

Medication Administration Program (MAP)

Employment Verification Procedure

To Verify Employment & Approve Test Funding

- 1) Logon to hdmaster.com
- 2) Select "MAP" under "Medication Aide Testing"
- 3) Select "WebETest Start Page"
- 4) Select "Employment Verification" button
(see screenshot 1)
- 5) Enter your Provider ID number and PIN and click "Logon" to enter WebETest
(see screenshot 2)
- 6) Click "Search" under the box on the right of the screen
(see screenshot 3)
- 7) All test candidates "parented" to your agency will be listed
(see screenshot 4)
- 8) For the desired candidate(s), select "Approved" under "Validate Employment" and then select the applicable agency (DMH or DDS) under "Funding Source"
(see screenshot 4)
- 9) Type your name into the "Provider Representative" box in the middle of the screen
(see screenshot 4)
- 10) Read the affirmation statement and place a check mark in the box to the left of the statement
(see screenshot 4)
- 11) Click the "Submit Verifications" button at the top of the screen to save the approval(s)
(see screenshot 4)
- 12) A new screen will appear with the candidate(s) name(s) for whom you are verifying employment
 - a) If only verifying employment and not wishing to schedule the candidate(s) to test, the process is complete and you may log out of WebETest
 - b) If scheduling the candidate to test, click on the candidate's blue "Test ID" number to open their WebETest record and schedule their test..
(see screenshot 5)

To Remove Employment Verification & Deny Test Funding

- 13) Complete Steps #1 thru #7. At Step #8, select "Denied" under "Validate Employment" and "Un-sponsored" as the "Funding Source"
(see screenshot 4)
- 14) Complete Steps #9, #10 and #11
- 15) If the test candidate has a scheduled test event, it may be possible to cancel that test via the candidate's WebETest record:
 - a) click on the candidate's blue "Test ID" number to open their Webetest record
 - b) under the scheduled test information, there is a section for "Test Options"
 - c) place a check mark in the box beside "Cancel" and click "Submit Updates" at the top of the screen to cancel the test
(see screenshot 6)
 - d) After you complete the cancellation process a new screen will appear with the cancellation confirmation.
(see screenshot 7)
- 16) If the "Cancel" check box is not available in the candidate WebETest record, the test must be cancelled by D&S directly by calling 1-877-201-0758 or 1-877-851-2355

Screen Shot #1

Massachusetts MAP Main Menu

Welcome to WebETest®, our on-line exam service.
Choose a link below based on the description that best fits your needs.

D&S Staff Only	Staff
Provider or MAP Trainer	Proctored Knowledge Exam
Test Site	On-line Test Results
Non-sponsored by DDS/DMH	Skill Tester or Knowledge Test Proctor
Employment Verification	Recertification
Four Month Test Schedule	Provider Initiated Recertification

[NEW! User Built Test Schedule](#)

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Screen Shot #2

Massachusetts MAP Approved Employer

You have received an e-mail request that you verify employment of a MAP testing candidate. In order for the test to be scheduled you must verify that the candidate noted in your e-mail is your employee.

Please enter your assigned Provider ID
Please enter your employer PIN
Complete fields then click here to... [Login](#)

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Screen Shot #3

Massachusetts MAP Select Candidate Record (Employer)

[Submit Verifications](#)

Affirmation

The following testing candidates have indicated that they are employed at your facility. **N/A** indicates a candidate that has listed you as the employing facility but has **not** requested employment verification and thus employment cannot be confirmed. The following identifying information and affirmation must be completed before you may Submit Verifications.

Provider Representative:

By checking here and submitting these verifications I affirm that I am the MAP Trainer/Provider who is referred to above, and I hereby certify that the applicants approved herein are employed at our MAP funded facility.

[Search](#)

Employment Status

All Pending Approved Denied

- You may search for candidates by the following methods
 - *mm/dd/yyyy = candidates with this training start date
 - =mm/dd/yyyy = candidates with this training completion date
 - Search = all candidates parented with your Provider

Return to Main Menu				
Scheduled Exam [-]completed [x]in progress	Validate Employment	Funding Source	ID (Edit)	Name
Return to Main Menu				

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Screen Shot #4

Massachusetts MAP Select Candidate Record (Employer)

[Submit Verifications](#)

Affirmation

The following testing candidates have indicated that they are employed at your facility. *N/A* indicates a candidate that has listed you as the employing facility but has **not** requested employment verification and thus employment cannot be confirmed. The following identifying information and affirmation must be completed before you may Submit Verifications:

Provider Representative:

By checking here and submitting these verifications I affirm that I am the MAP Trainer/Provider who is referred to above, and I hereby certify that the applicants approved herein are employed at our MAP funded facility.

[Return to Main Menu](#)

Scheduled Exam [-]completed [x]in progress	Validate Employment	Funding Source	ID (Edit)	Name
08/31/2011 : 9001_H093 x	Pending <input type="radio"/> Approved <input type="radio"/> Denied <input checked="" type="radio"/>	<input type="radio"/> DDS <input type="radio"/> DMH <input type="radio"/> Un-sponsored	0583-331-831	DORRANCE, PAUL LO
08/01/2011 : 9001_H106 x	Pending <input type="radio"/> Approved <input type="radio"/> Denied <input checked="" type="radio"/>	<input type="radio"/> DDS <input type="radio"/> DMH <input type="radio"/> Un-sponsored	0251-314-150	FLINSTONE, FRED R
	Pending <input type="radio"/> Approved <input type="radio"/> Denied <input checked="" type="radio"/>	<input type="radio"/> DDS <input type="radio"/> DMH <input type="radio"/> Un-sponsored	1731-037-540	PRACTICE, THREE
	Pending <input type="radio"/> Approved <input type="radio"/> Denied <input checked="" type="radio"/>	<input type="radio"/> DDS <input type="radio"/> DMH <input type="radio"/> Un-sponsored	0826-357-522	PRACTICE, TWO
	Pending <input type="radio"/> Approved <input type="radio"/> Denied <input checked="" type="radio"/>	<input type="radio"/> DDS <input type="radio"/> DMH <input type="radio"/> Un-sponsored	7713-302-031	SALOIS, CHAD
	Pending <input type="radio"/> Approved <input type="radio"/> Denied <input checked="" type="radio"/>	<input type="radio"/> DDS <input type="radio"/> DMH <input type="radio"/> Un-sponsored	7140-527-720	SCHMITT, SUE
	Pending <input type="radio"/> Approved <input type="radio"/> Denied <input checked="" type="radio"/>	<input type="radio"/> DDS <input type="radio"/> DMH <input type="radio"/> Un-sponsored	7281-563-520	SMITH, GEORGE FRA

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[Search](#)

Employment Status

All Pending Approved Denied

- You may search for candidates by the following methods
 - *mm/dd/yyyy = candidates with this training start date
 - =mm/dd/yyyy = candidates with this training completion date
 - Search = all candidates parented with your Provider

Screen Shot #5

Massachusetts MAP Select Candidate Record (Employer)

[Submit Verifications](#)

Affirmation

The following testing candidates have indicated that they are employed at your facility. *N/A* indicates a candidate that has listed you as the employing facility but has **not** requested employment verification and thus employment cannot be confirmed. The following identifying information and affirmation must be completed before you may Submit Verifications:

Provider Representative:

By checking here and submitting these verifications I affirm that I am the MAP Trainer/Provider who is referred to above, and I hereby certify that the applicants approved herein are employed at our MAP funded facility.

[Return to Main Menu](#)

Scheduled Exam [-]completed [x]in progress	Validate Employment	Funding Source	ID (Edit)	Name
	Pending <input type="radio"/> Approved <input type="radio"/> Denied <input checked="" type="radio"/>	<input type="radio"/> DDS <input checked="" type="radio"/> DMH <input type="radio"/> Un-sponsored	7713-302-031	SALOIS, CHAD
	Pending <input type="radio"/> Approved <input type="radio"/> Denied <input checked="" type="radio"/>	<input type="radio"/> DDS <input checked="" type="radio"/> DMH <input type="radio"/> Un-sponsored	7140-527-720	SCHMITT, SUE
	Pending <input type="radio"/> Approved <input type="radio"/> Denied <input checked="" type="radio"/>	<input type="radio"/> DDS <input type="radio"/> DMH <input type="radio"/> Un-sponsored	7281-563-520	SMITH, GEORGE FRA

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[Search](#)

Employment Status

All Pending Approved Denied

- You may search for candidates by the following methods
 - *mm/dd/yyyy = candidates with this training start date
 - =mm/dd/yyyy = candidates with this training completion date
 - Search = all candidates parented with your Provider

Screen Shot #6

ADA Request Status

Accommodation Requested

Please Note: Selection of this option requires submission of the documents available through this [link](#). You will be unable to test until all required documentation is received and the status of your request has been determined.

[View Test Schedule](#) [Build Test Schedule](#)

Site:

Knowledge Test Date:

Test Options Cancel

Scheduled Test Details
 NORTH SUFFOLK MENTAL HEALTH
 37 HAWTHORN ST
 CHELSEA, MA
 14:00 ET [Google™ Test Site Map](#)
 Notified: 12/30/1899 00:00 MT[]

Screen Shot #7

Massachusetts MAP Process Complete

GEORGE SMITH : Removed from packet

Test request cleared

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Trainers and Candidates can request Employment Verification from the candidate record in WebETest.

Massachusetts MAP Edit Candidate Record (Training)

Submit Updates
 NOTE: The **BOLD** fields are required.
 The *italic* fields are read only and will be automatically completed when the record is saved.

Personal Information : Last Updated 07/03/2012 10:09 MT

Soc. Sec. Number: 333333333 Pin Number: Vv1a

First Middle Last: BARNEY L RUBBLE

Maiden (Other name):

Address: PO BOX 418

City ST Zip: FINDLAY OH 45839

Home Phone: (877)201-0758 (ccc)ppp-####

Work or Cell: () - (ccc)ppp-####

Email Address:

Date of Birth: 05/12/1974 mm/dd/yyyy

Training Program

ID: 9002 [View Approved Trainers](#)

Hours: 16

Name: FINDLAY PRACTICE SITE

Address: 333 OAKLAND AVE

City, St: FINDLAY, OH 45840

Started: 05/23/2011

Pre-test: 05/23/2011

Completed: 05/25/2011

Expires:

Remedial Training:

Note: Remedial training does not extend the testing eligibility period.

Graduated? YES NO requires reason...

If NO, due to: Select...

Test Date Selection

Recent Scheduling (Last 60 days)
[View Test Schedule](#) [Build Test Schedule](#)

Site:

Med Ad Test Date:

Test Options:

Candidate elects to SELF-SCHEDULE

Please note that after Choosing and then Accepting a test date, you MUST Submit Updates to complete the scheduling process. Your registration process is not complete until your Confirmation letter is displayed.

ADA Request Status

Accommodation Requested

Please Note: Selection of this option requires submission of these [ADA documents](#). You will be unable to test until all required documentation is received and the status of your request has been determined.

Exam Funding Options

Employed: If checked this indicates that the candidate is currently employed at the [state sponsored MAP provider](#) listed below, and that provider has [verified](#) the employment status. If not checked, then either verification has not taken place or the candidate or the [non-sponsored facility](#) indicated below is responsible for paying the testing fees.

ID: 9002 (MAP provider)

Facility: FINDLAY PRACTICE SIT

Location: FINDLAY, OH 45840

Confirmation email:

Funding Source: DDS DMH Un-sponsored

Employment Verification Status

Pending Employer Approval
Request Employment Verification

Un-sponsored facility paying for exam

ID: 9002 FINDLAY PRACTICE SIT

Current Training Test Results

##	Test Date	Site	Score	Category
1.	002 008 06/27/2011	9001	100	Written Exam
2.	121 008 12/06/2011	9001	8095	MAP Med Admin (04)
3.	121 028 12/06/2011	9001	100	MAP Transcription (3)

Previous Training Test Results

- ## = test form
- Ver = Transcription or Med Admin Version
- Site = Test site ID
- Score = Knowledge (Written); Prefix F=Failed
- Score = Skills (Trans, MedAd); Prefix K=Failed because of Key step
- Score = Red Cross exams; Prefix F=Failed
- Category = Previous=Red Cross; MAP=D&S

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