



MASSACHUSETTS MAP TESTING KNOWLEDGE TEST APPLICATION

(FORM 1402 KT - KNOWLEDGE TEST APPLICATION -- MUST ALSO ATTACH AND SEND FORM 1101)

TESTING OPTIONS: Only use Option 1 or Option 2, *never both*

Testing Option 1: Regional Knowledge Test Centers

Completed PAPER applications must be received 10 business days prior to the first requested testing day (excluding Sundays & Holidays).

(Most users will use Internet electronic application submission. Call 877-851-2355 for WEBETEST® application options and training.)

Refer to the MAP Testing Candidate Handbook available for Massachusetts MAP test candidates at www.hdmaster.com (or received from your training program/employer) for the listing of regional knowledge test centers. Schedule a test time online by using the ID and PIN you received from your MAP trainer or call us at 877-851-2355 to schedule a test time or list your choice of test site and date below from the online test schedule [Form 1700] found at www.hdmaster.com.

1st Choice Test Date: (From 1700 MP Test Schedule)

2nd Choice Test Date: (From 1700 MP Test Schedule)

4 Digit Test Site # _____ Test Site Name _____

4 Digit Test Site # _____ Test Site Name _____

Test Month _____ Test Date _____

Test Month _____ Test Date _____

If you are an un-sponsored test candidate your payment must be received and you must be cleared to test before you can be scheduled a knowledge test time.

Testing Option 2: Provider (Flexible) Test Sites

(A MAP certified trainer must complete this section.)

Name of Site _____ 4 Digit Test Site # _____

Contact Person _____ Phone _____

Contact Person E-Mail _____ Fax Number _____

Name of Certified Test Proctor Scheduled for this Test Event _____

Date of Testing _____ Start time for Testing: _____ AM flight start _____ PM flight start

Site Address _____ City _____ State _____ Zip Code _____

List up to twelve candidate(s) Social Security numbers for In-Facility Testing:

Exam Types and Fee Payment: (Form 1402 KT)

*****NO CANDIDATE PERSONAL CHECKS ACCEPTED*****

# Requested	Tests / Service Requested	Un-sponsored Candidate	Sponsored Candidate Check One <input type="checkbox"/> DDS # _____ <input type="checkbox"/> DMH # _____	Totals
	Knowledge Test or Retake - Available in English Only	\$43.00	No Charge	
	Initial/Renewal/Retake - Both Med Admin/Transcription Demonstration Tasks	\$96.00	No Charge	
	Med Admin Task Only Retake	\$71.00	No Charge	
	Transcription Task Only Retake	\$71.00	No Charge	
	Priority Fax Service (419-422-8328)	\$5.00	Candidate/Training Program pays \$5.00 each candidate	
	Paper Test Events Overnight Shipping, if requested	\$25.00	Candidate/Training Program pays \$25.00	
	Express Service Fee if requested less than ten days prior to paper test event	\$15.00/candidate	Candidate/Training Program pays \$15.00/candidate	
	No Show	No REFUND	Candidate must pay a \$45 reschedule fee for new test slot	
	Reschedule	\$30.00	Candidate pays \$30.00 for new test slot	
	Cancellation	\$30.00	Candidate pays \$30.00 for new test slot	
	NO CANDIDATE PERSONAL CHECKS ACCEPTED		GRAND TOTAL:	\$

Check method of payment: _____ Check (Sponsor Only) _____ Cashier's Check _____ Money Order _____ Visa _____ Master Card

Card #: _____ Expiration Date: _____ Authorized Signature: _____

Print name as it appears on your credit card: _____ Zip Code: _____

ADA ACCOMMODATION

I need special accommodations under the Americans with Disabilities Act. To qualify for special accommodations, you must provide written documentation of your disability along with your paper application. ADA form 1404 MP is available at www.hdmaster.com or call D&SDT at 877-851-2355.

I also authorize a fax fee of \$5.00 charged to my credit card if I faxed my paper application into D&SDT. I also understand that if this is my first time testing that I must pass the Knowledge test before I can take the Medication Administration/Transcription test. If this is a re-take test I only need to re-test on the portion that I failed. I understand that if I paid by credit card that my credit card will be billed for any tests requested or for the portion of the test that I failed plus the fax fee and any priority fees I may have requested. **PLEASE CALL 877-851-2355 IF YOU DO NOT RECEIVE AN EMAIL OR MAIL RESPONSE WITHIN FIVE DAYS.**

Candidate Signature: _____

(UNSIGN APPLICATIONS WILL BE RETURNED)