



**D&S Diversified Technologies LLP**  
**Headmaster LLP**

D&S Diversified Technologies LLP  
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Form 1501INTMP Updated 02/10/2012

**ADA SIGN LANGUAGE INTERPRETER  
 MAP CONFIDENTIALITY/NONDISCLOSURE AGREEMENT (Form 1501MP)**

I acknowledge the confidential nature of the MAP tests. This includes the materials, processes, procedures and content of the knowledge, medication administration and transcription portions of the MAP test. I agree to safeguard the confidentiality of all information about the MAP test. I will not disclose any portion of the MAP test materials and I will not disclose the processes or procedures necessary to administer or pass the MAP test nor will I disclose any MAP test results to any MAP trainers or supervisors or any other third party.

If I am an Interpreter, I will not be involved in testing family members or close personal friends. Also, I understand that as an interpreter, I will not be permitted to apply to take the Massachusetts MAP test for six months from the date that I was last used as a MAP test interpreter.

This agreement extends to and includes, but is not limited to, allowing unauthorized persons to hear, view, videotape, or otherwise to gain any knowledge about the exam before, during, or after the administration of an exam.

I recognize that disclosing or revealing or allowing this information to be disclosed or revealed constitutes a violation of this agreement and could place any professional license I hold at risk and/or subject me to prosecution to the full extent of the law and/or a \$100,000 fine. I agree to report any known or suspected breach in security relative to the MAP test by calling the D&SDT office at (877) 851-2355 or be held accountable as if I breached security myself.

\_\_\_\_\_  
 Interpreter (Print Clearly or Type)

\_\_\_\_\_  
 Social Security #

\_\_\_\_\_  
 Interpreter Address, City and Zip

(\_\_\_\_)\_\_\_\_\_  
 Phone #

\_\_\_\_\_  
 Interpreter Signature

\_\_\_\_\_  
 Email address:

Date: \_\_\_\_\_