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 "*Unsponsored"* 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

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	

Screen Shot #2

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

Screen Shot #3

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

Screen Shot #4

Massachusetts MAP   **Select Candidate Record (Employer)**

Submit Verifications

Search

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.

● 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
	Pending ○ Approved ○ Denied ●	● DDS ○ DMH ○ Unsponsored	0583-331-831	DORRANCE, PAUL LO
	Pending ○ Approved ● Denied ○	● DDS ○ DMH ○ Unsponsored	0251-314-150	FLINSTONE, FRED R
08/31/2011 : 9001_H093 x	Pending ○ Approved ○ Denied ●	○ DDS ● DMH ○ Unsponsored	1731-037-540	PRACTICE, THREE
08/01/2011 : 9001_H106 x	Pending ○ Approved ○ Denied ●	○ DDS ● DMH ○ Unsponsored	0826-357-522	PRACTICE, TWO
	Pending ○ Approved ○ Denied ●	○ DDS ● DMH ○ Unsponsored	7713-302-031	SALOIS, CHAD
	Pending ○ Approved ○ Denied ●	● DDS ○ DMH ○ Unsponsored	7140-527-720	SCHMITT, SUE
	Pending ○ Approved ○ Denied ●	● DDS ○ DMH ○ Unsponsored	7281-563-520	SMITH, GEORGE FRA

Return to Main Menu

Screen Shot #5

Massachusetts MAP   **Select Candidate Record (Employer)**

Submit Verifications

Search

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.

● 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
	Pending ○ Approved ○ Denied ●	○ DDS ● DMH ○ Unsponsored	7713-302-031	SALOIS, CHAD
	Pending ○ Approved ○ Denied ●	○ DDS ● DMH ○ Unsponsored	7140-527-720	SCHMITT, SUE
	Pending ○ Approved ○ Denied ●	● DDS ○ DMH ○ Unsponsored	7281-563-520	SMITH, GEORGE FRA

Return to Main Menu

Screen Shot #6

Screen Shot #7

Massachusetts MAP   Process Complete

GEORGE SMITH : Removed from packet

Test request cleared

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