

# RIA Course Registration Roster: Tips for completing the new sheet

Refer to the tip boxes below to learn about changes to the course registration sheet.

These changes have been made to automate and streamline the roster collection process.

**PLEASE NOTE:** Rosters are due ONE WEEK in advance, on the Thursday before the course starts. Submit rosters to [CDDER@umassmed.edu](mailto:CDDER@umassmed.edu).

**Roster Changes:** Roster changes are permitted through noon on Tuesday. This includes name changes in spelling, e-mail address changes, roster additions and deletions. After noon on Tuesday, changes will be processed Thursday afternoon as time allows. This may delay the start of your student.

**AUDIT STUDENTS:** Nurses or other agency personnel are permitted to audit the course with a MAP Trainer. List audit students under Student Information on the roster. Change Type in column A from 'student' to 'audit'. Auditing students are still subject to all of the requirements of the course, but are not seeking MAP Certification.

**Course Supporter:** List all Course Supporters for this class in the box below to give them access to your training group. Contact [cdder@umassmed.edu](mailto:cdder@umassmed.edu) to create a new Course Supporter account. Course Supporters are not required

**REMINDERS:** Course start and archive dates are posted on [www.mapmass.com](http://www.mapmass.com). Repeat students will be rolled into the current group, unless specified as a restart by the trainer.

**EMAIL ADDRESSES:** Accurate email addresses are critical for student enrollment. Students cannot log into the course if they were enrolled under an incorrect email address, or if they don't have access to that email account. Please verify all email addresses.

Read messages at the top of the form for any updates to procedures

**Course Start Date:**

Enter Start Date Here

## MAP Trainer and Course Supporter Information

Trainer and Course Supporter information entered here

**Provider and State Agency Instructions:** MAP Trainers must enter their Provider and State Agency Affiliation. If you are an independent trainer, please type "Independent" in the Provider Agency box or enter the Provider Agency you are training under. For each student, enter their Provider and State agency too. If you are training students from more than one state agency, you must submit multiple rosters. These are required fields. Incomplete rosters will not be accepted.

Role <i>Use dropdown to select</i>	Name	Email Address	Provider Agency Name or Independent	State Agency Affiliation <i>Use dropdown to select</i>
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Designate a role for each person. Click into the first cell to see a dropdown list. Please enter role type, name, email address, and Provider and State Agency for each person. Incomplete rosters will not be accepted.

Please only use the Notes field for restart requests

## Student Information

All student information is entered here

Student or Audit <i>Use dropdown to select</i>	Student Last Name	Student First Name	Middle Initial	Email Address	Date of Birth mm/dd/yy	Phone Number (###) ### ####	Provider Agency	State Agency Affiliation <i>Use dropdown to select</i>	Notes
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Designate each student as either 'Student' or 'Audit' from the Dropdown. Complete all remaining fields with student information.