



MAP TESTING SITE EQUIPMENT LIST AND AFFIDAVIT (Form 1503 MP)

This form **MUST** be accompanied by **Form 1502**

The testing site must have all of the materials and room necessary to properly administer any of the randomly selected MAP medication administration or transcription tests. Sites qualifying as a knowledge test sites must have the space needed and a computer lab adequate for the maximum number of candidates approved to test at a given time. The RN observer is required to review all of the MAP tests they receive prior to administration and ensure that the appropriate medications are available in the medication box. Please refer to the following list for equipment requirements.

Areas Provided by Testing Site

- Small room for single medication administration candidates
- Larger room sufficient to seat ____ candidates for the transcription test
- Holding area sufficient to seat ____ candidates waiting to test. Can be the same room as the transcription room or an area about half the size of the maximum seats available in the transcription room.
- Computer lab available for knowledge testing. We have ____ computers available with internet access.

Additional Equipment Provided by RN Observer

- Stocked lockable Medication Box (Portable Med Cart)
- Assorted placebo medications corresponding to medication administration skill tasks
- Paper and #2 pencils if there are any paper knowledge tests
- Black ink pens for transcription tests
- Medication Recording sheets in black notebook
- Medication count sheets in red notebook
- Timer and/or clock

Please call D&S DIVERSIFIED TECHNOLOGIES LLP toll free at 1-877-851-2355 to answer any question(s).

Site Affidavit:

We hereby certify that

Test Site Name: _____

Phone: _____ Ext: _____ Fax Number: _____

Contact Person's Name: _____ Email: _____

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

has the equipment listed herein and will make the equipment available to D&SDT certified RN test observers (independent contractors) for the purpose of administering MAP tests to MAP test candidates at our site.

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

RN Test Observer Signature: _____ Date: ____/____/____

For office use only:

_____	_____	_____	_____
# Assigned	Date	Date confirmation faxed	Staff Initials