through every unused box in grid portion of the medication sheet next to where the medication was scheduled to be given for the correct discontinued medication.
- 2) Candidate draws a single diagonal line to cross out the medication description for the correct medication.
- 3) Candidate draws a diagonal line through the grid portion of the medication sheet for the correct medication.

Massachusetts MAP Testing Candidate Handbook

EFFECTIVE: February 25, 2020

- 4) Candidate writes discontinued (D/C) in medication description portion of the medication sheet for the correct medication.
- 5) Candidate writes discontinued (D/C) in grid portion of the medication sheet for the correct medication.
- 6) Candidate writes the correct discontinuation date in the medication description of the medication sheet for the correct medication.
- 7) Candidate writes discontinuation date in the grid portion of the medication sheet for the correct medication.
- 8) Both generic and brand names of the correct medication are accurately transcribed onto the medication sheet for the correct medication.
- 9) The correct strength of the correct medication is accurately transcribed onto the medication sheet.
- 10) The correct amount of the correct medication is accurately transcribed onto the medication sheet.
- 11) The correct dose of the correct medication is accurately transcribed onto the medication sheet.
- 12) The correct frequency of the correct medication is accurately transcribed onto the medication sheet.
- 13) The correct route of administration of the correct medication is accurately transcribed onto the medication sheet.
- 14) The correct start date of the correct medication is accurately transcribed onto the medication sheet.
- 15) The correct stop date of the correct medication is accurately transcribed onto the medication sheet.
- 16) Appropriate medication times for the correct medication are written in the hour column on the medication sheet.
- 17) The grid accurately shows when the first dose is to be administered for the correct medication.
- 18) The grid accurately shows when the last dose is to be administered for the correct medication.
- 19) Candidate only transcribes the new medication.
- 20) Candidate does not initial the newly transcribed medication as given.

Knowledge Test Vocabulary List

| | | |
|--|------------------------|------------------------------------|
| abbreviations | dietary supplements | liquid administration |
| acceptable codes | discontinue medication | liquid countable medication |
| accuracy checks | disposal | liquid medication |
| administration process | documentation | liquid oral medications |
| adverse response | documentation error | LOA |
| allergies | dose | MAP certification renewal |
| amount | drug loss | MAP consultant |
| basic principles | emergency fact sheet | measuring devices |
| brand name medication | expiration date | medication |
| categories of medications | faxed order | medication administration |
| chain of custody | five rights | medication category |
| communication | generic medications | medication devices |
| count book | hand washing | medication disposal |
| count discrepancy | HCP order | medication documentation |
| count sheet | HCP visit | medication effect |
| countable medication | health questions | medication exceptions |
| cycle of responsibility/responsibilities in action | hotline | medication information |
| data collection | individual's rights | medication interaction |
| day program | interactions | medication label |
| desired effect | labels | medication loss / chain of custody |

Massachusetts MAP Testing Candidate Handbook

EFFECTIVE: February 25, 2020

| | | |
|----------------------------------|--------------------------------|-----------------------------------|
| medication names | oral medication | shoulder to shoulder count |
| medication occurrence | order transcription | side effects |
| medication ordering/receiving | ordering and receiving log | special instructions |
| medication outcome | OTC medications | specialized training |
| medication principles | parameters | start date |
| medication refill | pharmacy label | stop date |
| medication refusal | post and verify | stopping medication |
| medication release document | prepare medication | subjective |
| medication route | prescription | target symptoms |
| medication security | PRN medication | telephone order |
| medication sensitivity | recalling observations | three checks |
| medication sheet | recording information | tracking documents |
| medication storage | refusal | transcription |
| medication storage / chain of | regularly scheduled medication | verification |
| medications at day program | reporting | when not to administer medication |
| mindfulness | respecting rights | wrong dose |
| missed dose | responsibilities | wrong medication |
| non-suspicious count discrepancy | right medication | wrong time |
| objective information | right person | |
| objective observation | right route | |
| observation | right time | |
| observing and reporting | route | |
| obtaining medication | sample medication | |
| occurrence reporting | sensitivity to medication | |

