D&S Diversified Technologies LLP

Headmaster LLP

Massachusetts Virtual MAP Testing Candidate Handbook

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Version 13

<u>**Updates February 9, 2022**</u>
Skill Test Components – Medication Administration Demonstration Checklist and Transcription Checklist used by Tester: KEY (bolded) steps pages 15-16.

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UPDATED: February 9, 2022

Contact Information

Questions regarding testing process, test scheduling and eligibility to test:		**(888) 734-6211**
Questions about certification, renewals or Registry:		**(888) 734-6211**
D&S Diversified Technologies, LLP *PO Box 418* *Findlay, OH 45839* *Email:* *hdmastereast@hdmaster.com* *Web Site: www.hdmaster.com*	*Monday through Friday* *8:00 AM – 6:00 PM (EST)*	Phone #: (888) 734-6211 Fax #: (419) 422-7395
Massachusetts MAP Registry *PO Box 418* *Findlay, OH 45839* *Email:* *hdmastereast@hdmaster.com* *Web Site: www.hdmaster.com*	*Monday through Friday* *8:00 AM – 6:00 PM (EST)*	Phone #: (888) 734-6211 Fax #: (419) 422-7395

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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 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&SDT) to provide tests and scoring services for MAP testing and registry services. For question 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

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&SDT. If you wish to receive accommodations, inform your MAP trainer and complete the ADA Accommodation Request Form 1404MP available on the D&SDT 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&SDT 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&SDT via postal mail (PO Box 418, Findlay, OH 45839), fax ([419] 422-7395) or imaged and emailed (hdmastereast@hdmaster.com).

Notify D&SDT 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&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 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.

- 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.

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 Virtual 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 Together	$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&SDT'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&SDT by calling (888)734-6211.

Instructions for completing your record:

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 and Recover your Account Directions

Schedule a Virtual Test

Due to COVID-19, all testing is being done virtually at this time.

Please view the following presentation with information on what you need to know to schedule a virtual test: Guidelines for Virtual Certification Testing

The guidelines for virtual certification testing link can also be found on D&SDT's MAP webpage at:
https://hdmaster.com/testing/othertesting/massachusetts_cma/MA_CMA_Home.htm
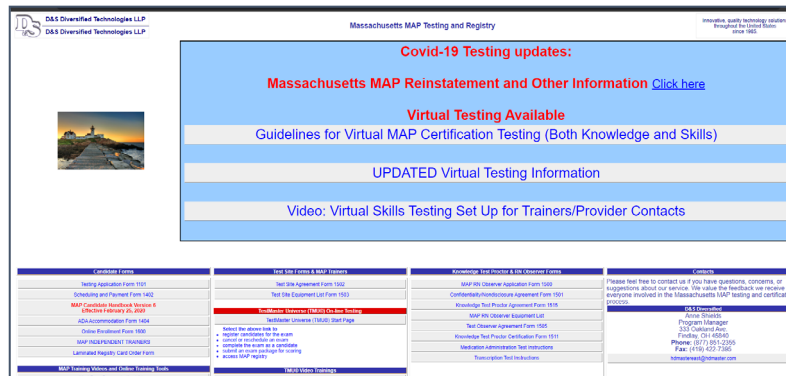
Directions for Scheduling into a Virtual Test Event

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

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

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

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

Test Confirmation Page Example

- **Sponsored** 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 virtual 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 virtual test which can be found on the calendar of events when signed into TMU©.

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Accessing Your Test Confirmation Page

You can access your test confirmation page at any time.
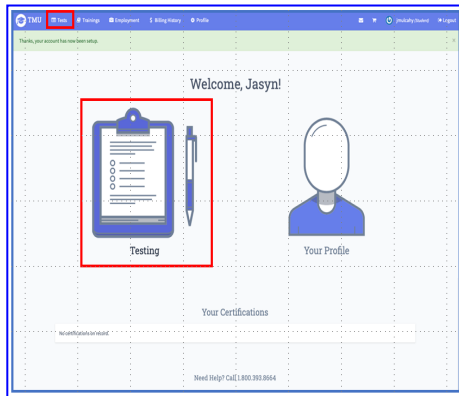
Click on Testing: Click on Test Confirmation Page to open your test confirmation letter:
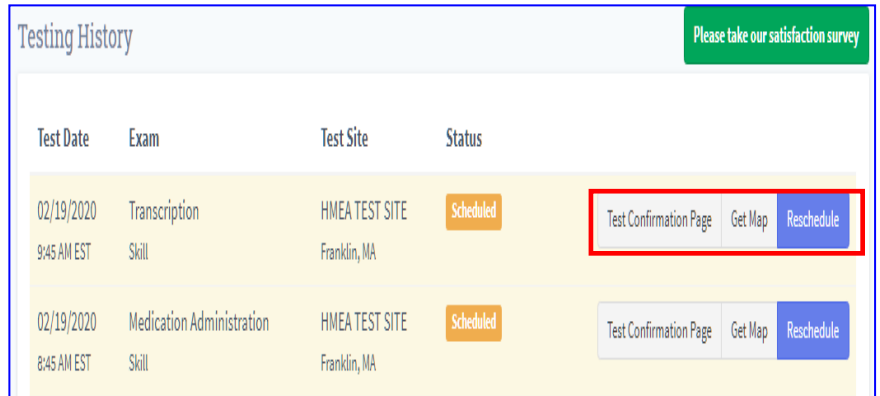
If you need assistance accessing your test confirmation page or have any questions regarding the test schedule or scheduling/rescheduling your test, call D&SDT at (888)734-6211.

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

Virtual Testing Information

Virtual Testing Platform

- The virtual testing platform used by D&SDT is Zoom.

Virtual Knowledge Test Candidate Requirements

Candidates must have:
- You must have an updated version of Google Chrome as your Internet browser.
  - *Internet Explorer is not supported by TMU© 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 Zoom.
- A quiet area to take the test alone.
- The 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 Virtual Knowledge Test

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

Instructions and a link to download Zoom, including a meeting ID and password, will be emailed to you. The test site location will list as "Virtual Knowledge Testing Site".

Scheduling a Virtual Skills Test

While candidates can self-schedule their transcription test, they 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 list as "Virtual Skills Testing Site".

Virtual Skills Test

Candidate's will enter the test 10 minutes prior to the test start time for a review of the instructions.

Virtual Test Check-In

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

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 show the virtual proctor 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 virtual 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&SDT 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&SDT 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 to take your virtual exam if you do not present 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.

Testing Policies

The following policies are observed at each virtual test event—

- If you attempt to sign in to your virtual 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 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 <u>conform to all testing policies for all components of the MAP test</u>, 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.
- 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 the virtual testing room.
- You are not permitted to eat, drink, smoke, use e-cigarettes or vape during the virtual test.
- You are not allowed to leave the virtual testing room once any component of the test has begun ***for any reason***. If you do leave during your virtual test, you will not be allowed back into the virtual 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 virtual testing room, you will be dismissed from the virtual test and reported to your training program DDS, DMH or DCF.
- No visitors, instructors, guests, pets (including companion animals) or children are allowed to be present while taking your virtual test. If visitors, guests, pets or children are at your virtual test, you will not be admitted into the virtual 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 virtual test until you no longer have any limitation(s). If you decide to continue with your scheduled virtual test while under limitation(s), you will not be given a free reschedule for testing due to any issue arising due to 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 (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.

Inappropriate Behavior Policy

Inappropriate behavior is not tolerated at any test event, whether it be a virtual or in person setting. You are required to be logged in and ready to test prior to 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 and 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) or the Department of Children and Family (DCF).

Inclement Weather and Unforeseen Circumstances 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 skill testing location.

Note: Virtual knowledge will be affected only if you were traveling to your place of business to utilize computer and internet services.

- 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&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 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&SDT, in collaboration with DDS, DMH and DCF for possible cancellations, rescheduling modifications and/or allowances.

Security

If you refuse to follow directions, use abusive language or disrupt the virtual test environment, your virtual test will be stopped and scored as a failure. You will be dismissed from the virtual 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 takes notes or information from the during the virtual test will be reported to DDS, DMH or DCF and is subject to prosecution to the full extent of the law by D&SDT. 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 virtual testing (which also includes the use of any other electronic recording devices or aides such as cell phones, smart watches, *other than the two devices you are taking your tests*

on), your virtual test will be stopped and scored as a failure. You will be dismissed from the virtual 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 <u>one</u> 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&SDT 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&SDT was notified on the Thursday or Friday.

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 by filling out and submitting the [Refund Request Fillable Form 1405](#) on D&SDT's main webpage at 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 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 accessed 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. 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. No phone calls are accepted.

3) Refund requests not made within the required time frame will be accessed 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 virtual test and do not sign in before the time listed on your confirmation email to be checked in by the 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 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 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 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. 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&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 parents, grand and great-grand parents, siblings, children, spouse or significant other.)*

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 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&SDT 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&SDT 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:
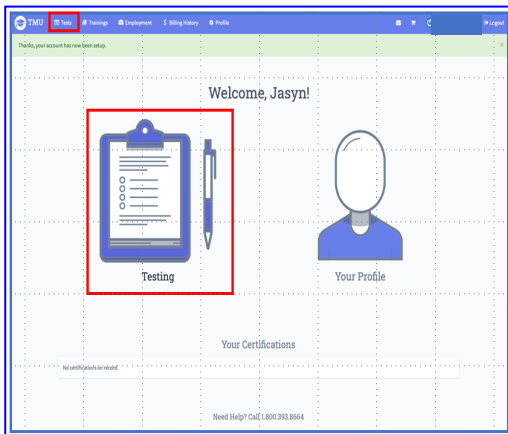
Click on Details to open your results:

Test 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 by following the instructions under Virtual Testing Information.

Non-Sponsored Candidates

- You may secure a new virtual test date by following the instructions under Virtual Testing Information.

Test Review Requests

You may request a review of your test results or dispute any other condition of your virtual 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](#). Submit the Test Review Fee of $25 (MasterCard, Visa or debit card) and a detailed step-by-step explanation of the steps you demonstrated but believe you were not credited with during your virtual test (upload with Form 1403) via the PDF fillable Test Review Request and Payment Form 1403 **within three business days** from the official scoring of your virtual 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&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 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
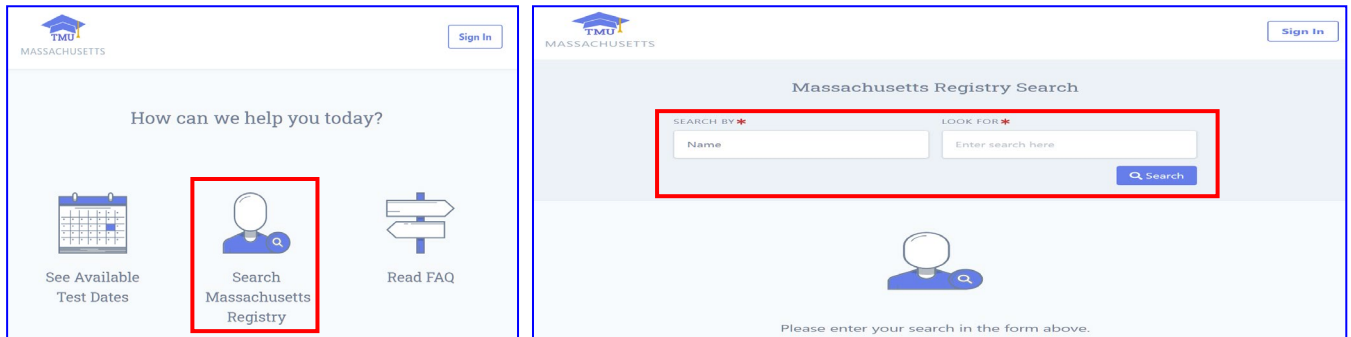
review outcome, and you successfully pass the component previously failed and your review outcome is in your favor, the test review fee *plus* the additional test component fee you paid would be refunded.

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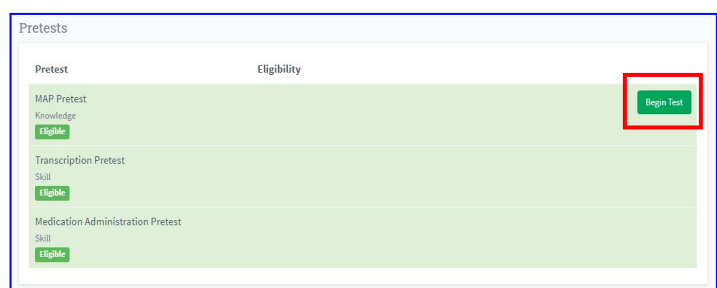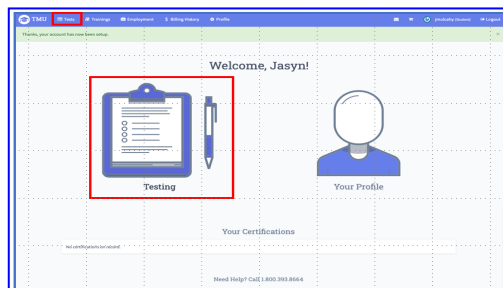
You should have received information during your MAP training explaining that it is to your advantage to spend time on your own reading RIA from cover to cover as well as taking the pretest over and over. The pretest is available by signing into your record in TMU© at https://ma.tmuniverse.com.

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		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			

The Skill Test Components

The Virtual 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 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.

- 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 virtually 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' are 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.**
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).**

The Virtual 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&SDT 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.

- 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' are missed.

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.
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

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

Notes: