



MAP TESTING SITE AGREEMENT (Form 1502 MP)
This agreement **MUST** be accompanied by **Form 1503 MP**

Test Site Name: _____ Phone: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

hereinafter known as the Testing Site, will allow MAP Tests to be administered at our site, under the following guidelines for **FIXED and/or FLEXIBLE** testing schedules.

As a FLEXIBLE Schedule Test Site (Provider Test Site) we will adhere to the following guidelines:

1. NO more than ____ Candidate applications (without permission) may be submitted per testing date per RN observer.
2. We will complete and mail or fax this **Form 1502 MP and Form 1503 MP** to D&SDT.
3. We will supply the RN test observer or written test proctor an approved area for testing MAP candidates or up to 8 hours per test event.
4. We will contact a certified RN test observer or written test proctor as listed on the D&SDT MAP tester list and mutually agree to a test date. We will then **IMMEDIATELY** contact (phone, fax or email) D&SDT and inform D&SDT staff of the scheduled test date.
5. We will use WebETest to apply for tests for our candidates who complete our approved MAP training.
6. We will assume all liability for our candidates who were trained and are testing at our test site.
7. We agree to unannounced visits by the D&SDT/DDS/DMH/DPH the purpose of observing tests in progress.
8. We give permission to open up any empty seats at our test events to outside candidates to help insure full test events for RN test observers or knowledge test proctors. Check: YES NO (A YES helps to insure that an observer or test proctor will be eager to come and test your candidates because they will have a full slate of candidates to test.)

As a FIXED Schedule (Regional) test site we will adhere to the following guidelines:

1. We will supply an area sufficient to test ____ (up to 10) candidates on the MAP transcription test component. The area is to be used by a MAP certified, independently contracted, RN test observer. The provided area will be free from distractions for up to eight hours during test events.
2. We will reserve an area sufficient for ____ (up to 10) candidates to sit during any wait time they may have between test components. The wait area and transcription testing room can be the same area or the waiting area can be one-half the size of maximum seats available in the transcription room. At our site we have room for separate areas. Check: YES NO
3. We will supply a separate area sufficient to test one candidate at a time on the medication administration task.
4. We will complete and mail or fax this **Form 1502 MP and Form 1503 MP** to D&SDT.
5. We will mutually agree to schedule test dates up to fifty-two weeks (no less than twelve weeks) in advance with D&SDT.
6. We agree to unannounced visits by D&SDT/DDS/DMH/DPH for the purpose of observing tests in progress.
7. On testing days, we will allow an independently contracted RN test observer and test candidate admittance to our designated test site. We will hold them accountable for damage, theft, or any other act or action harmful to the test site in any way. D&SDT and the Massachusetts DDS, DMH or DPH Departments assume no liability for independently contracted RN observers or test candidates.

I certify that I have read, understood, and will abide by the guidelines listed.

Site Administrator Signature: _____ Date: ____/____/____

Contact Phone Number: _____ Email: _____

Print designated contact person: _____

D&S DIVERSIFIED TECHNOLOGIES use ONLY: Site #: _____ assigned on ____/____/____ by _____