

AHRC NASSAU LEARNING AND PROFESSIONAL DEVELOPMENT DEPARTMENT

# AMAP

PLAINVIEW Location

AHRC	Attend	No-Show	Online
BCCS			
CITIZENS			
TOTALS			

Dates: Monday, Tuesday, Wednesday  
August 11, 12, 13

Trainer(s):

~~DR. J. J. ...~~ SA - 3:30P

## Three Day AMAP Training Small training Room

NAME	AHRC/BCCS/ CTZ?	Signature (Day 1)	Signature (Day 2)	Signature (Day 3)
1. Dydro Prosper	AHRC	<i>Dydro Prosper</i>	<i>Dydro Prosper</i>	<i>Dydro Prosper</i>
2. Leah Bunn	AHRC	<i>Leah Bunn</i>	<i>Leah Bunn</i>	<i>Leah Bunn</i>
3. Louis Thomas Mathison C/S	C/S	<i>L.T.M.</i>	<i>L.T.M.</i>	<i>L.T.M.</i>
4. Nicole Sosa	AHRC	<i>N.Sosa</i>	<i>N.Sosa</i>	<i>N.Sosa</i>
5. ARIAN E. OESSIA	AHRC	<i>Arian E. Oessia</i>	<i>Arian E. Oessia</i>	<i>Arian E. Oessia</i>
6. Alejandro Marcias Meza	CTZ	<i>Alejandro Marcias</i>	<i>Alejandro Marcias</i>	<i>Alejandro Marcias</i>
7. Evelyn Gholson	AHRC	<i>Evelyn Gholson</i>	<i>Evelyn Gholson</i>	<i>Evelyn Gholson</i>
8. Tesha Elmore	AHRC	<i>Tesha Elmore</i>	<i>Tesha Elmore</i>	<i>Tesha Elmore</i>
9. Davonte Gay	CTZ	<i>Davonte Gay</i>	<i>Davonte Gay</i>	<i>Davonte Gay</i>
10. Si'Chok Jackson	CTZ	<i>Si'Chok Jackson</i>	<i>Si'Chok Jackson</i>	<i>Si'Chok Jackson</i>
11. Emmanuela Audate	CTZ	<i>Emmanuela Audate</i>	<i>Emmanuela Audate</i>	<i>Emmanuela Audate</i>
12. Louis Thomas Mathison C/S	C/S	<i>L.T.M.</i>	<i>L.T.M.</i>	<i>L.T.M.</i>

AHRC

13. Ogunlana Abiodun (Ogunlana Abiodun) → → → → →

# Event Attendance

8/8/2025

Hierarchy: No Hierarchy Selected  
 Event: AMAP (Approved Medication Administration Personnel) - 877326 - Plainview Small Training Room - 8/11/2025 8:00:00 AM  
 Department: All  
 User Location: All  
 Job Title: All  
 Employment Type: All  
 User Category: All  
 Supervisor Name: All  
 Cost Center Number: All  
 Custom Field 3: All  
 Instructor: All  
 Hire Date Range: -

Event: AMAP (Approved Medication Administration Personnel), 30

Course Location: Plainview Small Training Room

Instructor Signature & Credentials:

8/11/2025 8:00:00 AM - 8/13/2025 3:30:00 PM Eastern Standard Time

Instructor: Vonetia Hartley

Organization	Learner	Department	Job Title	Status FT/PT/Temp	Student Signature (Required for Credit)	Credentials	Training Plan
Citizens Options Unlimited, Inc.	GAY, DAVONTE ✓	Citizens - Jeanne Rd	DSP-CITZ - Non Driver		<i> Davonte Gay</i>		
Citizens Options Unlimited, Inc.	MARCIAS MEZA, ALEJANDRO ✓	North Cedar Street Massa	DSP-CITZ		<i> Alejandro Marcias</i>		
Citizens Options Unlimited, Inc.	MATHURIN, LOUIS ✓	Citizens - Kirkland Drive	DSP Sub-CITZ; DSP Sub-CLS		<i> [Signature]</i>		
Citizens Options Unlimited, Inc.	SCHIMITSCH, CAROLINE	Citizens ICF- House D	DSP Sub-CITZ				

# Event Attendance

8/8/2025

NYSARC, Inc., Nassau County Chapter dba AHRC Nassau	BROWN, LEAH ✓	CLS-S - BM-2454 Bellmore	DSP-AHRC	<i>Leah Brown</i>	
NYSARC, Inc., Nassau County Chapter dba AHRC Nassau	DESSIN, ANIA ✓	CLS-S - WN-487 Sand Hill	DSP-AHRC	<i>Ania Dessin</i>	
NYSARC, Inc., Nassau County Chapter dba AHRC Nassau	ELMORE, IESHA ✓	DP - Freeport Senior Day	DSP-DH	<i>Iesha Elmore</i>	
NYSARC, Inc., Nassau County Chapter dba AHRC Nassau	IGBINOVIA, SHANE	DP - Oceanside- Oceanside	DSP Sub-DH		
NYSARC, Inc., Nassau County Chapter dba AHRC Nassau	JOSEPH, EMMANUEL	CLS-N - SY-188 Woodbury R	DSP-AHRC		
NYSARC, Inc., Nassau County Chapter dba AHRC Nassau	MATHIEU, YVES	DP - Prog Without Walls F	DSP Sub-DH		
NYSARC, Inc., Nassau County Chapter dba AHRC Nassau	PROSPER, DYDRO ✓	DP - East Meadow Hempstea	DSP-DH	<i>Dydra Prosper</i>	
NYSARC, Inc., Nassau County Chapter dba AHRC Nassau	SOSA, NICOLE ✓	Wheatley Rd DH Program	DSP-DH	<i>Nicole Sosa</i>	

✓ Gholson, Evam J DSP - Seaford even Sharon

✓ Jackson, Si'Chole - ASST <sup>CITIZENS</sup> Director - Plainville

✓ Audate, Emmanuela - DSP Ivy westburg

*Emmanuela*

# AHRC Nassau Learning and Professional Development

AMAP TRAINING (wait list Day Classes)			
NAME: PLEASE PRINT	PROGRAM:	CONTACT PHONE #	STAFF INITIALS
DATE: 8/11, 8/12, 8/13			
TIME: 8 - 3:30			
LOCATION: small trg. Room			
1. EVAN GHOLSON	AHRC DP	---	SAT
2. Si'Chole Jackson	CTZ	---	SAT
3. Karen Jones	CTZ	---	SAT
4. Emmanuela Audette	AHRC		
5. JANEL BAPTISTE	AHRC		

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 Custom Field 3 All  
 Instructor All  
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3. Karen Jones	CTZ	---	SAT
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5. JANEL BAPTISTE	AHRC		

## LEARNING & PROFESSIONAL DEVELOPMENT

### AMAP COURSE GUIDELINES

1. Please arrive to the AMAP class on time. There is a 10-minute grace period.
2. If an unforeseen circumstance prevents you from attending your scheduled class, please call **516-293-2016, extension 5145**. If you are unable to reach anyone at that number, please leave a voice message.
3. You must attend the AMAP course in its entirety. If you miss a class, you are required to retake the entire class.
4. You will be given two written exams during the course. You must achieve a grade of 80% or better on each exam to pass the course. Staff can remediate **one (1) exam only with a grade between 70 to 78% and must get 80% or higher to pass**.
5. If you should fail an exam, you must attend the next available class in its entirety. Your program supervisor will be notified.
6. I am aware that AMAP certification is a requirement for my position. I agree to study and give my utmost attention during the class.
7. All AMAP staff work under the direct supervision of the RN. Therefore, all issues regarding medications and any changes in an individual's health status **must be presented directly to the RN**. AMAP certification may be withdrawn or suspended by the RN if the RN decides the AMAP's medication practice is unsafe, regardless of the number of medication errors. Additionally, the RN will complete a yearly evaluation of AMAP skills, which will be retained in the staff's personnel file and included as part of the staff's annual evaluation.
8. It is your responsibility to be mindful of your AMAP certification date and to complete your AMAP recertification pouring within 365 days of your last year's certification date. Recertification will be with your site nurse and must be completed by the last date in the month in which it expires.

9. Training Expectations:

• **Respect:**

✓ Participate in the training to the fullest of your ability.

✓ Actively listen and provide constructive feedback.

✓ Use cell phone courteously (vibrate/off, critical calls etc.)

✓ Maintain confidentiality.

• **On task:**

✓ Focus your attention on the presenter/topic.

✓ Ask questions of the presenter to clarify your understanding.

✓ Be fully engaged and ready to participate in the session to your fullest ability.

• **Act safe:**

✓ Maintain an open, and safe learning environment.

✓ Clean your workspace at the end of each class.

• **Responsible:**

✓ Be at your seat and ready to learn at the announced start time.

✓ Return from lunch and breaks on time.

I have reviewed the above Guidelines, AMAP policy, and training expectations, and agree to adhere to the requirements for this course.

Employee Signature

Employee Print Name

ANITA ELIZABETH DESSIN

Date

01/18/25

8/11/24 MF

## LEARNING & PROFESSIONAL DEVELOPMENT

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- ✓ Return from lunch and breaks on time.

I have reviewed the above Guidelines, AMAP policy, and training expectations, and agree to adhere to the requirements for this course.

Employee Signature

Nicole Boss

Employee Print Name

Nicole Boss

Date

8/11/25



Brookville Center  
for Children's Services



Citizens Options  
Unlimited

## LEARNING & PROFESSIONAL DEVELOPMENT

### AMAP COURSE GUIDELINES

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• OnTask:

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• Act safe:

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- ✓ Clean your workspace at the end of each class.

• Responsible:

- ✓ Be at your seat and ready to learn at the announced start time.
- ✓ Return from lunch and breaks on time.

I have reviewed the above Guidelines, AMAP policy, and training expectations, and agree to adhere to the requirements for this course.

Employee Signature

Dwonte Gray

Employee Print Name

Dwonte Gray

Date

8-11-25

## LEARNING & PROFESSIONAL DEVELOPMENT

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• Act safe:

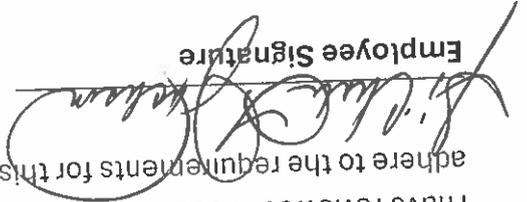
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- ✓ Clean your workspace at the end of each class.

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Employee Signature



Employee Print Name

Si'choir Jackson

Date

8/11/25

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Employee Signature

*Emmanuel Audate*

Employee Print Name

Date

*8/11/2025*

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Alejandro Marcias  
Employee Signature

Alejandro M. Marcias Meza  
Employee Print Name

Date

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Citizens Options  
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7. All AMAP staff work under the direct supervision of the RN. Therefore, all issues regarding medications and any changes in an individual's health status **must be presented directly to the RN**. AMAP certification may be withdrawn or suspended by the RN if the RN decides the AMAP's medication practice is unsafe, regardless of the number of medication errors. Additionally, the RN will complete a yearly evaluation of AMAP skills, which will be retained in the staff's personnel file and included as part of the staff's annual evaluation.
8. It is your responsibility to be mindful of your AMAP certification date and to complete your AMAP recertification pouring within 365 days of your last year's certification date. Recertification will be with your site nurse and must be completed by the last date in the month in which it expires.

9. Training Expectations:

• Respect:

✓ Participate in the training to the fullest of your ability.

✓ Actively listen and provide constructive feedback.

✓ Use cell phone courteously (vibrate/off, critical calls etc.)

✓ Maintain confidentiality.

• On task:

✓ Focus your attention on the presenter/topic.

✓ Ask questions of the presenter to clarify your understanding.

✓ Be fully engaged and ready to participate in the session to your fullest ability.

• Act safe:

✓ Maintain an open, and safe learning environment.

✓ Clean your workspace at the end of each class.

• Responsible:

✓ Be at your seat and ready to learn at the announced start time.

✓ Return from lunch and breaks on time.

I have reviewed the above Guidelines, AMAP policy, and training expectations, and agree to adhere to the requirements for this course.

Employee Signature

Even Johnson

Date

8-11-25

Employee Print Name

Even Johnson



## LEARNING & PROFESSIONAL DEVELOPMENT

### AMAP COURSE GUIDELINES

1. Please arrive to the AMAP class on time. There is a 10-minute grace period.
2. If an unforeseen circumstance prevents you from attending your scheduled class, please call **516-293-2016, extension 5145**. If you are unable to reach anyone at that number, please leave a voice message.
3. You must attend the AMAP course in its entirety. If you miss a class, you are required to retake the entire class.
4. You will be given two written exams during the course. You must achieve a grade of 80% or better on each exam to pass the course. Staff can remediate **one (1) exam only with a grade between 70 to 78% and must get 80% or higher to pass.**
5. If you should fail an exam, you must attend the next available class in its entirety. Your program supervisor will be notified.
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• Responsible:

- ✓ Be at your seat and ready to learn at the announced start time.

- ✓ Return from lunch and breaks on time.

I have reviewed the above Guidelines, AMAP policy, and training expectations, and agree to adhere to the requirements for this course.

Employee Signature



Employee Print Name

Chris Jones #11111111

Date

8/11/15



Brookville Center  
for Children's Services



Citizens Options  
Unlimited

## LEARNING & PROFESSIONAL DEVELOPMENT

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• On task:

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- ✓ Ask questions of the presenter to clarify your understanding.
- ✓ Be fully engaged and ready to participate in the session to your fullest ability.

• Act safe:

- ✓ Maintain an open, and safe learning environment.
- ✓ Clean your workspace at the end of each class.

• Responsible:

- ✓ Be at your seat and ready to learn at the announced start time.
- ✓ Return from lunch and breaks on time.

I have reviewed the above guidelines, AMAP policy, and training expectations, and agree to adhere to the requirements for this course.

Employee Signature

*Hydro Prosper*

Employee Print Name

Hydro Prosper

Date

8/11/25



## LEARNING & PROFESSIONAL DEVELOPMENT

### AMAP COURSE GUIDELINES

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- ✓ Ask questions of the presenter to clarify your understanding.
- ✓ Be fully engaged and ready to participate in the session to your fullest ability.

• **Act safe:**

- ✓ Maintain an open, and safe learning environment.
- ✓ Clean your workspace at the end of each class.

• **Responsible:**

- ✓ Be at your seat and ready to learn at the announced start time.
- ✓ Return from lunch and breaks on time.

I have reviewed the above Guidelines, AMAP policy, and training expectations, and agree to adhere to the requirements for this course.

Employee Signature



Employee Print Name

Leah Brown

Date

8/11/2025

## LEARNING & PROFESSIONAL DEVELOPMENT

### AMAP COURSE GUIDELINES

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• Responsible:

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✓ Return from lunch and breaks on time.

I have reviewed the above Guidelines, AMAP policy, and training expectations, and agree to adhere to the requirements for this course.

Employee Signature

Employee Print Name

Iesha Elmore

Iesha Elmore

Date

8-11-25



Nicole Sosa

(Name of Employee)

8/12/25

(Date)

I regret to inform you that you did not pass the Medication Administration for Direct Support Staff (AMAP) course. To pass this course, you must score at least 80% on each exam, demonstrate an understanding of AMAP policies and procedures, and perform a medication pass successfully. Please see below for further details from your instructor regarding the outcome of your training.

- Did not pass the initial exam with a grade within the range required to remediate and must retake the course (Note: staff can remediate one exam only with a grade between 70 to 79% and must score at least 80% or higher to pass).

Exam 1 / Exam 2 (Circle one)

Grade: 61%

- Did not pass the retest after being provided the opportunity to remediate and must retake the course.

Retested on Exam 1/Exam 2 (Circle one)

Grade: \_\_\_\_\_

- Passed both exams but requires additional practice with pouring, administering, and/or recording medications.

It is recommended that you re-enroll in the AMAP course, which can be done via Relias or by contacting the Learning and Professional Development Administrator at (516) 293-2016 x 5145. If you require additional practice with pouring medications, please schedule a pouring practice session with your instructor. To facilitate your learning, you should also review the course materials provided, as they may help you better understand the material before re-enrolling in the class.

Sincerely,

Donetta Hartley, RN

(Name and Title of Instructor)



BID

# AMAP EXAM #1 ANSWER SHEET

NAME: Nicole Sosa

DATE: 8/12/25

1. 2

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

- |                              |                      |
|------------------------------|----------------------|
| a. QD <u>4</u>               | 1. As Needed         |
| b. HS <u>3</u>               | 2. Three times daily |
| c. PRN <u>1</u>              | 3. Bedtime           |
| d. PO <u>5</u>               | 4. Daily             |
| <sup>25c.</sup> BID <u>2</u> | 5. By mouth          |
| <sup>25f.</sup> TID <u>6</u> | 6. Twice a day       |

3. a

4. c

5. b

6. d

7. a

8.

- a. DOE John
- b. AMoxicillin 500 MG
- c. 3 times A Day

9. a

10. c

11. b

12. c

13. a

14. 2

15. a

16. a

17. b

18. 2

19. 2

20. d

21. no

22. a

23.

a. Skin  
b. left kneed  
c. three times  
d. Thin layer

24. no

25. a

26. d

27. b

28. no

29. a

30. no

31. no

a. 5cmg

b. 2 caps

c. by mouth

d. Twice

33. b

a. Name

b. Purpose

c. long

d.

e. no

f.

g.

35. no

36. b

37. c

38. a

39.

a. right person

b. Right medication

c. Right dose

d. Right time

e. Right route

f. Right

40. a

41. d

42. c

43. a

44. a

45. a

46. a

47. a

48.   

49. a

50. d



AMAP EXAM #1 ANSWER SHEET

89%

NAME: Evan Gholson

DATE: 8-18-25

1. A

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

a. QD 4

1. As Needed

b. HS 3

2. Three times daily

c. PRN 1

3. Bedtime

d. PO 5

4. Daily

e. BID 6

5. By mouth

f. TID 2

6. Twice a day

3. A

4. C

5. B

26. B

7. A

8.

a. John Doe

b. Amoxicillin

25. capsule 3 times a day

9. A

10. C

11. B

12. ~~A~~ C

13. A

14. A

15. A

16. C

27. ~~A~~ D

18. B

19. B

20. C

21. C

22. #

23.

a. ON SKIN

b. ON KNEE

c. ~~three times a day~~ three times a day

d. THIN LAYER

24. C

25. #

26. D

27. B

28. B

29. A

30. E

31. B

32.

a. 500 mg qps

b. 2 caps ~~ps~~

c. DRAG

d. BID twice a day

33. B

34.

a. Name

b. Purpose

c. Individual

d. Long

e. Adverse reactions/signs

f. Interactions

g. Instructions

35. A

36. B

37. B

38. A

39.

a. Times

b. route

c. Amount

d. medicine

e. Person

f. signature

↑  
a  
M  
PB

✓ 40. B

41. B

42. C

43. A

44. A

45. B

46. A

47. A

48. B

49. A

50. C



AMAP EXAM #1 ANSWER SHEET

NAME: PAUL JOHNS MATHEURIN

DATE: 8/12/2025

1. A

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

a. QD 4

b. HS 3

c. PRN 1

d. PO 5

e. BID 6

f. TID 2

1. As Needed

2. Three times daily

3. Bedtime

4. Daily

5. By mouth

6. Twice a day

3. True

4. C

5. False

6. D

7. True

8.

a. DOE JOHN

b. AMOXICILLIN 500MG

c. 3 Times a Day

9. True

10. C

11. B

~~12. B~~

13. True

14. True

15. True

16. C

~~17. A~~

18. B

19. B

20. C

88 9/10

- 35. D
- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

- ~~34.~~
- 33. B
- a. 500 mg
- b. 1000 mg
- c. By mouth
- d. Twice daily

- 32. \_\_\_\_\_
- 31. B
- 30. E
- 29. H
- 28. False
- 27. B
- 26. D
- 25. H
- 24. H

- a. Topical
- b. ~~skin thin layer to know~~
- c. Three times daily
- d. Thin layer
- 23. \_\_\_\_\_
- 22. True
- 21. C

36. B

37. B

38. A

39.

- a. RIGHT INDIVIDUAL
- b. RIGHT TIME
- c. RIGHT DOSAGE
- d. RIGHT MEDICATION
- e. RIGHT DOCUMENTATION
- f. RIGHT ROUTE

5

40. A

41. B

42. C

43. A

44. A

45. B

46. A

~~47. B~~

48. B

49. A

~~50. D~~



# AMAP EXAM #1 ANSWER SHEET

NAME: Yeah Brown

DATE: 8/11/25

1. A

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

a. QD 4

1. As Needed

b. HS 3

2. Three times daily

c. PRN 1

3. Bedtime

d. PO 5

4. Daily

e. BID 6

5. By mouth

f. TID 2

6. Twice a day

93%

3. A

4. C

5. b

6. d

7. A

8.

a. John DOE

b. Amoxicillin

c. 3 times a day

9. A

10. C

11. b

12. C

13. A

14. A

15. A

16. AC

17. AC

18. b

19. b

20. C

145.52  
145.52  
2

12.5  
+12.5  
25.0

950  
+250  
500

21. C

22. A

23.

- a. On skin
- b. left knee
- c. 3 times a day
- d. ~~One each of index finger~~ thin layer

24. A

25. A

26. D

~~27. C~~

28. B

29. A

30. E

31. B

32.

950

a. ~~500 mg~~

b. 500 mg

c. by mouth

d. two times per day

33. B

34.

- a. Purpose
- b. Name
- c. Individual
- d. long
- e. Adverse reactions/signs
- f. Interactions
- g. Instructions
- 35. d

36. b

37. b

38. A

39.

a. Individual

b. Medication

c. dosage

d. Time

e. Route

f. documentation

40. A

41. b

42. C

43. A

44. A

45. b

46. A

47. A

48. b

49. A

50. b



# AMAP EXAM #1 ANSWER SHEET

NAME: Emmanuel Audate

DATE: 8/12/25

1. a

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

a. QD 4

b. HS 3

c. PRN 1

d. PO 5

e. BID 6

f. TID 2

1. As Needed

2. Three times daily

3. Bedtime

4. Daily

5. By mouth

6. Twice a day

98%

3. a

4. c

5. b

6. d

7. a

8.

a. DOE, JOHN

b. Amoxicillin 500mg qaf

c. 3 Times a day

9. a

10. c

11. b

12. 10m/c

13. a

14. a

15. a

16. c

17. d

18. b

19. b

20. c

21. C

22. A

23.

a. Topical (skin)

b. Left knee

c. 3 times a day

d. Thin layer

24. A

25. A

26. D

27. B

28. B

29. A

30. E

31. B

32.

a. 500 milligrams

b. 1000 milligrams

c. PO by mouth

d. Twice a day

33. B

34.

a. Name

b. purpose

c. individual

d. long

e. Adverse reactions/signs

f. interactions

g. instruction

35. D

36. b

37. b

38. a

39.

a. Time

b. Route

c. Amount

d. Medication

e. person

f. Signed

40. a

41. B b)

42. C

43. a

44. a

45. ~~X~~ b

46. a

47. a

48. b

49. a

50. c



97.5%

### AMAP EXAM #1 ANSWER SHEET

NAME: ANNA ELIZABETH DESSIN

DATE: 12/10 08/12/25

1. A
2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

- |                 |                      |
|-----------------|----------------------|
| a. QD <u>4</u>  | 1. As Needed         |
| b. HS <u>3</u>  | 2. Three times daily |
| c. PRN <u>1</u> | 3. Bedtime           |
| d. PO <u>5</u>  | 4. Daily             |
| e. BID <u>6</u> | 5. By mouth          |
| f. TID <u>2</u> | 6. Twice a day       |

3. A
4. C
5. B
6. d
7. A
- 8.

- a. DOE JOHN
- b. AMOXICILLIN 500mg
- c. Three TIMES

9. A
10. C
11. B
12. C
13. A
14. A
15. A
16. B
17. C
18. B
19. B
20. C

12.5 mg → 50

25 mg → 2

200  
12.5

25 10  
12.5  
-----  
12.5  
5

25  
5  
-----  
12.5  
25/12.5

21. C

22. B

23.

a. ~~into the skin~~

b. ~~left knee~~

c. ~~Three times~~

d. ~~Thin layer~~

24. B

25. ~~1000 needed~~ H

26. d

27. B

28. B

29. H

30. E

31. B

32.

a. ~~500mg~~

b. ~~1000mg~~

c. ~~by mouth~~

d. ~~Two times~~

33. B

34.

a. ~~Purpose of medicine~~

b. ~~NAME of the medicine~~

c. ~~Effect on the individual~~

d. ~~How long for it to work~~

e. ~~Side effects, adverse reactions / signs~~

f. ~~Any interactions~~

g. ~~Other medications~~

35. d

36. B

37. B

38. A

39.

- a. right dose
- b. " route
- c. " medication
- d. " documentation
- e. " individual
- f. " amount

40. A

41. B

42. C

43. A

44. A

45. B

46. A

47. A

48. B

49. A

50. C



# AMAP EXAM #1 ANSWER SHEET

NAME: Deonte Gray

DATE: 8-12-25

1. A

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

a. QD 4

1. As Needed

b. HS 3

2. Three times daily

c. PRN 1

3. Bedtime

d. PO 5

4. Daily

e. BID 6

5. By mouth

f. TID 2

6. Twice a day

3. A

4. C

5. B

6. D

7. A

8.

a. John doe

b. Amoxicillin

c. 1 Capsule B-time a day

9. A

10. C

11. B

12. C

13. A

14. A

15. A

16. C

17. D

18. B

19. B

20. C

91%

21. C

22. A

23.

a. topically

b. knee

c. Thrice

d. thin layer

24. B

25. A

26. D

27. B

28. B

29. A

30. C

31. B

32.

a.

500

b.

2 capsules.

c.

po

d.

Twice a day

33. A

34.

a.

name

b.

Purpose

c.

individual

d.

long

e.

instructions

f.

interactions

g.

reaction/signs

35. D

36. B

37. B

38. A

39.

a. right person

b. right dosage

c. right time

d. right medication

e. right order

f. right route

-5

40. A

41. ~~X~~ B

42. ~~X~~ C

43. A

~~44.~~ B

45. B

46. A

47. A

48. B

49. A

50. C



AMAP EXAM #1 ANSWER SHEET

NAME: Dydro Prosper

DATE: 8/12/25

1. A

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

a. QD 4

1. As Needed

b. HS 3

2. Three times daily

c. PRN 1

3. Bedtime

d. PO 5

4. Daily

e. BID 6

5. By mouth

f. TID 2

6. Twice a day

3. A

4. C

5. B

6. D

7. A

8.

a. John Doe

b. amoxicillin 500mg PO cap

c. 1 cap 3 times a day

9. A

10. C

11. B

12. C

13. A

14. A

~~15. B~~

~~16. A~~

~~17. A~~

18. B

19. B

20. C

8790

21. C

22. A

23.

a. ~~apply thin layer to knee~~ -5

b. (L) knee

c. TID (three times daily)

d. ~~apply thin layer~~

~~24. C~~

25. A

26. D

27. B

28. B

29. A

30. E

31. D

32.

a. 500mg

b. 1000mg

c. po

d. BID (twice daily)

33. B

34.

a. Purpose

b. name

c. individual

d. form

e. adverse reactions (signs)

f. instructions

g. instructions

35. D

36. B

37. B

38. A

39.

a. Individual

b. Medication

c. Dose

d. Time

e. Route

f. Documentation

-.5

40. A

41. B

42. C

43. A

44. A

45. B

46. A

47. A

~~48.~~ A

49. A

~~50.~~ D



AMAP EXAM #1 ANSWER SHEET

NAME: Jesha Elmore

DATE: 8/12/25

1. A

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

a. QD 4

1. As Needed

b. HS 3

2. Three times daily

c. PRN 1

3. Bedtime

d. PO 5

4. Daily

e. BID 6

5. By mouth

f. TID 2

6. Twice a day

90%

3. A

4. C

5. B

6. D

7. A

8.

a. Doe, John

b. Amoxicillin

c. 3 Times a day

9. A

10. C

11. B

12. ~~A~~

13. A

14. A

15. A

16. C

17.   

18. B

19. B

20. C

21. C

22. A

23.

a. ~~Directly on skin~~ Topically

b. Left knee

c. 2x aday

d. thin layer

24. A

25. A

26. D

~~27. C~~

28. B

29. A

30. C

31. B

32.

a. 500mg

b. 1000

c. PO

d. 2 times aday

33. B

34.

a. Name

b. ~~Name~~ Purpose

c. individual

d. Long

e. Advers & reactions / signs

f. Interactions

g. Instructions

35. D

36. B

37. B

38. A

39.

a. Time

b. Route

c. age

d. medication

e. Person

f. Sign

-15

40. B

41. ~~B~~ B

42. C

43. A

44. A

45. B

46. A

47. A

48. B

49. A

50. D



## AMAP EXAM #1 ANSWER SHEET

NAME: Sicholt Jackson

DATE: 8/12/25

1. a

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

a. QD 4

b. HS 3

c. PRN 1

d. PO 5

e. BID 6

f. TID 2

1. As Needed

2. Three times daily

3. Bedtime

4. Daily

5. By mouth

6. Twice a day

100%

3. a

4. c

5. b

6. d

7. a

8.

a. John Doe

b. Amoxicillin

c. 3x's a day

9. a

10. c

11. b

12. c

13. a

14. a

15. a

16. c

17. c

18. b

19. b

20. c

21. c

22. a

23.

a. topical

b. left knee

c. 3x's daily

d. thin layer

24. a

25. a

26. d

27. b

28. b

29. a

30. e

31. b

32.

a.

500

b.

1000 mg

c.

by mouth

d.

2x's daily

33. b

34.

a.

name

b.

purpose

c.

individual

d.

long

e.

adverse reactions/signs

f.

interactions

g.

instructions

35. d

36. b

37. b

38. a

39.

a. Time

b. Route

c. Amount

d. medication

e. person

f. Sign /documentation

40. a

41. b

42. c

43. a

44. a

45. b

46. a

47. a

48. b

49. a

50. c



95.5%

### AMAP EXAM #1 ANSWER SHEET

NAME: Alejandro Marras

DATE: 08/12/25

1. a

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

- |                 |                                 |
|-----------------|---------------------------------|
| a. QD <u>4</u>  | <del>1.</del> As Needed         |
| b. HS <u>3</u>  | <del>2.</del> Three times daily |
| c. PRN <u>1</u> | <del>3.</del> Bedtime           |
| d. PO <u>5</u>  | <del>4.</del> Daily             |
| e. BID <u>6</u> | <del>5.</del> By mouth          |
| f. TID <u>2</u> | <del>6.</del> Twice a day       |

3. a

4. c

5. b

6. d

7. a

8.

- a. John Doe
- b. Amoxicillin
- c. Three times daily

9. a

10. c

11. b

12. c

13. a

14. a

15. a

16. c

17. c

18. b

19. b

20. c

21. C

22. g

23.

- a. Topical
- b. ~~Left knee~~ Left knee
- c. Three times a day
- d. Thin layer, about 4 dots

24. a

25. a

26. d

27. b

28. b

29. a

30. e

31. b

32.

a. 500 mg

b. 1000 mg

c. Oral

d. Twice daily

33. b

34.

a. Name

b. Purpose

c. Individual

d. long

e. adverse reactions/signs

f. Interactions

g. Instructions

35. d

36. b

37. b

38. a

39.

a. Individual

b. medication

c. dose

d. time

e. route

f. documentation -5

40. a

41. b

42. c

43. a

44. a

45. b

46. a

47. a

-248. a

49. a

250. d





Evan Gholson

(Name of Employee)

8/13/25

(Date)

I regret to inform you that you did not pass the Medication Administration for Direct Support Staff (AMAP) course. To pass this course, you must score at least 80% on each exam, demonstrate an understanding of AMAP policies and procedures, and perform a medication pass successfully. Please see below for further details from your instructor regarding the outcome of your training.

- Did not pass the initial exam with a grade within the range required to remediate and must retake the course (Note: staff can remediate one exam only with a grade between 70 to 79% and must score at least 80% or higher to pass).

Exam 1/Exam 2 (Circle one)

Grade: 080%

- Did not pass the retest after being provided the opportunity to remediate and must retake the course.

Retested on Exam 1/Exam 2 (Circle one)

Grade: \_\_\_\_\_

- Passed both exams but requires additional practice with pouring, administering, and/or recording medications.

It is recommended that you re-enroll in the AMAP course, which can be done via Relias or by contacting the Learning and Professional Development Administrator at (516) 293-2016 x 5145. If you require additional practice with pouring medications, please schedule a pouring practice session with your instructor. To facilitate your learning, you should also review the course materials provided, as they may help you better understand the material before re-enrolling in the class.

Sincerely,

[Signature]

(Name and Title of Instructor)



AMAP EXAM #2 ANSWER SHEET

NAME: Evan Gholson

DATE: 8-13-25

1. C
2. b
3. A
4. A
5. A
6. C
7. B
8. A, C
9. B
10. ~~A, B, C~~ A
11. ~~A, B, D~~
12. A
13. A, C .5
14. B
15. A, b, c
16. C and A
17. D
18. pons
19. B
20. E
21. C .5
22. D
23. B
24. A, B, C, D
25. B
26. B
27. C
28. B
29. A

68%

30. B

31. B, C, D, E, F

32. A

33. B

34. B

35. A

36. A, B & C, D

37. Please place the number of the answer of the line with the corresponding vital sign

a. ~~4~~ Blood Pressure

b. ~~3~~ Respirations

c. ~~2~~ Temperature

d. ~~1~~ Pulse

38. A

39. A

40.

a. Blood Pressure

b. Respiration

c. Temperature

d. pulse

41. A & D, E

42. D

43. B

44. A

45. B

46. A

47. E

48. B

49. C

50. A

AMAP EXAM #2 ANSWER SHEET

NAME: Yeah Brown

DATE: 8/13/25

1. C
2. b
- ~~3. A~~
4. A
5. A
6. C
7. b
8. C
9. A
10. A
11. A, C, d
12. A
13. A, b, C, d
14. A
15. A, b, C, d, i, s
16. C
- ~~17. BA~~
- ~~18. Seizure aura report~~
19. A
20. E
21. A, b, C
22. d
23. b
24. A, b, C, d
25. A
- ~~26. A~~
27. C
28. b
29. A

86%

30. A

31. A B C D E F

32. A

33. A

34. A

35. A

36. 911 & CPR

37. Please place the number of the answer on the line with the corresponding vital sign

a. 4 Blood Pressure

b. 3 Respirations

c. 2 Temperature

d. 1 Pulse

38. A

39. C

40.

a. Blood pressure

b. Respirations

c. Temperature

d. Pulse

41. Info & DNF

42. AC

43. A

44. A

45. A

46. C

47. E

48. d

49. C

50. A

AMAP EXAM #2 ANSWER SHEET

NAME: ADIA ELIZABETH DESSIN

DATE: 08/13/25

1. C
2. B
3. B
4. A
5. A
- ~~6. B~~
7. B
8. C
9. A
10. A
11. A, C, d
12. A
13. A, B, C, d
14. B
15. A, C, d <sup>is</sup>
16. C
17. d
18. POMS
19. A
20. E
21. C, A, B
22. d
23. B
24. A, B, C, d
- ~~25. B~~
26. d
27. C
28. B
29. A

94%

30. A  
31. A, B, d, e, F ✓

32. A

33. A

34. B

35. B

36. glt & CRT

37. Please place the number of the answer on the line with the corresponding vital sign

a. 4 Blood Pressure

b. 3 Respirations

c. 2 Temperature

d. 1 Pulse

38. A

39. C

40.

a. Blood pressure

b. Respiration

c. Pulse

d. TEMPERATURE

41. int & out

42. C

43. A

44. H

45. A

46. C

47. e

48. d

49. C

50. B

AMAP EXAM #2 ANSWER SHEET

NAME: Pesha Elmone

DATE: 8/13/25

1. C
2. B
3. B
4. A
5. A
6. C
7. B
8. C
9. A
10. A
11. A, B, D -s
12. A
13. A, B, C, D
14. B
15. A, B, C, D -s
16. C
17. D
- ~~18. MAR~~
19. A
20. E
21. A, B, C
22. D
23. B
24. A, B, C, D
25. A
- ~~26. C~~
27. C
28. B
29. A

92%

- 30. A
- 31. A, B, C, D, E, F
- 32. A
- 33. B
- 34. B
- 35. A
- 36. 911 & CPR

37. Please place the number of the answer on the line with the corresponding vital sign

- a. 4 Blood Pressure
- b. 3 Respirations
- c. 2 Temperature
- d. 1 Pulse

38. A

39. Answers C

40.

- a. Temp
- b. Pulse
- c. Blood Pressure
- d. Respirations

41. IN & Out

42. C

43. A

44. A

45. A

46. MC

47. E

48. D

49. C

50. B

AMAP EXAM #2 ANSWER SHEET

NAME: Pydro Prosper

DATE: 8/13/25

1. C
2. B
3. B
4. A
5. A
6. C
7. B
8. C
9. B
10. A
11. A, C, D
12. A
13. C, D, B, A
14. B
15. A, B, C
16. DC
17. D
18. seizure report
19. A
20. E
21. ABC
22. D
23. B
24. A, B, C, D
25. A
26. D
27. C
28. B
29. A

87%

30. A / A, B, C, D, E, F, S
31. A, B, C, D, E, F, S
32. A
33. B
34. B
35. A
36. 911 & CPR
37. Please place the number of the answer on the line with the corresponding vital sign
- a. 4 Blood Pressure
- b. 3 Respirations
- c. 2 Temperature
- d. 1 Pulse
38. A
39. B
- 40.
- a. Blood Pressure
- b. Respirations
- c. Pulse
- d. Temperature
41. in & out
42. C
43. A
44. A
45. B
46. D
47. E
48. D
49. C
50. B

AMAP EXAM #2 ANSWER SHEET

NAME: OGUNLEKE ABIODUN

DATE: 8/13/25

82%

- 1. C
- 2. B
- 3. B
- 4. A
- 5. A
- 6. C
- 7. B
- 8. C
- 9. A
- 10. A
- 11. A, C, D
- 12. A
- 13. A B C D
- 14. A
- 15. B, A, C
- 16. C
- 17. D
- 18. A
- 19. B
- 20. A
- 21. C, A, B
- 22. D
- 23. B
- 24. A, B, C, D
- 25. A
- 26. d
- 27. C
- 28. b
- 29. A

- 50. B
- 49. C
- ~~48. b~~
- ~~47. b~~
- 46. C
- 45. C
- 44. A
- 43. A
- 42. C

41. 14 & Out
- a. Temperature
  - b. Pulse
  - c. Blood Pressure
  - d. Respirations

- 40.
- ~~39. B~~
- ~~38. B~~

- a. 90/60-120/80 Blood Pressure 4
- b. 18-18 Respirations 3
- c. 97.8-99.4 Temperature 2
- d. 60-100 Pulse 1

37. Please place the number of the answer on the line with the corresponding vital sign

- 36. 911 & CPR
- 35. A
- 34. B
- 33. A
- 32. A
- 31. B, C, D, E, F
- 30. A

Emmanuela Auda

AMAP EXAM #2 ANSWER SHEET

NAME: Emmanuela Auda

DATE: 8/13/25

90%

1. c

2. b

~~3. a~~

4. a

5. a

~~6. b~~

7. b

8. c

9. a

10. a

11. a, c, d

12. a

13. a, b, c, d

14. b

15. a, b, c

16. c

17. d

18. Pons

19. a

20. e

21. a, c <sup>-1.5</sup>

22. d

23. b

24. a, b, d

25. a

~~26. b~~

27. c

✓ 28. F

29. a

- 50. ~~F~~ ✓
- 49. ~~0~~
- 48. ~~d~~
- 47. ~~e~~
- 46. ~~c~~
- 45. ~~a~~
- 44. ~~a~~
- 43. ~~a~~

42. a, d, 5  
 41. m & off (out)

- a. Temperature
- b. blood pressure
- c. respirations
- d. pulse

40.

- 39. ~~c~~
- 38. ~~a~~

- a. 4 Blood Pressure
- b. 3 Respirations
- c. 2 Temperature
- d. 1 Pulse

37. Please place the number of the answer on the line with the corresponding vital sign

- 36. 911 & CPR
- 35. ~~a~~
- 34. ~~b~~
- 33. ~~a~~
- 32. ~~a~~
- 31. b, c, d, e, f
- 30. ~~a~~

AMAP EXAM #2 ANSWER SHEET

NAME: Davonte Gray

DATE: 8-13-25

1. C
2. A
3. B
4. A
5. A
6. C
7. B
8. C
9. A
10. A
11. ACD
12. A
13. AC -S
14. B
15. ABC
16. C
17. AC
18. seizure med log
19. A
20. E
21. C, A -S
22. D
23. B
24. ABD -S
25. A
26. D
27. C
28. B
29. A

87%

- 50. B
- 49. C
- 48. D
- 47. F
- 46. C
- 45. A
- 44. A
- 43. A
- 42. C

41. ~~IN~~ IN & OUT

- a. Respiration
- b. weight
- c. Blood pressure
- d. sugar

40.

39. C

38. A  
 d. 60-100 pulse  
 c. 97.8-99.1 Temperature

- b. 12-18 per Respiration

a. 90/60 Blood Pressure 90/60 - 120/80

37. Please place the number of the answer on the line with the corresponding vital sign

36. RN & CPR

35. A

34. A

33. A

32. B

31. F, E, D

30. A

NAME: Si'Chote Jackson AMAP EXAM #2 ANSWER SHEET

DATE: 8/13/25

1. c
2. b
- ~~3.~~ a
- ~~4.~~ b
5. a
6. c
7. b
8. c
- ~~9.~~ b
10. a
11. a, c, d
12. a
13. a, b, c, d
14. b
15. a, b, c
16. c
17. d
18. pons
19. a
20. e
21. a, b, c
22. d
23. b
24. a, b, c, d
25. a
26. d
27. c
28. b
29. a

89%

30. a  
31. a, b, c, d, e, f

32. a

33. a

34. b

35. b

36. a, b, c, d, e, f & CPR

37. Please place the number of the answer on the line with the corresponding vital sign

4. a. Blood Pressure → 90/60 - 120/80  
 3. b. Respiration (max) 96.8, (oral) 97.8-99.1, (rectal) 99.8  
 2. c. Temperature → 96.8  
 1. d. 60 - 100 Pulse

38. a

39. c

40.

a. Blood Pressure

b. Respiration

c. Temperature

d. Pulse

41. IN & OUT

42. c

43. a

44. a

45. a

46. c

47. e

48. b

49. c

50. b

AMAP EXAM #2 ANSWER SHEET

NAME: Alejandro Morales

DATE: 08/13/25

88%

1. c
2. b
3. b
4. a
5. a
6. b
7. b
8. c
9. a
10. a
11. a, c, d
12. a
13. a, b, c, d → b
14. b
15. a, b, c
16. c
17. d
18. PONS
19. a
20. e
21. a, b, c
22. d
23. b
24. a, b, c, d
25. a
26. d
27. c
28. b
29. a

30. q
31. a/b/c/d/e/f <sup>15</sup>
- ~~32. b~~
33. a
- ~~34. a~~
35. a
36. qll & CPR
37. Please place the number of the answer on the line with the corresponding vital sign
- a. B4 Blood Pressure
- b. 13 Respirations
- c. 2 Temperature
- d. 1 Pulse
38. q
39. C
- 40.
- a. Temperature
- b. Pulse
- c. Respirations
- d. Blood Pressure
41. in & out
42. C
43. q
44. q
45. q
46. C
47. e
- ~~48. b~~
49. C
- ~~50. q~~

NAME: COUS JONAS MATHEUIN AMAP EXAM #2 ANSWER SHEET

DATE: 8/13/2021

80%

1. C
2. B
- ~~3. A~~
4. A
5. A
6. C
7. B
8. C
9. A
10. A
11. A ; S
12. A
13. A, B, C, D
- ~~14. A~~
15. A, B, C, D ; S
16. C
17. D
- ~~18. A, B, C, D~~
19. A
20. E
21. A, C ; S
22. D
23. B
24. A, B, C, D
25. A
26. D
27. C
28. B
29. A

- 30. A
- 31. A, B, C, D, E, F
- 32. A
- 33. A
- 34. A
- 35. A
- 36. 911 & CPR

37. Please place the number of the answer on the line with the corresponding vital sign

- 4 Blood Pressure
- 3 Respirations
- 2 Temperature
- 1 Pulse

- ~~38. B~~
- 39. C
- 40. \_\_\_\_\_

- a. Low Pulse
- b. Pulse
- c. Blood Pressure
- d. Respirations
- 41. IN & OUT
- 42. C
- 43. A
- 44. A
- 45. B
- 46. D
- 47. E
- 48. D
- 49. C
- 50. A

## LEARNING & PROFESSIONAL DEVELOPMENT

### AMAP COURSE GUIDELINES

1. Please arrive to the AMAP class on time. There is a 10-minute grace period.
2. If an unforeseen circumstance prevents you from attending your scheduled class, please call **516-293-2016, extension 5145**. If you are unable to reach anyone at that number, please leave a voice message.
3. You must attend the AMAP course in its entirety. If you miss a class, you are required to retake the entire class.
4. You will be given two written exams during the course. You must achieve a grade of 80% or better on each exam to pass the course. Staff can remediate **one (1) exam only with a grade between 70 to 78% and must get 80% or higher to pass**.
5. If you should fail an exam, you must attend the next available class in its entirety. Your program supervisor will be notified.
6. I am aware that AMAP certification is a requirement for my position. I agree to study and give my utmost attention during the class.
7. All AMAP staff work under the direct supervision of the RN. Therefore, all issues regarding medications and any changes in an individual's health status **must be presented directly to the RN**. AMAP certification may be withdrawn or suspended by the RN if the RN decides the AMAP's medication practice is unsafe, regardless of the number of medication errors. Additionally, the RN will complete a yearly evaluation of AMAP skills, which will be retained in the staff's personnel file and included as part of the staff's annual evaluation.
8. It is your responsibility to be mindful of your AMAP certification date and to complete your AMAP recertification pouring within 365 days of your last year's certification date. Recertification will be with your site nurse and must be completed by the last date in the month in which it expires.

9. Training Expectations:

• **Respect:**

✓ Participate in the training to the fullest of your ability.

✓ Actively listen and provide constructive feedback.

✓ Use cell phone courteously (vibrate/off, critical calls etc.)

✓ Maintain confidentiality.

• **On task:**

✓ Focus your attention on the presenter/topic.

✓ Ask questions of the presenter to clarify your understanding.

✓ Be fully engaged and ready to participate in the session to your fullest ability.

• **Act safe:**

✓ Maintain an open, and safe learning environment.

✓ Clean your workspace at the end of each class.

• **Responsible:**

✓ Be at your seat and ready to learn at the announced start time.

✓ Return from lunch and breaks on time.

I have reviewed the above Guidelines, AMAP policy, and training expectations, and agree to adhere to the requirements for this course.

Employee Signature

Employee Print Name

ANNA ELIZABETH DESSIN

Date

01/18/25

8/11/24 MF

## LEARNING & PROFESSIONAL DEVELOPMENT

### AMAP COURSE GUIDELINES

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9. Training Expectations:

• **Respect:**

- ✓ Participate in the training to the fullest of your ability.
- ✓ Actively listen and provide constructive feedback.
- ✓ Use cell phone courteously (vibrate/off, critical calls etc.)
- ✓ Maintain confidentiality.

• **On task:**

- ✓ Focus your attention on the presenter/topic.
- ✓ Ask questions of the presenter to clarify your understanding.
- ✓ Be fully engaged and ready to participate in the session to your fullest ability.

• **Act safe:**

- ✓ Maintain an open, and safe learning environment.
- ✓ Clean your workspace at the end of each class.

• **Responsible:**

- ✓ Be at your seat and ready to learn at the announced start time.
- ✓ Return from lunch and breaks on time.

I have reviewed the above Guidelines, AMAP policy, and training expectations, and agree to adhere to the requirements for this course.

Employee Signature

Nicole Boss

Employee Print Name

Nicole Boss

Date

8/11/25



Brookville Center  
for Children's Services



Citizens Options  
Unlimited

## LEARNING & PROFESSIONAL DEVELOPMENT

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Employee Signature

Dwonte Gray

Employee Print Name

Dwonte Gray

Date

8-11-25

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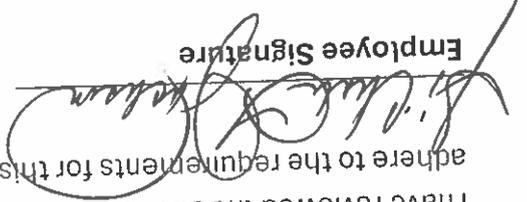
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Employee Signature



Employee Print Name

SiChoir Jackson

Date

8/11/25

## LEARNING & PROFESSIONAL DEVELOPMENT

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- ✓ Clean your workspace at the end of each class.

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- ✓ Return from lunch and breaks on time.

I have reviewed the above Guidelines, AMAP policy, and training expectations, and agree to adhere to the requirements for this course.

Employee Signature

*Emmanuel Audate*

Employee Print Name

Date

*8/11/2025*

## LEARNING & PROFESSIONAL DEVELOPMENT

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I have reviewed the above Guidelines, AMAP policy, and training expectations, and agree to adhere to the requirements for this course.

Alejandro Marcias  
Employee Signature

Alejandro M. Marcias Meza  
Employee Print Name

Date

08/11/25



Brookville Center  
for Children's Services



Citizens Options  
Unlimited

## LEARNING & PROFESSIONAL DEVELOPMENT

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✓ Clean your workspace at the end of each class.

• Responsible:

✓ Be at your seat and ready to learn at the announced start time.

✓ Return from lunch and breaks on time.

I have reviewed the above Guidelines, AMAP policy, and training expectations, and agree to adhere to the requirements for this course.

Employee Signature

Even Johnson

Employee Print Name

Even Johnson

Date

8-11-25



## LEARNING & PROFESSIONAL DEVELOPMENT

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Employee Signature



Employee Print Name

Chris Jones #11111111

Date

8/11/15



Brookville Center  
for Children's Services



Citizens Options  
Unlimited

## LEARNING & PROFESSIONAL DEVELOPMENT

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Employee Signature

*Hydro Prosper*

Employee Print Name

Hydro Prosper

Date

8/11/25



## LEARNING & PROFESSIONAL DEVELOPMENT

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- ✓ Return from lunch and breaks on time.

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Employee Signature

*Leah Brown*

Employee Print Name

Leah Brown

Date

8/11/2025

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Employee Signature

Employee Print Name

Iesha Elmore

Iesha Elmore

Date

8-11-25



Nicole Sosa

(Name of Employee)

8/12/25

(Date)

I regret to inform you that you did not pass the Medication Administration for Direct Support Staff (AMAP) course. To pass this course, you must score at least 80% on each exam, demonstrate an understanding of AMAP policies and procedures, and perform a medication pass successfully. Please see below for further details from your instructor regarding the outcome of your training.

- Did not pass the initial exam with a grade within the range required to remediate and must retake the course (Note: staff can remediate one exam only with a grade between 70 to 79% and must score at least 80% or higher to pass).

Exam 1 / Exam 2 (Circle one)

Grade: 61%

- Did not pass the retest after being provided the opportunity to remediate and must retake the course.

Retested on Exam 1/Exam 2 (Circle one)

Grade: \_\_\_\_\_

- Passed both exams but requires additional practice with pouring, administering, and/or recording medications.

It is recommended that you re-enroll in the AMAP course, which can be done via Relias or by contacting the Learning and Professional Development Administrator at (516) 293-2016 x 5145. If you require additional practice with pouring medications, please schedule a pouring practice session with your instructor. To facilitate your learning, you should also review the course materials provided, as they may help you better understand the material before re-enrolling in the class.

Sincerely,

Donetta Hartley, RN

(Name and Title of Instructor)



BID

# AMAP EXAM #1 ANSWER SHEET

NAME: Nicole Sosa

DATE: 8/12/25

1. 2

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

- |                                |                      |
|--------------------------------|----------------------|
| a. QD <u>4</u>                 | 1. As Needed         |
| b. HS <u>3</u>                 | 2. Three times daily |
| c. PRN <u>1</u>                | 3. Bedtime           |
| d. PO <u>5</u>                 | 4. Daily             |
| <sup>25c</sup> e. BID <u>2</u> | 5. By mouth          |
| <sup>25f</sup> f. TID <u>6</u> | 6. Twice a day       |

3. a

4. c

5. b

6. d

7. a

8.

- a. DOE John
- b. AMoxicillin 500 MG
- c. 3 times A Day

9. a

10. c

11. b

12. c

13. a

14. 2

15. a

16. a

17. b

18. 2

19. 2

20. d

21. no

22. a

23.

a. Skin  
b. left kneed  
c. three times  
d. Thin layer

24. no

25. a

26. d

27. b

28. no

29. a

30. no

31. no

a. 5cmg

b. 2 caps

c. by mouth

d. Twice

33. b

a. Name

b. Purpose

c. long

d.

e. no

f.

g.

35. no

36. b

37. c

38. a

39.

a. right person

b. Right medication

c. Right dose

d. Right time

e. Right route

f. Right

40. a

41. d

42. c

43. a

44. a

45. a

46. a

47. a

48.   

49. a

50. d



AMAP EXAM #1 ANSWER SHEET

89%

NAME: Evan Gholson

DATE: 8-12-25

1. A

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

a. QD 4

1. As Needed

b. HS 3

2. Three times daily

c. PRN 1

3. Bedtime

d. PO 5

4. Daily

e. BID 6

5. By mouth

f. TID 2

6. Twice a day

3. A

4. C

5. B

26. B

7. A

8.

a. John Doe

b. Amoxicillin

25. capsule 3 times a day

9. A

10. C

11. B

12. ~~A~~ C

13. A

14. A

15. A

16. C

27. ~~A~~ D

18. B

19. B

20. C

21. C

22. #

23.

a. ON SKIN

b. ON KNEE

c. ~~three times a day~~ three times a day

d. THIN LAYER

24. C

25. #

26. D

27. B

28. B

29. A

30. E

31. B

32.

a. 500 mg qps

b. 2 caps ~~ps~~

c. Oral

d. BID twice a day

33. B

34.

a. Name

b. Purpose

c. Individual

d. Long

e. Adverse reactions/signs

f. Interactions

g. Instructions

35. A

36. B

37. B

38. A

39.

a. Times

b. route

c. Amount

d. medicine

e. Person

f. signature

↑  
a  
M  
PB

✓ 40. B

41. B

42. C

43. A

44. A

45. B

46. A

47. A

48. B

49. A

50. C



AMAP EXAM #1 ANSWER SHEET

NAME: PAUL JOHNS MATHEURIN

DATE: 8/12/2025

1. A

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

a. QD 4

b. HS 3

c. PRN 1

d. PO 5

e. BID 6

f. TID 2

1. As Needed

2. Three times daily

3. Bedtime

4. Daily

5. By mouth

6. Twice a day

88/70

3. True

4. C

5. False

6. D

7. True

8.

a. DOE JOHN

b. AMOXICILLIN 500MG

c. 3 Times a Day

9. True

10. C

11. B

~~12. B~~

13. True

14. True

15. True

16. C

~~17. A~~

18. B

19. B

20. C

- 35. D
- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

- ~~34.~~
- 33. B
- a. 500 mg
- b. 1000 mg
- c. By mouth
- d. Twice daily

- 32. \_\_\_\_\_
- 31. B
- 30. E
- 29. H
- 28. False
- 27. B
- 26. D
- 25. H
- 24. H

- a. Topical
- b. ~~skin thin layer to know~~
- c. Three times daily
- d. Thin layer
- 23. \_\_\_\_\_
- 22. True
- 21. C

36. B

37. B

38. A

39.

- a. RIGHT INDIVIDUAL
- b. RIGHT TIME
- c. RIGHT DOSAGE
- d. RIGHT MEDICATION
- e. RIGHT DOCUMENTATION
- f. RIGHT ROUTE

5

40. A

41. B

42. C

43. A

44. A

45. B

46. A

~~47. B~~

48. B

49. A

~~50. D~~



# AMAP EXAM #1 ANSWER SHEET

NAME: Yeah Brown

DATE: 8/11/25

1. A

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

a. QD 4

1. As Needed

b. HS 3

2. Three times daily

c. PRN 1

3. Bedtime

d. PO 5

4. Daily

e. BID 6

5. By mouth

f. TID 2

6. Twice a day

93%

3. A

4. C

5. b

6. d

7. A

8.

a. John DOE

b. Amoxicillin

c. 3 times a day

9. A

10. C

11. b

12. C

13. A

14. A

15. A

16. AC

17. AC

18. b

19. b

20. C

145.52  
145.52  
2

12.5  
+12.5  
25.0

- a. Purpose
- b. Name
- c. Individual
- d. Long
- e. Advance reactions/signs
- f. Interactions
- g. Instructions

35. d

- a. 250 mg
- b. 500 mg
- c. by mouth
- d. two times per day

33. b

- a. 250 mg
- b. 500 mg
- c. by mouth
- d. two times per day

31. b

30. E

29. A

28. b

27. C

26. d

25. A

24. A

- a. On skin
- b. left knee
- c. 3 times a day
- d. ~~One each of index finger~~ thin layer

22. A

21. C

250  
+250  
500

36. b

37. b

38. A

39.

a. Individual

b. Medication

c. dosage

d. Time

e. Route

f. documentation

40. A

41. b

42. C

43. A

44. A

45. b

46. A

47. A

48. b

49. A

50. b



# AMAP EXAM #1 ANSWER SHEET

NAME: Emmanuel Audate

DATE: 8/12/25

1. a

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

a. QD 4

1. As Needed

b. HS 3

2. Three times daily

c. PRN 1

3. Bedtime

d. PO 5

4. Daily

e. BID 6

5. By mouth

f. TID 2

6. Twice a day

98%

3. a

4. c

5. b

6. d

7. a

8.

a. DOE, JOHN

b. Amoxicillin 500mg qaf

c. 3 Times a day

9. a

10. c

11. b

12. Am/c

13. a

14. a

15. a

16. c

~~17. d~~

18. b

19. b

20. c

21. C

22. A

23.

a. Topical (skin)

b. Left knee

c. 3 times a day

d. Thin layer

24. A

25. A

26. D

27. B

28. B

29. A

30. E

31. B

32.

a. 500 milligrams

b. 1000 milligrams

c. PO by mouth

d. Twice a day

33. B

34.

a. Name

b. purpose

c. individual

d. long

e. Adverse reactions/signs

f. interactions

g. instruction

35. D

36. b

37. b

38. a

39.

a. Time

b. Route

c. Amount

d. Medication

e. person

f. Signed

40. a

41. B b)

42. C

43. a

44. a

45. ~~X~~ b

46. a

47. a

48. b

49. a

50. c



97.5%

### AMAP EXAM #1 ANSWER SHEET

NAME: ANNA ELIZABETH DESSIN

DATE: 12/10 08/12/25

1. A

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

a. QD 4

1. As Needed

b. HS 3

2. Three times daily

c. PRN 1

3. Bedtime

d. PO 5

4. Daily

e. BID 6

5. By mouth

f. TID 2

6. Twice a day

3. A

4. C

5. B

6. d

7. A

8.

a. DOE JOHN

b. AMOXICILLIN 500mg

c. Three TIMES

12.5 mg → 50

25 mg → 2

25  
12.5  
12.5

9. A

10. C

11. B

12. C

13. A

14. A

15. A

16. B

17. C

18. B

19. B

20. C

25 10  
12.5  
12.5  
5  
25  
12.5  
12.5

21. C

22. B

23.

a. ~~into the skin~~

b. ~~left knee~~

c. ~~Three times~~

d. ~~Thin layer~~

24. B

25. ~~1000 needed~~ H

26. d

27. B

28. B

29. H

30. E

31. B

32.

a. ~~500mg~~

b. ~~1000mg~~

c. ~~by mouth~~

d. ~~Two times~~

33. B

34.

a. ~~Purpose of medicine~~

b. ~~NAME of the medicine~~

c. ~~Effect on the individual~~

d. ~~How long for it to work~~

e. ~~Side effects, adverse reactions / signs~~

f. ~~Any interactions~~

g. ~~Other medications~~

35. d

36. B

37. B

38. A

39.

- a. right dose
- b. " route
- c. " medication
- d. " documentation
- e. " individual
- f. " amount

40. A

41. B

42. C

43. A

44. A

45. B

46. A

47. A

48. B

49. A

50. C



# AMAP EXAM #1 ANSWER SHEET

NAME: Deonte Gray

DATE: 8-12-25

1. A
2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

- |                 |                      |
|-----------------|----------------------|
| a. QD <u>4</u>  | 1. As Needed         |
| b. HS <u>3</u>  | 2. Three times daily |
| c. PRN <u>1</u> | 3. Bedtime           |
| d. PO <u>5</u>  | 4. Daily             |
| e. BID <u>6</u> | 5. By mouth          |
| f. TID <u>2</u> | 6. Twice a day       |

91%

3. A
4. C
5. B
6. D
7. A
- 8.

- a. John doe
- b. Amoxicillin
- c. 1 Capsule B-time a day

9. A
10. C
11. B
12. C
13. A
14. A
15. A
16. C
17. D
18. B
19. B
20. C

21. C

22. A

23.

a. topically

b. knee

c. Thrice

d. thin layer

24. B

25. A

26. D

27. B

28. B

29. A

30. C

31. B

32.

a.

500

b.

2 capsules.

c.

po

d.

Twice a day

33. A

34.

a.

name

b.

Purpose

c.

individual

d.

long

e.

instructions

f.

interactions

g.

reaction/signs

35. D

36. B

37. B

38. A

39.

a. right person

b. right dosage

c. right time

d. right medication

e. right order

f. right route

-5

40. A

41. ~~X~~ B

42. ~~X~~ C

43. A

~~44.~~ B

45. B

46. A

47. A

48. B

49. A

50. C



AMAP EXAM #1 ANSWER SHEET

NAME: Dydro Prosper

DATE: 8/12/25

1. A

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

a. QD 4

1. As Needed

b. HS 3

2. Three times daily

c. PRN 1

3. Bedtime

d. PO 5

4. Daily

e. BID 6

5. By mouth

f. TID 2

6. Twice a day

3. A

4. C

5. B

6. D

7. A

8.

a. John Doe

b. amoxicillin 500mg PO cap

c. 1 cap 3 times a day

9. A

10. C

11. B

12. C

13. A

14. A

~~15. B~~

~~16. A~~

~~17. A~~

18. B

19. B

20. C

8790

21. C

22. A

23.

a. ~~apply thin layer to knee~~ -5

b. (L) knee

c. TID (three times daily)

d. ~~apply thin layer~~

~~24. C~~

25. A

26. D

27. B

28. B

29. A

30. E

31. D

32.

a. 500mg

b. 1000mg

c. po

d. BID (twice daily)

33. B

34.

a. Purpose

b. name

c. individual

d. form

e. adverse reactions (signs)

f. instructions

g. instructions

35. D

36. B

37. B

38. A

39.

a. Individual

b. Medication

c. Dose

d. Time

e. Route

f. Documentation

-.5

40. A

41. B

42. C

43. A

44. A

45. B

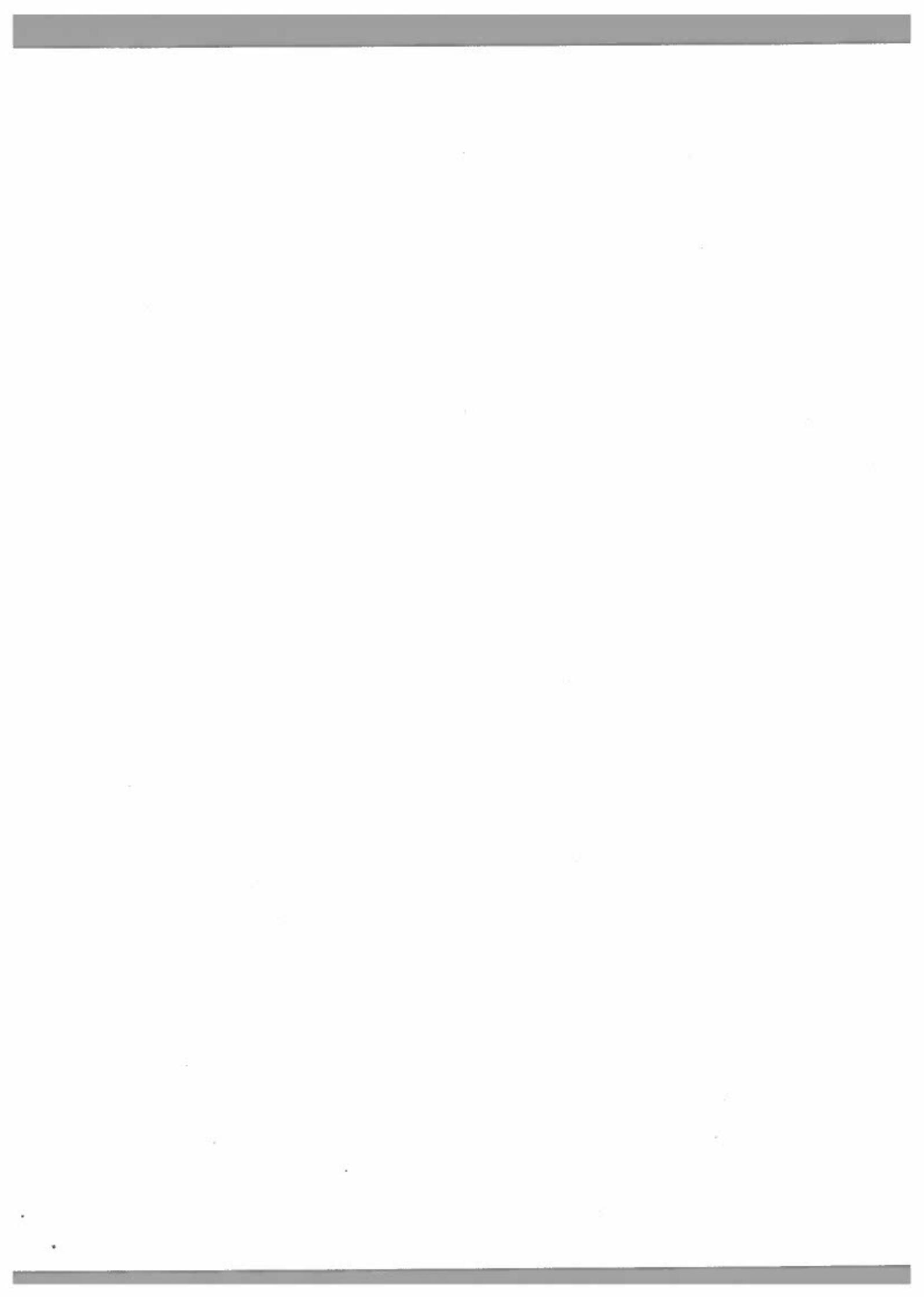
46. A

47. A

~~48.~~ A

49. A

~~50.~~ D



AMAP EXAM #1 ANSWER SHEET

NAME: Jesha Elmore

DATE: 8/12/25

1. A

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

a. QD 4

1. As Needed

b. HS 3

2. Three times daily

c. PRN 1

3. Bedtime

d. PO 5

4. Daily

e. BID 6

5. By mouth

f. TID 2

6. Twice a day

90%

3. A

4. C

5. B

6. D

7. A

8.

a. Doe, John

b. Amoxicillin

c. 3 Times a day

9. A

10. C

11. B

~~12. A~~

13. A

14. A

15. A

16. C

~~17.~~

18. B

19. B

20. C

21. C

22. A

23.

a. ~~Directly on skin~~ Topically

b. Left knee

c. 2x aday

d. thin layer

24. A

25. A

26. D

~~27. C~~

28. B

29. A

30. C

31. B

32.

a. 500mg

b. 1000

c. PO

d. 2 times aday

33. B

34.

a. Name

b. ~~Name~~ Purpose

c. individual

d. Long

e. Adverses, reactions signs

f. Interactions

g. Instructions

35. D

36. B

37. B

38. A

39.

a. Time

b. Route

c. age

d. medication

e. Person

f. Sign

-15

40. B

41. ~~B~~ B

42. C

43. A

44. A

45. B

46. A

47. A

48. B

49. A

50. D



## AMAP EXAM #1 ANSWER SHEET

NAME: Sicholt Jackson

DATE: 8/12/25

1. a

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

a. QD 4

b. HS 3

c. PRN 1

d. PO 5

e. BID 6

f. TID 2

1. As Needed

2. Three times daily

3. Bedtime

4. Daily

5. By mouth

6. Twice a day

100%

3. a

4. c

5. b

6. d

7. a

8.

a. John Doe

b. Amoxicillin

c. 3x's a day

9. a

10. c

11. b

12. c

13. a

14. a

15. a

16. c

17. c

18. b

19. b

20. c

21. c

22. a

23.

a. topical

b. left knee

c. 3x's daily

d. thin layer

24. a

25. a

26. d

27. b

28. b

29. a

30. e

31. b

32.

a.

500

b.

1000 mg

c.

by mouth

d.

2x's daily

33. b

34.

a.

name

b.

purpose

c.

individual

d.

long

e.

adverse reactions/signs

f.

interactions

g.

instructions

35. d

36. b

37. b

38. a

39.

a. Time

b. Route

c. Amount

d. medication

e. person

f. Sign /documentation

40. a

41. b

42. c

43. a

44. a

45. b

46. a

47. a

48. b

49. a

50. c



95.5%

### AMAP EXAM #1 ANSWER SHEET

NAME: Alejandro Marras

DATE: 08/12/25

1. a

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

- |                 |                                 |
|-----------------|---------------------------------|
| a. QD <u>4</u>  | <del>1.</del> As Needed         |
| b. HS <u>3</u>  | <del>2.</del> Three times daily |
| c. PRN <u>1</u> | <del>3.</del> Bedtime           |
| d. PO <u>5</u>  | <del>4.</del> Daily             |
| e. BID <u>6</u> | <del>5.</del> By mouth          |
| f. TID <u>2</u> | <del>6.</del> Twice a day       |

3. a

4. c

5. b

6. d

7. a

8.

- a. John Doe
- b. Amoxicillin
- c. Three times daily

9. a

10. c

11. b

12. c

13. a

14. a

15. a

16. c

17. c

18. b

19. b

20. c

21. C

22. g

23.

- a. Topical
- b. ~~Left knee~~ Left knee
- c. Three times a day
- d. Thin layer, about 4 dots

24. a

25. a

26. d

27. b

28. b

29. a

30. e

31. b

32.

a. 500 mg

b. 1000 mg

c. Oral

d. Twice daily

33. b

34.

a. Name

b. Purpose

c. Individual

d. long

e. adverse reactions/signs

f. Interactions

g. Instructions

35. d

36. b

37. b

38. a

39.

a. Individual

b. medication

c. dose

d. time

e. route

f. documentation -5

40. a

41. b

42. c

43. a

44. a

45. b

46. a

47. a

-248. a

49. a

250. d





Evan Gholson

(Name of Employee)

8/13/25

(Date)

I regret to inform you that you did not pass the Medication Administration for Direct Support Staff (AMAP) course. To pass this course, you must score at least 80% on each exam, demonstrate an understanding of AMAP policies and procedures, and perform a medication pass successfully. Please see below for further details from your instructor regarding the outcome of your training.

- Did not pass the initial exam with a grade within the range required to remediate and must retake the course (Note: staff can remediate one exam only with a grade between 70 to 79% and must score at least 80% or higher to pass).

Exam 1/Exam 2 (Circle one)

Grade: 080%

- Did not pass the retest after being provided the opportunity to remediate and must retake the course.

Retested on Exam 1/Exam 2 (Circle one)

Grade: \_\_\_\_\_

- Passed both exams but requires additional practice with pouring, administering, and/or recording medications.

It is recommended that you re-enroll in the AMAP course, which can be done via Relias or by contacting the Learning and Professional Development Administrator at (516) 293-2016 x 5145. If you require additional practice with pouring medications, please schedule a pouring practice session with your instructor. To facilitate your learning, you should also review the course materials provided, as they may help you better understand the material before re-enrolling in the class.

Sincerely,

[Signature]

(Name and Title of Instructor)



AMAP EXAM #2 ANSWER SHEET

NAME: Evan Gholson

DATE: 8-13-25

1. C
2. b
3. A
4. A
5. A
6. C
7. B
8. A, C
9. B
10. ~~A, B, C~~ A
11. ~~A, B, D~~
12. A
13. A, C .5
14. B
15. A, b, c
16. C and A
17. D
18. pons
19. B
20. E
21. C .5
22. D
23. B
24. A, B, C, D
25. B
26. B
27. C
28. B
29. A

68%

30. B

31. B, C, D, E, F

32. A

33. B

34. B

35. A

36. A, B & C, D

37. Please place the number of the answer of the line with the corresponding vital sign

a. ~~4~~ Blood Pressure

b. ~~3~~ Respirations

c. ~~2~~ Temperature

d. 1 Pulse

38. A

39. A

40.

a. Blood Pressure

b. Respiration

c. Temperature

d. pulse

41. B & D, F

42. D

43. B

44. A

45. B

46. A

47. E

48. B

49. C

50. A

AMAP EXAM #2 ANSWER SHEET

NAME: Yeah Brown

DATE: 8/13/25

1. C
2. b
- ~~3. A~~
4. A
5. A
6. C
7. b
8. C
9. A
10. A
11. A, C, d
12. A
13. A, b, C, d
14. A
15. A, b, C, d, i, s
16. C
- ~~17. BA~~
- ~~18. Seizure aura report~~
19. A
20. E
21. A, b, C
22. d
23. b
24. A, b, C, d
25. A
- ~~26. A~~
27. C
28. b
29. A

86%

30. A

31. A B C D E F

32. A

33. A

34. A

35. A

36. 911 & CPR

37. Please place the number of the answer on the line with the corresponding vital sign

a. 4 Blood Pressure

b. 3 Respirations

c. 2 Temperature

d. 1 Pulse

38. A

39. C

40.

a. Blood pressure

b. Respirations

c. Temperature

d. Pulse

41. Info & DNF

42. AC

43. A

44. A

45. A

46. C

47. E

48. d

49. C

50. A

AMAP EXAM #2 ANSWER SHEET

NAME: ADIA ELIZABETH DESSIN

DATE: 08/13/25

1. C
2. B
3. B
4. A
5. A
- ~~6. B~~
7. B
8. C
9. A
10. A
11. A, C, d
12. A
13. A, B, C, d
14. B
15. A, C, d <sup>is</sup>
16. C
17. d
18. POMS
19. A
20. E
21. C, A, B
22. d
23. B
24. A, B, C, d
- ~~25. B~~
26. d
27. C
28. B
29. A

94%

30. A  
31. A, B, d, e, F

32. A

33. A

34. B

35. B

36. glt & CRT

37. Please place the number of the answer on the line with the corresponding vital sign

a. 4 Blood Pressure

b. 3 Respirations

c. 2 Temperature

d. 1 Pulse

38. A

39. C

40.

a. Blood pressure

b. Respiration

c. Pulse

d. TEMPERATURE

41. int & out

42. C

43. A

44. H

45. A

46. C

47. e

48. d

49. C

50. B

AMAP EXAM #2 ANSWER SHEET

NAME: Pesha Elmone

DATE: 8/13/25

1. C
2. B
3. B
4. A
5. A
6. C
7. B
8. C
9. A
10. A
11. A, B, D -s
12. A
13. A, B, C, D
14. B
15. A, B, C, D -s
16. C
17. D
- ~~18. MAR~~
19. A
20. E
21. A, B, C
22. D
23. B
24. A, B, C, D
25. A
- ~~26. C~~
27. C
28. B
29. A

92%

- 30. A
- 31. A, B, C, D, E, F
- 32. A
- 33. B
- 34. B
- 35. A
- 36. 911 & CPR

37. Please place the number of the answer on the line with the corresponding vital sign

- a. 4 Blood Pressure
- b. 3 Respirations
- c. 2 Temperature
- d. 1 Pulse

38. A

39. Answers C

40.

- a. Temp
- b. Pulse
- c. Blood Pressure
- d. Respirations

41. In & Out

42. C

43. A

44. A

45. A

46. MC

47. E

48. D

49. C

50. B

AMAP EXAM #2 ANSWER SHEET

NAME: Pydro Prosper

DATE: 8/13/25

1. C
2. B
3. B
4. A
5. A
6. C
7. B
8. C
9. B
10. A
11. A, C, D
12. A
13. C, D, B, A
14. B
15. A, B, C
16. DC
17. D
18. seizure report
19. A
20. E
21. ABC
22. D
23. B
24. A, B, C, D
25. A
26. D
27. C
28. B
29. A

87%

30. A / A, B, C, D, E, F, S
31. A, B, C, D, E, F, S
32. A
33. B
34. B
35. A
36. 911 & CPR
37. Please place the number of the answer on the line with the corresponding vital sign
- a. 4 Blood Pressure
- b. 3 Respirations
- c. 2 Temperature
- d. 1 Pulse
38. A
39. B
- 40.
- a. Blood Pressure
- b. Respirations
- c. Pulse
- d. Temperature
41. in & out
42. C
43. A
44. A
45. B
46. D
47. E
48. D
49. C
50. B

AMAP EXAM #2 ANSWER SHEET

NAME: OGUNLEKE ABIODUN

DATE: 8/13/25

- 1. C
- 2. B
- 3. B
- 4. A
- 5. A
- 6. C
- 7. B
- 8. C
- 9. A
- 10. A
- 11. A, C, D
- 12. A
- 13. A B C D
- 14. A
- 15. B, A, C
- 16. C
- 17. D
- 18. A
- 19. B
- 20. A
- 21. C, A, B
- 22. D
- 23. B
- 24. A, B, C, D
- 25. A
- 26. d
- 27. C
- 28. b
- 29. A

82%

- 50. B
- 49. C
- ~~48. b~~
- ~~47. b~~
- 46. C
- 45. C
- 44. A
- 43. A
- 42. C

41. in & out
- a. Temperature
  - b. Pulse
  - c. Blood Pressure
  - d. Respiration

- 40.
- ~~39. B~~
- ~~38. B~~

- a. 90/60-120/80 Blood Pressure 4
- b. 18-18 Respirations 3
- c. 97.8-99.4 Temperature 2
- d. 60-100 Pulse 1

37. Please place the number of the answer on the line with the corresponding vital sign

- 36. 911 & CPR.
- 35. A
- 34. B
- 33. A
- 32. A
- 31. B, C, D, E, F.
- 30. A

Emmanuela Auda

AMAP EXAM #2 ANSWER SHEET

NAME: Emmanuela Auda

DATE: 8/13/25

90%

1. c

2. b

~~3. a~~

4. a

5. a

~~6. b~~

7. b

8. c

9. a

10. a

11. a, c, d

12. a

13. a, b, c, d

14. b

15. a, b, c

16. c

17. d

18. Pons.

19. a

20. e

21. a, c <sup>-1.5</sup>

22. d

23. b

24. a, b, d

25. a

~~26. b~~

27. c

✓ 28. F

29. a

- 50. ~~F~~ ✓
- 49. ~~0~~
- 48. ~~d~~
- 47. ~~e~~
- 46. ~~c~~
- 45. ~~a~~
- 44. ~~a~~
- 43. ~~a~~

42. a, d, 5  
 41. m & off (out)

- a. Temperature
- b. blood pressure
- c. respirations
- d. pulse

40.

- 39. ~~c~~
- 38. ~~a~~

- a. 4 Blood Pressure
- b. 3 Respirations
- c. 2 Temperature
- d. 1 Pulse

37. Please place the number of the answer on the line with the corresponding vital sign

- 36. 911 & CPR
- 35. ~~a~~
- 34. ~~b~~
- 33. ~~a~~
- 32. ~~a~~
- 31. b, c, d, e, f
- 30. ~~a~~

AMAP EXAM #2 ANSWER SHEET

NAME: Davonte Gray

DATE: 8-13-25

1. C
2. A
3. B
4. A
5. A
6. C
7. B
8. C
9. A
10. A
11. ACD
12. A
13. AC -S
14. B
15. ABC
16. C
17. AC
18. seizure med log
19. A
20. E
21. C, A -S
22. D
23. B
24. ABD -S
25. A
26. D
27. C
28. B
29. A

87%

- 50. B
- 49. C
- 48. D
- 47. F
- 46. C
- 45. A
- 44. A
- 43. A
- 42. C

41. ~~IN~~ IN & OUT
- a. Respiration
  - b. weight
  - c. Blood pressure
  - d. sugar

- 40.
- 39. C

- 38. A  
B 60-100 pulse  
A 97.8-99.1  
B 12-18 per minute  
C 97.8-99.1 Temperature
- a. Blood Pressure 90/60 - 120/80

37. Please place the number of the answer on the line with the corresponding vital sign

- 36. RN & CPR
- 35. A
- 34. A
- 33. A
- 32. B
- 31. F, E, D
- 30. A

NAME: Si'Chote Jackson AMAP EXAM #2 ANSWER SHEET

DATE: 8/13/25

1. c
2. b
- ~~3.~~ a
- ~~4.~~ b
5. a
6. c
7. b
8. c
- ~~9.~~ b
10. a
11. a, c, d
12. a
13. a, b, c, d
14. b
15. a, b, c
16. c
17. d
18. pons
19. a
20. e
21. a, b, c
22. d
23. b
24. a, b, c, d
25. a
26. d
27. c
28. b
29. a

89%

30. a  
31. a, b, c, d, e, f

32. a

33. a

34. b

35. b

36. a, b, c, d, e, f & CPR

37. Please place the number of the answer on the line with the corresponding vital sign

4 a. Blood Pressure → 90/60 - 120/80  
 3 b. Respirations (max) 96.8, 97.8-99.1, 99.8  
 (oral) (rectal)  
 2 c. Temperature → 96.8  
 1 d. 60 - 100 Pulse

38. a

39. c

40.

a. Blood Pressure

b. Respirations

c. Temperature

d. Pulse

41. IN & OUT

42. c

43. a

44. a

45. a

46. c

47. e

48. b

49. c

50. b

AMAP EXAM #2 ANSWER SHEET

NAME: Alejandro Morales

DATE: 08/13/25

88%

- 1. c
- 2. b
- 3. b
- 4. a
- 5. a
- 6. b
- 7. b
- 8. c
- 9. a
- 10. a
- 11. a, c, d
- 12. a
- 13. a, b, c, d <sup>5</sup>
- 14. b
- 15. a, b, c
- 16. c
- 17. d
- 18. PONS
- 19. a
- 20. e
- 21. a, b, c
- 22. d
- 23. b
- 24. a, b, c, d
- 25. a
- 26. d
- 27. c
- 28. b
- 29. a

30. q
31. a/b/c/d/e/f 15
- ~~32. b~~
33. a
- ~~34. a~~
35. a
36. qll & CPR
37. Please place the number of the answer on the line with the corresponding vital sign
- a. B4 Blood Pressure
- b. 13 Respirations
- c. 2 Temperature
- d. 1 Pulse
38. q
39. C
- 40.
- a. Temperature
- b. Pulse
- c. Respirations
- d. Blood Pressure
41. in & out
42. C
43. q
44. q
45. q
46. C
47. e
- ~~48. b~~
49. C
- ~~50. q~~

NAME: COUS JONAS MATHEUIN AMAP EXAM #2 ANSWER SHEET

DATE: 8/13/2021

80%

1. C
2. B
- ~~3. A~~
4. A
5. A
6. C
7. B
8. C
9. A
10. A
11. A ; S
12. A
13. A, B, C, D
- ~~14. A~~
15. A, B, C, D ; S
16. C
17. D
- ~~18. A, B, C, D~~
19. A
20. E
21. A, C ; S
22. D
23. B
24. A, B, C, D
25. A
26. D
27. C
28. B
29. A

- 30. A
- 31. A, B, C, D, E, F
- 32. A
- 33. A
- 34. A
- 35. A
- 36. 911 & CPR

37. Please place the number of the answer on the line with the corresponding vital sign

- 4 Blood Pressure
- 3 Respirations
- 2 Temperature
- 1 Pulse

- ~~38. B~~
- 39. C
- 40. \_\_\_\_\_

- a. Low Pulse
- b. Pulse
- c. Blood Pressure
- d. Respirations

41. IN & OUT

- 42. C
- 43. A
- 44. A
- 45. B
- 46. D
- 47. E
- 48. D
- 49. C
- 50. A

# AMAP

**In-Person New Hire Orientation** PLAINVIEW Location

	Attend	No-Show	Online
AHRC			
BCCS			
CITIZENS			
<b>TOTALS</b>			

**Dates: 08/11 - 08/13, 2025**

**Trainer(s):**

**8:00AM - 3:30PM**

## Three Day AMAP Training *Large Training Room*

<u>NAME</u>	<u>AHRC/CTZ/ BCCS</u>	<u>Signature (Day 1)</u>	<u>Signature (Day 2)</u>	<u>Signature (Day 3)</u>
1. Mitchell, Tamika -	AHRC	Tamika Mitchell	Tamika Mitchell	Tamika Mitchell
2. Hobot, Tammy -	AHRC	Tammy Hobot	Tammy Hobot	Tammy Hobot
3. Etienne, Eddy X	AHRC	Etienne Eddy	Etienne Eddy	Etienne Eddy
4. Alicea, Cheryl +	AHRC	Cheryl Alicea	Cheryl Alicea	Cheryl Alicea
5. Ceveilla, Naphtalie	AHRC	Naphtalie Ceveilla	Naphtalie Ceveilla	
6. Daly, Brian	AHRC	<del>Brian Daly</del>	<del>Brian Daly</del>	<del>Brian Daly</del>
7. Jean-Paul, Andrew -	AHRC	Andrew Jean-Paul	Andrew Jean-Paul	Andrew Jean-Paul
8. Evans, Taylor	AHRC			
9. Taylor, Ebony X	AHRC	Ebony Taylor	Ebony Taylor	Ebony Taylor
10. Ross, Christopher	AHRC			
11. Pierre, Standley	AHRC			
12. Miller, Kevina	CTZ	Kevina Miller	Kevina Miller	Kevina Miller

**WAITLIST:**

Monday  
8/11/2025

Tuesday  
8/12/2025

Wednesday  
8/13/25

13. Viana Carrasco, Karen

~~Kaplan~~ u -

~~Kaplan~~ u

~~Kaplan~~ u

14. Raynor, Travis

15. Ortiz, Tanista

16. Dabel, Francesca

17. Turner, Shylis

Shylis Turner. ✓ - Shylis Turner: Shylis Turner.

18. Smith, Jaasia

jaasia smith ✓<sup>119</sup> - jaasia smith: jaasia smith

19. Verdieu, Jovens

~~Jovens Verdieu~~

20. Giordano, Heather



## LEARNING & PROFESSIONAL DEVELOPMENT

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9. Training Expectations:

• Respect:

✓ Participate in the training to the fullest of your ability.

✓ Actively listen and provide constructive feedback.

✓ Use cell phone courteously (vibrate/off, critical calls etc.)

✓ Maintain confidentiality.

• On task:

✓ Focus your attention on the presenter/topic.

✓ Ask questions of the presenter to clarify your understanding.

✓ Be fully engaged and ready to participate in the session to your fullest ability.

• Act safe:

✓ Maintain an open, and safe learning environment.

✓ Clean your workspace at the end of each class.

• Responsible:

✓ Be at your seat and ready to learn at the announced start time.

✓ Return from lunch and breaks on time.

I have reviewed the above Guidelines, AMAP policy, and training expectations, and agree to

adhere to the requirements for this course.

Employee Signature

*Stanley Hore*

Employee Print Name

Date

*8/11/25*



Brookville Center  
for Children's Services



Citizens Options  
Unlimited

## LEARNING & PROFESSIONAL DEVELOPMENT

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• **Act safe:**

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✓ Clean your workspace at the end of each class.

• **Responsible:**

✓ Be at your seat and ready to learn at the announced start time.

✓ Return from lunch and breaks on time.

I have reviewed the above Guidelines, AMAP policy, and training expectations, and agree to adhere to the requirements for this course.

Employee Signature

*[Handwritten Signature]*

Employee Print Name

*Shells Turner*

Date

*8/11/15*

## LEARNING & PROFESSIONAL DEVELOPMENT

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- **Responsible:**
  - ✓ Be at your seat and ready to learn at the announced start time.
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I have reviewed the above Guidelines, AMAP policy, and training expectations, and agree to adhere to the requirements for this course.

Employee Signature

Employee Print Name

*Kevin Jamath James Lawrence*

Date

8/11/2025



## LEARNING & PROFESSIONAL DEVELOPMENT

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- ✓ Return from lunch and breaks on time.

I have reviewed the above Guidelines, AMAP policy, and training expectations, and agree to adhere to the requirements for this course.

Employee Signature

Cheryl Davis

Date

8/11/25

Employee Print Name

Cheryl Davis



## LEARNING & PROFESSIONAL DEVELOPMENT

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✓ Clean your workspace at the end of each class.

• **Responsible:**

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Employee Signature

*Tamika Mitchell*

Employee Print Name

*Tamika Mitchell*

Date

*8-11-25*



Brookville Center  
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Citizens Options  
Unlimited

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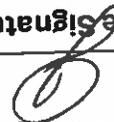
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Employee Signature



Employee Print Name

Raasia Smith

Date

8/11/2025



## LEARNING & PROFESSIONAL DEVELOPMENT

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✓ Be at your seat and ready to learn at the announced start time.

✓ Return from lunch and breaks on time.

I have reviewed the above Guidelines, AMAP policy, and training expectations, and agree to

adhere to the requirements for this course.

Employee Signature

*Andrew Jean-Paul*

Employee Print Name

Andrew Jean-Paul

Date

08/11/2025



Brookville Center  
for Children's Services



Citizens Options  
Unlimited

## LEARNING & PROFESSIONAL DEVELOPMENT

### AMAP COURSE GUIDELINES

1. Please arrive to the AMAP class on time. There is a 10-minute grace period.
2. If an unforeseen circumstance prevents you from attending your scheduled class, please call **516-293-2016, extension 5145**. If you are unable to reach anyone at that number, please leave a voice message.
3. You must attend the AMAP course in its entirety. If you miss a class, you are required to retake the entire class.
4. You will be given two written exams during the course. You must achieve a grade of 80% or better on each exam to pass the course. Staff can remediate **one (1) exam only with a grade between 70 to 79% and must get 80% or higher to pass**.
5. If you should fail an exam, you must attend the next available class in its entirety. Your program supervisor will be notified.
6. I am aware that AMAP certification is a requirement for my position. I agree to study and give my utmost attention during the class.
7. All AMAP staff work under the direct supervision of the RN. Therefore, all issues regarding medications and any changes in an individual's health status **must be presented directly to the RN**. AMAP certification may be withdrawn or suspended by the RN if the RN decides the AMAP's medication practice is unsafe, regardless of the number of medication errors. Additionally, the RN will complete a yearly evaluation of AMAP skills, which will be retained in the staff's personnel file and included as part of the staff's annual evaluation.
8. It is your responsibility to be mindful of your AMAP certification date and to complete your AMAP recertification pouring within 365 days of your last year's certification date. Recertification will be with your site nurse and must be completed by the last date in the month in which it expires.

9. Training Expectations:

• **Respect:**

- ✓ Participate in the training to the fullest of your ability.
- ✓ Actively listen and provide constructive feedback.
- ✓ Use cell phone courteously (vibrate/off, critical calls etc.)
- ✓ Maintain confidentiality.

• **On task:**

- ✓ Focus your attention on the presenter/topic.
- ✓ Ask questions of the presenter to clarify your understanding.
- ✓ Be fully engaged and ready to participate in the session to your fullest ability.

• **Act safe:**

- ✓ Maintain an open, and safe learning environment.
- ✓ Clean your workspace at the end of each class.

• **Responsible:**

- ✓ Be at your seat and ready to learn at the announced start time.
- ✓ Return from lunch and breaks on time.

I have reviewed the above Guidelines, AMAP policy, and training expectations, and agree to adhere to the requirements for this course.

Employee Signature

*Margherita Cervello*

Date

8/11/2025

Employee Print Name

MARGHERITA CERVELLO



Brookville Center  
for Children's Services



Citizens Options  
Unlimited

## LEARNING & PROFESSIONAL DEVELOPMENT

### AMAP COURSE GUIDELINES

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- ✓ Ask questions of the presenter to clarify your understanding.
- ✓ Be fully engaged and ready to participate in the session to your fullest ability.

• Act safe:

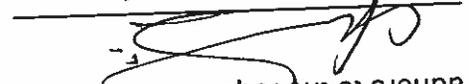
- ✓ Maintain an open, and safe learning environment.
- ✓ Clean your workspace at the end of each class.

• Responsible:

- ✓ Be at your seat and ready to learn at the announced start time.
- ✓ Return from lunch and breaks on time.

I have reviewed the above Guidelines, AMAP policy, and training expectations, and agree to adhere to the requirements for this course.

Employee Signature



Employee Print Name

Elyse June Elmore

Date

08/11/25



## LEARNING & PROFESSIONAL DEVELOPMENT

### AMAP COURSE GUIDELINES

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✓ Use cell phone courteously (vibrate/off, critical calls etc.)

✓ Maintain confidentiality.

• **On task:**

✓ Focus your attention on the presenter/topic.

✓ Ask questions of the presenter to clarify your understanding.

✓ Be fully engaged and ready to participate in the session to your fullest ability.

• **Act safe:**

✓ Maintain an open, and safe learning environment.

✓ Clean your workspace at the end of each class.

• **Responsible:**

✓ Be at your seat and ready to learn at the announced start time.

✓ Return from lunch and breaks on time.

I have reviewed the above Guidelines, AMAP policy, and training expectations, and agree to adhere to the requirements for this course.

Employee Signature

Brian Daly  
Employee Print Name

Date

8/11/25



Brookville Center  
for Children's Services



Citizens Options  
Unlimited

## LEARNING & PROFESSIONAL DEVELOPMENT

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• Act safe:

- ✓ Maintain an open, and safe learning environment.
- ✓ Clean your workspace at the end of each class.

• Responsible:

- ✓ Be at your seat and ready to learn at the announced start time.
- ✓ Return from lunch and breaks on time.

I have reviewed the above Guidelines, AMAP policy, and training expectations, and agree to adhere to the requirements for this course.

Employee Signature

Yevina Miller

Employee Print Name

Yevina Miller

Date

08/11/25



Brookville Center  
for Children's Services



Citizens Options  
Unlimited

## LEARNING & PROFESSIONAL DEVELOPMENT

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• Act safe:

- ✓ Maintain an open, and safe learning environment.
- ✓ Clean your workspace at the end of each class.

• Responsible:

- ✓ Be at your seat and ready to learn at the announced start time.
- ✓ Return from lunch and breaks on time.

I have reviewed the above Guidelines, AMAP policy, and training expectations, and agree to adhere to the requirements for this course.

Employee Signature

*[Handwritten Signature]*

Employee Print Name

Timmy Hobert

Date

04/11/2025



Brookville Center  
for Children's Services



Citizens Options  
Unlimited

## LEARNING & PROFESSIONAL DEVELOPMENT

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• Responsible:

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- ✓ Return from lunch and breaks on time.

I have reviewed the above Guidelines, AMAP policy, and training expectations, and agree to adhere to the requirements for this course.

Employee Signature

Employee Print Name

Date  
8/11/25

*[Handwritten Signature]*  
*Bobby Taylor*

8/12/2025  
(Date)

Naphthalie Ceveilla  
(Name of Employee)

I regret to inform you that you did not pass the Medication Administration for Direct Support Staff (AMAP) course. To pass this course, you must score at least 80% on each exam, demonstrate an understanding of AMAP policies and procedures, and perform a medication pass successfully. Please see below for further details from your instructor regarding the outcome of your training.

- X Did not pass the initial exam with a grade within the range required to remediate and must retake the course (Note: staff can remediate one exam only with a grade between 70 to 79% and must score at least 80% or higher to pass).

Exam 1/Exam 2 (Circle one)

Grade: 54%

- \_\_\_\_\_ Did not pass the retest after being provided the opportunity to remediate and must retake the course.

Retested on Exam 1/Exam 2 (Circle one)

Grade: \_\_\_\_\_

- \_\_\_\_\_ Passed both exams but requires additional practice with pouring, administering, and/or recording medications.

It is recommended that you re-enroll in the AMAP course, which can be done via Relias or by contacting the Learning and Professional Development Administrator at (516) 293-2016 x 5145. If you require additional practice with pouring medications, please schedule a pouring practice session with your instructor. To facilitate your learning, you should also review the course materials provided, as they may help you better understand the material before re-enrolling in the class.

Sincerely,

Alexis Bethea, BON, RN  
(Name and Title of Instructor)



AMAP EXAM #1 ANSWER SHEET

NAME: Heptelia Corvillo

DATE: 8/17/2025

✓ 1. a

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

✓ a. QD 4

✓ b. HS 3

✓ c. PRN 1

✓ d. PO 5

✗ e. BID 2

✗ f. TID 6

1. As Needed

2. Three times daily

3. Bedtime

4. Daily

5. By mouth

6. Twice a day

-.5

54.1

✓ 3. a

✗ 4. b -2

✓ 5. b

✓ 6. d

✓ 7. a

8. a

✓ a. DOE john

✓ b. amoxicillin 500mg

✓ c. take 1 capsule 3 times a day

✓ 9. a

✓ 10. C

✓ 11. b

✗ 12. D -2

✗ 13. B -2

✓ 14. a

✗ 15. b -2

✗ 16. a -2

✗ 17. b -2

✗ 18. c -2

✓ 19. b

✓ 20. C

14.9

34.  a. name of medicine  
 b. purpose of the 11  
 c. effect on the interlocutors  
 d. time long for it to work  
 e. medication  
 f. any medicines with current meds  
 g. special address/meds / organs  
 35. a. 2

-1

32.  a. 1000mg  
 b. 500mg  
 c. 1  
 d. also time  
 33. D. -2

-1

23.  a. 1000mg  
 b. 500mg  
 c. 1  
 d. also time t: D  
 24. C. -2  
 25. b. -2  
 26. D. -2  
 27. b. -2  
 28. -2  
 29. a. -2  
 30. C. -2  
 31. D. -2  
 32.

-2

21. C. -2  
 22. b. -2

✓ 36. k

✓ 37. b

✗ 38. b -2

39.

✓ a. route \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

f. \_\_\_\_\_

-1.5

✗ 40. b -2

✗ 41. c -2

✓ 42. c

✓ 43. a

✗ 44. b -2

✓ 45. b

✓ 46. a

✓ 47. a

✓ 48. b

✓ 49. a

✗ 50. b -2

-11.5



# AMAP EXAM #1 ANSWER SHEET

NAME: EDDY JUNIOR ETEHRE

DATE: 08/12/2025

- ✓ 1. A
2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

- |                   |                      |
|-------------------|----------------------|
| ✓ a. QD <u>4</u>  | 1. As Needed         |
| ✓ b. HS <u>3</u>  | 2. Three times daily |
| ✓ c. PRN <u>1</u> | 3. Bedtime           |
| ✓ d. PO <u>5</u>  | 4. Daily             |
| ✓ e. BID <u>6</u> | 5. By mouth          |
| ✓ f. TID <u>2</u> | 6. Twice a day       |

70.5!

- ✓ 3. A
- X 4. B -2
- ✓ 5. B
- ✓ 6. D
- X 7. B -2
- 8.

- ✓ a. DOE JHON
- ✓ b. Amoxicillin ~~tablet~~
- ✓ c. 3 times a day

- ✓ 9. A
- ✓ 10. C
- ✓ 11. B
- X 12. B -2
- X 13. B -2
- ✓ 14. A
- ✓ 15. A
- X 16. A -2
- X 17. A -2
- X 18. C -2
- ✓ 19. B
- ✓ 20. C

- 35. C ✓ -2
- B. ✓
- F. ✓
- e. ✓ diffuse reaction/sign
- d. ✓ Long
- c. ✓ INDIVIDUAL
- b. ✓ Purpose
- a. ✓ NAME

34.

- 33. B ✓
  - d. X BID
  - c. X PO
  - b. X Z
  - a. ✓ 500 mg
- 1.5

32.

- 31. D X -2
  - 30. E ✓
  - 29. # ✓
  - 28. X -2
  - 27. B ✓
  - 26. D ✓
  - 25. # ✓
  - 24. D X -2
  - d. X ~~Neopain ointment~~
  - c. ✓ tree trunks daily
  - b. X knee
  - a. X L/skin
- 1.5

23.

- 22. B X -2
- 21. C ✓

✓ 36. B

✓ 37. B

✓ 38. A

39.

✓ a. Name of Medication

X b. name of the doctor

✓ c. name of the individual

✓ d. dosage

✓ e. time

-.5

X f. \_\_\_\_\_

✓ 40. A

✓ 41. B

✓ 42. C

✓ 43. A

✓ 44. A

✓ 45. B

✓ 46. A

X 47. B

-2

✓ 48. B

✓ 49. A

✓ 50. C

(25)



AMAP EXAM #1

NAME: EDDY JUNIOR ETIENNE

DATE: 08/12/2025

✓ 1. A

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

- ✓ a. QD 4
- ✓ b. HS 3
- ✓ c. PRN 1
- ✓ d. PO 5
- ✓ e. BID 6
- ✓ f. TID 2

- 1. As Needed
- 2. Three times daily
- 3. Bedtime
- 4. Daily
- 5. By mouth/Oral
- 6. Twice a day

82.5t.

✓ 3. A

✓ 4. C

✓ 5. B

✓ 6. D

x 7. B -2

8.

- ✓ a. DOE Jhon
- ✓ b. AMOXICILLIN
- ✓ c. 3 times a day

✓ 9. A

✓ 10. C

✓ 11. B

x 12. B -2

x 13. B -2

✓ 14. A

✓ 15. A

✓ 16. C

✓ 17. C

✓ 18. B

✓ 19. B

✓ 20. C

(-6)

unc

(9)

- 35. C ✓ -2
- a. ✓ NAME
- b. ✓ Purpose
- c. ✓ Individual
- d. ✓ Long
- e. ✓ adaptive reactions/signs
- f. ✓ infections
- g. ✓ infections

34.

- 33. B ✓
  - a. ✓ 500
  - b. X 2 caps
  - c. X PO
  - d. X BID
- 1.5

32.

- 31. # X -2
  - 30. E ✓
  - 29. # ✓
  - 28. B ✓
  - 27. B ✓
  - 26. D ✓
  - 25. # ✓
  - 24. # ✓
  - a. ✓ C/Skin
  - b. X Knee
  - c. ✓ three times per day
  - d. X neopram ointment
- 1.5

23.

- 21. C ✓
- 22. B X -2

✓ 36. B

✓ 37. B

✓ 38. A

39.

✓ a. Name

b. Route

✓ c. Amount

✓ d. Medication

✓ e. Person

✓ f. Signature

-.5

✓ 40. A

✓ 41. B

✓ 42. C

✓ 43. A

✓ 44. A

✓ 45. B

✓ 46. A

✗ 47. B -2

✓ 48. B

✓ 49. A

✓ 50. C

(2.5)



AMAP EXAM #1 ANSWER SHEET

NAME: Karen Jarrett Viana Corrasco

DATE: 8/12/2025

- ✓ 1. a
- 2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.
  - ✓ a. QD 4                      1. As Needed
  - ✓ b. HS 3                        2. Three times daily
  - ✓ c. PRN 1                       3. Bedtime
  - ✓ d. PO 5                        4. Daily
  - ✓ e. BID 6                        5. By mouth
  - ✓ f. TID 2                        6. Twice a day
- ✓ 3. a
- ✓ 4. c
- ✓ 5. b
- ✓ 6. d
- ✓ 7. a
- 8.
  - ✓ a. Doe John
  - ✓ b. Amoxicillin
  - ✓ c. 3 times a day
- ✓ 9. a
- ✓ 10. c
- ✓ 11. b
- ✓ 12. c
- ✓ 13. a
- ✓ 14. a
- ✓ 15. a
- ✗ 16. a -2
- ✗ 17. b -2
- ✓ 18. b
- ✓ 19. b
- ✓ 20. c

891.

(-3)

35. d ✓

g. instructions

f. interactions

e. adverse reaction/signs

d. long

c. individual

b. Purpose

a. Name

34.

33. b ✓

d. Two times per day

c. by mouth orally

b. 2 caps X

a. 500 mg ✓

32.

31. b ✓

30. e ✓

29. a ✓

28. b ✓

27. c X

-2

26. d ✓

25. a ✓

24. a ✓

d. thin layer

c. three times per day

b. Left knee

a. directly to the skin ✓

-5

23.

22. a ✓

21. c ✓

✓ 36. b

✓ 37. b

✓ 38. a

39.

✓ a. Time

✓ b. Route

✓ c. Amount

✓ d. Medication

✓ e. Person/Individual

✓ f. Signature/documentation

✓ 40. a

✓ 41. b

✓ 42. c

✓ 43. a

✓ 44. a

✓ 45. b

✓ 46. a

✓ 47. a

✗ 48. c -2

✓ 49. a

✗ 50. d -2



# AMAP EXAM #1 ANSWER SHEET

NAME: Jaasia Smith

DATE: 8/12/2025

✓ 1. A

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

✓ a. QD 4

✓ b. HS 3

✓ c. PRN 1

✓ d. PO 5

✓ e. BID 6

✓ f. TID 2

~~1.~~ As Needed

~~2.~~ Three times daily

~~3.~~ Bedtime

~~4.~~ Daily

~~5.~~ By mouth

~~6.~~ Twice a day

871.

✓ 3. A

✓ 4. C

✓ 5. B

✓ 6. D

✓ 7. A

8.

✓ a. John Doe

✓ b. Amoxicillin

✓ c. 3 times a day

✓ 9. A

✓ 10. C

✓ 11. B

x 12. B -2

✓ 13. A

✓ 14. A

x 15. B -2

✓ 16. C

x 17. A -2

✓ 18. B

✓ 19. B

✓ 20. C

6

12.5  
+12.5  
-----  
25.0

(3)

35.  B  
 g. special instructions  
 f. interactions  
 e. Adverse reactions/signs  
 d. Long  
 c. Individual  
 b. Purpose  
 a. Name

34.  
 33.  B  
 d. 2 times ~~swallow~~  
 c. by mouth  
 b. 2 capsules -5  
 a. 500mg

32.  
 31.  B ~~with~~  
 30.  E  
 29.  A  
 28.  B  
 27.  C -2  
 26.  D  
 25.  A  
 24.  A  
 d. thin layer  
 c. 3 times  
 b. left knee  
 a. Directly on skin -5

23.  
 22.  A  
 21.  C

✓ 36. B

✓ 37. B

✓ 38. A

39.

✓ a. T - Time

✓ b. R - Route / Reason

✓ c. A - Amount

✓ d. M - Medications

✓ e. P - Person

✓ f. S - Signature.

✓ 40. A

✓ 41. B

✓ 42. C

✓ 43. A

✓ 44. A

✓ 45. B

✓ 46. A

✗ 47. B -2

✗ 48. C -2

✓ 49. A

✓ 50. C



AMAP EXAM #1 ANSWER SHEET

NAME:

Tamika Mitchell

DATE:

8-12-25

✓ 1. A

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

✓ a. QD 4

1. As Needed

✓ b. HS 3

2. Three times daily

✓ c. PRN 1

~~3. Bedtime~~

✓ d. PO 5

~~4. Daily~~

✓ e. BID 6

~~5. By mouth~~

✓ f. TID 2

~~6. Twice a day~~

86.51.

✓ 3. A

x 4. B - 2

✓ 5. B

✓ 6. D

✓ 7. A

8.

✓ a. John Doe

✓ b. Amoxicillin 500mg

✓ c. 3 times a day

✓ 9. A

✓ 10. C

✓ 11. B

x 12. D - 2

✓ 13. A

✓ 14. A

✓ 15. A

x 16. A - 2

x 17. A - 2

✓ 18. B

✓ 19. B

✓ 20. C

8

~~name~~  
~~Purpose~~  
~~Instructions~~  
~~Individual~~  
~~Interaction~~  
~~action~~

-5.5

- 35.  D
- 34.  B
- 33.  B
- 32.  a
- 31.  C
- 30.  F
- 29.  H
- 28.  B
- 27.  A
- 26.  D
- 25.  A
- 24.  A
- 23.  A
- 22.  A
- 21.  C
- 20.  a
- 19.  b
- 18.  c
- 17.  d
- 16.  a
- 15.  b
- 14.  c
- 13.  d
- 12.  e
- 11.  f
- 10.  g
- 9.  a
- 8.  b
- 7.  c
- 6.  d
- 5.  e
- 4.  f
- 3.  g
- 2.  a
- 1.  b

name  
 Purpose  
 Individual  
 long  
 Reaction  
 Interactions  
 Instructions

twice a day  
 by mouth  
 2 caps -5

3x day  
 left knee 3x day  
 no dosage -5

skin -5  
 3x day  
 no dosage -5

✓ 36. B

✓ 37. B

✓ 38. A

39.

✓ a. Time

✓ b. Route

✓ c. Amount

✓ d. Medication

✓ e. Person

✓ f. Signature

✓ 40. A

✓ 41. B

✓ 42. C

✓ 43. A

✓ 44. A

✓ 45. B

✓ 46. A

✓ 47. A

✓ 48. B

✓ 49. A

✓ 50. C

90/2

AMAP EXAM #1 ANSWER SHEET

NAME: Cheryl Aviceq

DATE: 8/12/25

✓ 1. A

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

✓ a. QD 4

✓ b. HS 3

✓ c. PRN 1

✓ d. PO 5

✓ e. BID 6

✓ f. TID 2

1. As Needed

2. Three times daily

3. Bedtime

4. Daily

5. By mouth

6. Twice a day

9/6.5/1

✓ 3. A

✓ 4. C

✓ 5. B

✓ 6. D

✓ 7. A

8.

✓ a. John Dor

✓ b. Amoxicillin

✓ c. Three

✓ 9. A

✓ 10. C

✓ 11. B

✓ 12. C

✓ 13. A

✓ 14. A

✓ 15. A

✓ 16. C

✓ 17. C

✓ 18. B

✓ 19. B

✓ 20. C

35. ✓ D ✓

g. ✓

f. ✓

e. ✓

d. ✓

c. ✓

b. ✓

a. ✓

- Name
- Purpose
- Individual
- Long
- Adverse reactions/signs
- Adverse reactions/signs
- Instructions

Interaction

34.

33. ✓ B ✓

d. ✓

c. ✓

b. X

a. ✓

- 500
- 2
- Mouth
- Twice Daily

32.

31. ✓ B ✓

30. X A -2

29. ✓ A ✓

28. ✓ B ✓

27. ✓ B ✓

26. ✓ D ✓

25. ✓ A ✓

24. ✓ A ✓

d. Thin layer

c. Three

b(1) Kneec

a. Topically

23.

22. ✓ A ✓

21. ✓ C ✓

✓ 36. B

✓ 37. B

✓ 38. A

39.

✓ a. Time

✓ b. Route

✓ c. ~~Amount~~ Dose

✓ d. medication

✗ e. Cause

✗ f. side affects

-1

✓ 40. A

✓ 41. B

✓ 42. C

✓ 43. A

✓ 44. A

✓ 45. B

✓ 46. A

✓ 47. A

✓ 48. B

✓ 49. A

✓ 50. C

Ⓛ



AMAP EXAM #1 ANSWER SHEET

NAME: Ebony Taylor

DATE: 8/12/25

✓ 1. A

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

✓ x a. QD 5

1. As Needed

✓ x b. HS 6

2. Three times daily

✓ c. PRN 1

3. Bedtime

✓ x d. PO 4

4. Daily

-1.5

✓ x e. BID 3

5. By mouth

✓ f. TID 2

6. Twice a day

81.5

✓ 3. A

✓ 4. C

✓ 5. B

✓ 6. D

✓ 7. A

8.

✓ a. ~~Amoxicillin~~ Doe, Jone

✓ b. Amoxicillin

✓ ~~3 tabs~~ 3x a day

✓ 9. A

✓ 10. C

✓ 11. B

✓ x 12. B -2

✓ 13. A

✓ 14. A

✓ 15. A

✓ 16. C

✓ x 17. ~~A~~ D -2

✓ 18. B

✓ 19. B

✓ 20. C

-5.5

-9

35. X

B-2

Name  
 Purpose  
 Individual  
 Long  
 Adverse reaction/sign  
 Interactions  
 Instructions

a. ✓  
 b. ✓  
 c. ✓  
 d. ✓  
 e. ✓  
 f. ✓

34.

33. B

~~Food~~  
 By mouth locally  
 1 -5

a. ✓  
 b. ✓  
 c. ✓  
 d. X

32.

31. B

30. A -2

29. A

28. A -2

27. B

26. D

25. A

24. C -2

Topically  
 Left knee  
 AS needed  
 Thin layer

a. ✓  
 b. ✓  
 c. X  
 d. ✓

-5

23.

22. A

21. C

✓ 36. B

✓ 37. B

✓ 38. A

39.

X

-2

- a. Topically - over the skin
- b. Orally - By mouth
- c. eyes - Drops in eyes
- d. NOSE - Nasal ~~⊗~~
- e. Rectum - Anal
- f. Injection - shot

✓ 40. A

✓ 41. B

✓ 42. C

✓ 43. A

✓ 44. A

✓ 45. B

✓ 46. A

✓ 47. A

X 48. C

-2

✓ 49. A

✓ 50. C

(-4)



AMAP EXAM #1 ANSWER SHEET

NAME: Shyllis Turner

DATE: 8/12/25

✓ 1. A

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

✓ a. QD 4

✓ b. HS 3

✓ c. PRN 1

✓ d. PO 5

✗ e. BID 2

✗ f. TID 6

1. As Needed

2. Three times daily

3. Bedtime

4. Daily

5. By mouth

6. Twice a day

84.5 T.

✓ 3. A

✗ 4. ~~B~~ - B -2

✓ 5. ~~B~~ - B

✓ 6. ~~B~~ - D

✓ 7. A

8.

✓ a. Doc, John

✓ b. amoxicillin

✓ c. 3x Daily

✓ 9. A

✓ 10. C

✓ 11. ~~B~~ - B

✗ 12. D -2

✓ 13. A

✓ 14. A

✓ 15. A

✓ 16. C

✗ 17. D -2

✓ 18. ~~B~~ B

✓ 19. ~~B~~

✓ 20. C

-6.5

- 35. ✓ D
- 34. ✓ a. ✓ b. ✓ c. ✓ d. ✓ e. ✓ f. ✓ g. ✓
- 33. ✓ B
- 32. ✓ a. ✓ b. X c. ✓ d. ✓
- 31. X D -2
- 30. X B -2
- 29. ✓ A
- 28. ✓ B
- 27. X A -2
- 26. ✓ D
- 25. ✓ A
- 24. ✓ A
- 23. ✓ a. ✓ b. ✓ c. X d. ✓
- 22. ✓ A
- 21. ✓ C

SKIN - topical  
 b. ✓ left knee  
 c. X twice daily  
 d. ✓ 2 caps. Minigrek

a. ✓ 500 mg  
 b. X 2 caps -2  
 c. ✓ mouth  
 d. ✓ twice daily

a. ✓ Name  
 b. ✓ Purpose  
 c. ✓ Individual  
 d. ✓ Long  
 e. ✓ adverse reactions/signs  
 f. ✓ interactions  
 g. ✓ Instructions

- ✓ 36. B
- ✓ 37. B
- ✓ 38. A

39.

- ✓ a. T - Time. -.5
- ✓ b. R - Route
- c. A - administer - amount
- d. m - medication.
- ✓ e. P - ~~Person~~ - Person / Individual
- ✓ f. S - Sign.

- ✓ 40. A
- ✓ 41. B
- ✓ 42. C
- ✓ 43. A
- ✓ 44. A
- ✓ 45. B
- ✓ 46. A
- ✓ 47. A
- ✓ 48. B
- ✓ 49. A
- ✓ 50. C

○ -.5



AMAP EXAM #1 ANSWER SHEET

NAME: Brian Daly

DATE: 8/12/25

✓ 1. A

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

✓ a. QD 4

✓ b. HS 3

✓ c. PRN 1

✓ d. PO 5

✓ e. BID 6

✓ f. TID 2

- 1. As Needed
- 2. Three times daily
- 3. Bedtime
- 4. Daily
- 5. By mouth
- 6. Twice a day

93.5/11

✓ 3. A

✓ 4. C

✓ 5. B

✓ 6. D

✓ 7. A

8.

✓ a. John Doe

✓ b. Amoxicillin 500mg

✓ c. 3

✓ 9. A

✓ 10. C

✓ 11. B

✓ 12. C

✓ 13. A

✓ 14. A

✗ 15. AB-2

✓ 16. C

✗ 17. A-2

✓ 18. B

✓ 19. B

✓ 20. C

35. D ✓

Instructions

B ✓

Interactions

F ✓

adverse reactions/signs

E ✓

long

D ✓

individual

C ✓

Purpose

B ✓

Name

A ✓

34.

33. B ✓

the ice today

D ✓

Orally

C ✓

1000 Mg

B ✓

500 Mg

A ✓

32.

31. B ✓

30. E ✓

29. A ✓

28. B ✓

27. B ✓

26. D ✓

25. A ✓

24. A ✓

from before

D ✓

3 times daily

C ✓

SKIN RASH

B X ✓

and the medication is taken topically

A ✓

23.

22. A ✓

21. C ✓

✓ 36. B

✓ 37. B

✓ 38. A

X 39. - 2

a. ~~refusal to refuse~~ refusal

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

f. \_\_\_\_\_

✓ 40. A

✓ 41. B

✓ 42. C

✓ 43. A

✓ 44. A

✓ 45. B

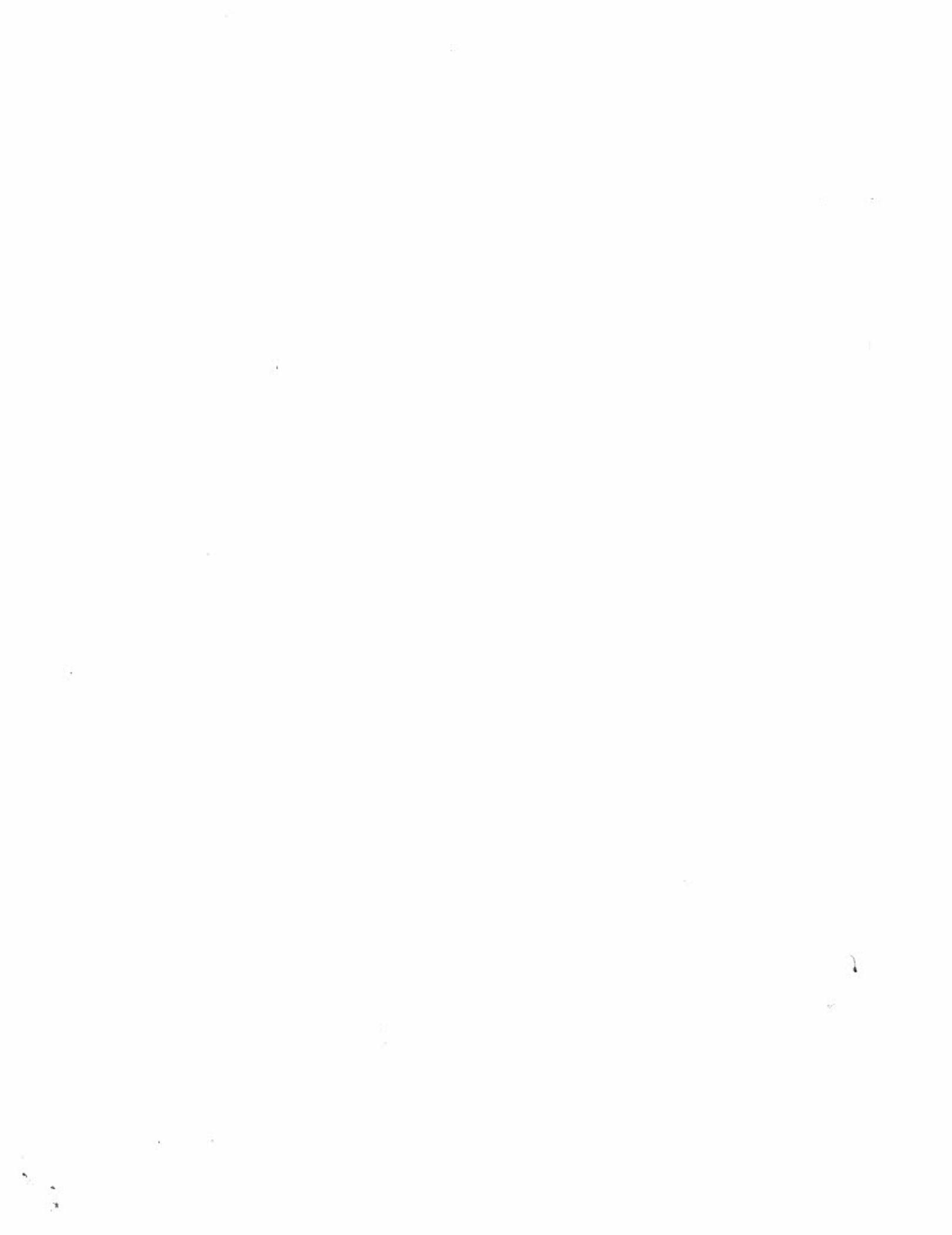
✓ 46. A

✓ 47. A

✓ 48. B

✓ 49. A

✓ 50. C



AMAP EXAM #1 ANSWER SHEET

08/12/25

NAME: Keivina Miller

DATE: 08/12/25 2

- ✓ 1. a
- 2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

- |                   |                                |
|-------------------|--------------------------------|
| ✓ a. QD <u>4</u>  | <del>✓</del> As Needed         |
| ✓ b. HS <u>3</u>  | <del>✓</del> Three times daily |
| ✓ c. PRN <u>1</u> | <del>✓</del> Bedtime           |
| ✓ d. PO <u>5</u>  | <del>✓</del> Daily             |
| ✓ e. BID <u>6</u> | <del>✓</del> By mouth          |
| ✓ f. TID <u>2</u> | <del>✓</del> Twice a day       |

85.51

- ✓ 3. a
- ~~✓~~ 4. b - 2
- ✓ 5. b
- ✓ 6. d
- ~~✓~~ 7. b - 2
- 8.

- ✓ a. John Doe
- ✓ b. Amoxicillin
- ✓ c. 3 times a day

- ✓ 9. a
- ✓ 10. C
- ✓ 11. b
- ✓ 12. C
- ✓ 13. a
- ✓ 14. a
- ✓ 15. a
- ~~✓~~ 16. ~~a~~ - 2
- ~~✓~~ 17. ~~b~~ - 2
- ✓ 18. b
- ✓ 19. b
- ✓ 20. C

-7

35. d ✓

- a. name
- b. purpose
- c. individual
- d. long
- e. adverse reactions/signs
- f. interactions
- g. instructions

34.

33. b ✓

- a. 500 mg
- b. ~~1000 mg~~ or 2 caps
- c. orally
- d. 2 times a day

32.

31. d X ✓

30. a X ✓

29. a ✓

28. b ✓

27. b ✓

26. d ✓

25. a ✓

24. a ✓

- a. topically
- b. left knee
- c. 3 times a day
- d. thin layer

23.

22. a ✓

21. c ✓

✓ 36. b

✓ 37. D

✓ 38. a

39.

✓ a. time

✓ b. route

✓ c. administration

✓ d. medication

✓ e. person

✓ f. s ?

-0.5

✓ 40. a

✓ 41. b

✓ 42. C

✓ 43. a

✓ 44. a

✓ 45. D

✓ 46. a

✓ 47. a

✓ 48. D

✓ 49. a

✗ 50. a -2

(-2.5)



AMAP EXAM #1 ANSWER SHEET

NAME: TAMMY Hobot

DATE: 08/12/2025

✓ 1. A

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

✓ a. QD 4

✓ b. HS 3

✓ c. PRN 1

✓ d. PO 5

✓ e. BID 6

✓ f. TID 2

1. As Needed

2. Three times daily

3. Bedtime

4. Daily

5. By mouth

6. Twice a day

901

✓ 3. A

✓ 4. C

✓ 5. B

✓ 6. D

✗ 7. B -2

8.

✓ a. John, Doe

✓ b. Amoxicillin

✓ c. 3 Times A Day

✓ 9. A

✓ 10. C

✓ 11. B

✗ 12. D

✓ 13. A

✓ 14. A

✓ 15. A

✗ 16. A -2

✓ 17. C

✓ 18. B

✗ 19. C -2

✓ 20. C

6

(-4)

35. D ✓

- ✓ b. Instructions
- ✓ f. Interactions
- ✓ e. Adverse reactions / signs
- ✓ d. long
- ✗ c. purpose
- ✗ b. name
- ✗ a. Individual

-1

34.

33. B ✓

- ✓ a. 500 mg
- ✓ b. 1000 mg
- ✓ c. oral
- ✓ d. one 0

-5

32.

31. B ✓

30. C ✗ -2

29. A ✓

28. B ✓

27. B ✓

26. D ✓

25. A ✓

24. A ✓

- ✗ a. antment cream
- ✓ b. Left knee
- ✓ c. 3 times daily
- ✓ d. thin layer

-5

23.

22. A ✓

21. C ✓

✓ 36. B

✓ 37. B

✓ 38. A

39.

✓ a. T - Time

✓ b. R - Route

✓ c. A - Amount

✓ d. M - Medication

✓ e. P - Person

✓ f. S - Signiture

✓ 40. A

✓ 41. B

✓ 42. C

✓ 43. A

✓ 44. A

✓ 45. B

✓ 46. A

✓ 47. A

✓ 48. B

✓ 49. A

✓ 50. C



# AMAP EXAM #1 ANSWER SHEET

NAME: Andrew Jean-Paul

DATE: 08-12-2023

1. a.

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

✓ a. QD 4

✓ b. HS 3

✓ c. PRN 1

✓ d. PO 5

✓ e. BID 6

✓ f. TID 2

1. As Needed

2. Three times daily

3. Bedtime

4. Daily

5. By mouth

6. Twice a day

9151

✓ 3. a.

✓ 4. c.

✓ 5. b.

✓ 6. d.

✓ 7. a.

8.

✓ a. John Doe

b. Amoxicillin ~~500mg~~

✓ c. 3 times per day

✓ 9. a.

✓ 10. c.

✓ 11. b.

✓ 12. c.

✓ 13. a.

✓ 14. a.

✓ 15. a.

✗ 16. a. -2

✓ 17. c.

✓ 18. ~~d.~~ b.

✓ 19. b.

✓ 20. c.

-2

- 35. d. ✓
- g. ✓
- f. ✓
- e. ✓
- d. ✓
- c. ✓
- b. ✓
- a. ✓

Name  
 Purpose  
 Individual  
 Long  
 Adverse reactions/signs  
 Interactions  
 Instructions

- 34.
- 33. b. ✓
- d. ✓
- c. ✓
- b. ✓
- a. ✓

500 mg  
~~1,000 mg (2,000 mg daily)~~  
 Oral (by mouth)  
~~twice per day~~  
 two times

- 32.
- 31. b. ✓
- 30. a. X
- 29. a. ✓
- 28. b. ✓
- 27. b. ✓
- 26. d. ✓
- 25. a. ✓
- 24. a. ✓

Topical -  
 Left + knee  
 3 times per day  
 A thin layer

- 23.
- 22. a. ✓
- 21. c. ✓

✓ 36. b.

✓ 37. b.

✓ 38. a.

39.

✓ a. Time

✓ b. Route

✗ c. Dosage

✓ d. Medication

○ e. Individual

○ f. Documentation

-5

✓ 40. a.

✓ 41. b.

✓ 42. c.

✓ 43. a.

✓ 44. a.

✓ 45. b.

✓ 46. a.

✓ 47. a.

✗ 48. c.

-2

✓ 49. a.

✗ 50. a.

-2

(-45)

$0 = n^2 + 4$   
 $A = 4$   
 $S = 10$   
22.  
28

AMAP EXAM #1 ANSWER SHEET

NAME: Standley Pierre

DATE: 8/11/25

✓ 1. a

2. Match the abbreviation to its meaning. Write the number for the correct meaning next to the abbreviation.

✓ a. QD 4

✓ b. HS 3

✓ c. PRN 1

✓ d. PO 5

✓ e. BID 6

✓ f. TID 2

1. As Needed

2. Three times daily

3. Bedtime

4. Daily

5. By mouth

6. Twice a day

85%

✓ 3. a

✗ 4. b -2

✓ 5. b

✓ 6. d

✓ 7. a

8.

✓ a. Joe John

✓ b. Amoxicillin 500mg

✓ c. 3 times daily

✓ 9. a

✓ 10. c

✓ 11. b

✓ 12. c

✓ 13. a

✓ 14. a

✓ 15. a

✗ 16. b -2

✗ 17. a -2

✓ 18. b

✓ 19. b

✓ 20. c

10



✓ 36. b

✓ 37. b

✓ 38. a

39. -2

- X
- a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_
  - f. \_\_\_\_\_

✓ 40. a

✓ 41. b

✓ 42. c

✓ 43. a

✓ 44. a

✓ 45. b

✓ 46. a

✓ 47. a

X 48. c -2

✓ 49. a

✓ 50. c



AMAP EXAM #2 ANSWER SHEET

NAME: Kevin Miller

DATE: 08/13/25

91.5

- ✓ 1. C
- ✓ 2. D
- ✓ 3. D
- ✓ 4. A
- ✓ 5. A
- ✓ 6. C
- ✓ 7. B
- ✓ 8. C
- ✓ 9. A
- ✓ 10. A
- ✓ 11. A, C, D
- ✓ 12. A
- ✓ 13. A, B, C, D
- ✓ 14. B
- ✓ 15. A, B -5
- ✓ 16. C
- ✓ 17. D
- ✓ 18. PONS
- ✓ 19. ~~A~~ A
- ✓ 20. E
- ✓ 21. C -1
- ✓ 22. D
- ✓ 23. B
- ✓ 24. B, C, D -5
- ✓ 25. A
- ✓ 26. D
- ✓ 27. C
- ✓ 28. B
- ✓ 29. A

Cardiovascular  
Nervous  
Urinary  
Endocrine  
Reproductive

- 30. a ✓
- 31. a, b, c, d, e, f -5 ✓
- 32. a ✓
- 33. a ✓
- 34. b ✓
- 35. a ✓
- 36. a, b, c, d, e, f & CPR ✓
- 37. Please place the number of the answer on the line with the corresponding vital sign
- a. 4 Blood Pressure ✓
- b. 3 Respirations ✓
- c. 2 Temperature ✓
- d. 1 Pulse ✓
- 38. a ✓
- 39. c ✓
- 40.
- a. bp ✓
- b. respirations ✓
- c. temp ✓
- d. pulse ✓
- 41. in & out ✓
- 42. c ✓
- 43. a ✓
- 44. a ✓
- 45. b -2 ✓
- 46. c ✓
- 47. b, c, d -2 ✓
- 48. b -2 ✓
- 49. c ✓
- 50. b ✓

-65

AMAP EXAM #2 ANSWER SHEET

NAME: Brian Daly

DATE: 8/13/25

- ✓ 1. C
- ✓ 2. B
- ✓ 3. B
- ✓ 4. A
- ✓ 5. A
- X 6. D -2
- ✓ 7. B
- ✓ 8. C
- ✓ 9. A
- ✓ 10. A
- ✓ 11. ACD
- ✓ 12. A
- ✓ 13. ABCD
- ✓ 14. B
- ✓ 15. ABC
- ✓ 16. C
- ✓ 17. D
- ✓ 18. DONS
- ✓ 19. A
- ✓ 20. E
- ✓ 21. ABC
- ✓ 22. D
- ✓ 23. B
- ✓ 24. ABCD
- ✓ 25. A
- X 26. B -2
- ✓ 27. C
- ✓ 28. B
- ✓ 29. A

gast.

65

37. Please place the number of the answer on the line with the corresponding vital sign
- 30.  B -2
  - 31.  ABCDEF -5
  - 32.  A
  - 33.  A
  - 34.  A -2
  - 35.  A
  - 36.  qll & crr
37. Please place the number of the answer on the line with the corresponding vital sign
- a.  4 Blood Pressure
  - b.  3 Respirations
  - c.  2 Temperature
  - d.  1 Pulse
- 38.  A
  - 39.  C
  - 40.
  - a.  Blood Pressure
  - b.  Respirations
  - c.  Temperature
  - d.  Pulse
- 41.  in & out
  - 42.  C
  - 43.  A
  - 44.  A
  - 45.  A
  - 46.  C
  - 47.  E
  - 48.  ~~B~~ -2
  - 49.  C
  - 50.  B

AMAP EXAM #2 ANSWER SHEET

NAME: Shyllis Vener

DATE: 8/13/25

81.5%

- ✓ 1. C
- ✓ 2. B
- ✓ 3. B
- ✓ 4. A
- ✓ 5. A
- ✓ 6. B C
- ✓ 7. B
- ✓ 8. C
- ✓ 9. A
- ✓ 10. A
- ✗ 11. ~~A~~ C -1
- ✓ 12. A
- 13. C -1
- ✗ 14. ~~B~~ A -2
- 15. B C -1
- ✗ 16. A -2
- ✓ 17. D
- ✓ 18. PONS
- ✓ 19. A
- ✓ 20. ~~A~~
- 21. C -1
- ✓ 22. D
- ✓ 23. B
- 24. B -1
- ✓ 25. A
- ✗ 26. ~~B~~ -2
- ✓ 27. C
- ✓ 28. B
- ✓ 29. A

11

st-

37. Please place the number of the answer on the line with the corresponding vital sign

- 30. ✓ A
- 31. ✓ C -15
- 32. ✓ A
- 33. ✓ A
- 34. ✓ B
- 35. ✓ A
- 36. ✓ 911 & CPR

- a. ✓ 4 Blood Pressure
- b. ✓ 3 Respirations
- c. ✓ 7 Temperature
- d. ✓ 2 Pulse

- 40. ✓
- a. ✓ Temperature
- b. ✓ Pulse
- c. ✓ Respirations
- d. ✓ Blood Pressure

- 41. ✓ C
- 42. ✓ C
- 43. ✓ A
- 44. ✓ A
- 45. ✓ B -2
- 46. ✓ B
- 47. ✓ B -2
- 48. ✓ B
- 49. ✓ B
- 50. ✓ B

AMAP EXAM #2 ANSWER SHEET

NAME: Cheryl Alice

DATE: 8/13/20 JK

- ✓ 1. C
- ✓ 2. B
- ✓ 3. B
- ✓ 4. A
- ✓ 5. A
- X 6. B -2
- ✓ 7. B
- ✓ 8. C
- ✓ 9. A
- ✓ 10. A
- 11. A -1
- ✓ 12. A
- ✓ 13. A, B, C, D
- ✓ 14. B
- 15. B -1
- ✓ 16. C
- ✓ 17. D
- ✓ 18. PONS
- ✓ 19. A
- X 20. A -2
- 21. C -1
- ✓ 22. D
- ✓ 23. B
- 24. A, B, C -.5
- X 25. B -2
- X 26. B -2
- ✓ 27. C
- ✓ 28. B
- ✓ 29. A

87%

15

- 50. B ✓
- 49. C ✓
- 48. D ✓
- 47. e ✓
- 46. C ✓
- 45. A ✓
- 44. A ✓
- 43. A ✓
- 42. C ✓

41. info & ~~...~~ EXPERIENCE ✓
- a. Blood Pressure ✓
  - b. Temperature ✓
  - c. Pulse ✓
  - d. Respiration ✓

40.

- 39. C ✓
- 38. A ✓

- a. 4 Blood Pressure ✓
- b. 3 Respirations ✓
- c. 2 Temperature ✓
- d. 1 Pulse ✓

37. Please place the number of the answer on the line with the corresponding vital sign

- 36. GILL & COR ✓
- 35. A ✓
- 34. B ✓
- 33. A ✓
- 32. A ✓
- 31. B, C, D, E ✓
- 30. A ✓

AMAP EXAM #2 ANSWER SHEET

NAME: Karem Janeth (Kiana) Carrasco

DATE: 8/13/2025

- ✓ 1. c
- ✓ 2. b
- ✓ 3. b
- ✓ 4. a
- ✓ 5. a
- ✓ 6. c
- ✓ 7. b
- ✓ 8. c
- ✓ 9. a
- ✓ 10. a
- ✓ 11. a, c, d
- ✓ 12. a
- ✓ 13. a, b, c, d
- ✓ 14. b
- ✓ 15. a, b, c
- ✓ 16. c
- ✓ 17. d
- ✓ 18. pons
- ✓ 19. a
- ✓ 20. e
- ✓ 21. a, b, c
- ✓ 22. d
- ✓ 23. b
- 24. a, b, c -.5
- x 25. b -2
- x 26. b -2
- ✓ 27. c
- ✓ 28. b
- ✓ 29. a

911

4.5

- 30. b -2
- 31. a, b, c, d, e, f -5
- 32. a
- 33. a
- 34. a -2
- 35. a
- 36. gill & CPR
- 37. Please place the number of the answer on the line with the corresponding vital sign
  - a. 4 Blood Pressure
  - b. 3 Respirations
  - c. 2 Temperature
  - d. 1 Pulse
- 38. a
- 39. c
- 40.
  - a. Temperature
  - b. Pulse
  - c. Blood Pressure
  - d. Respirations
- 41. in & out
- 42. c
- 43. a
- 44. a
- 45. a
- 46. c
- 47. e
- 48. d
- 49. c
- 50. b

AMAP EXAM #2 ANSWER SHEET

NAME: Jaasia Smith

DATE: 8/13/2025

✓ 1. C

✓ 2. B

✓ 3. B

✓ 4. A

✓ 5. A

✓ 6. C

✓ 7. B

✓ 8. C

✓ 10. A

✓ 11. A, C, D

✓ 12. A

13. A, C -1

✓ 14. A

15. A, B -5

16. C

x 17. D -2

x 18. aura -2

✓ 19. A

✓ 20. E

✓ 21. A, B, C

✓ 22. D

23. B

24. A, C, B -5

✓ 25. A

✓ 26. D

✓ 27. C

✓ 28. B

✓ 29. A

89.5

5

-2

- 50. ✓ B
- 49. ✓ C
- 48. ✓ D
- 47. ✓ E
- 46. ✓ C
- 45. ✗ B -2
- 44. ✓ A
- 43. ✓ A
- 42. ✓ C

- 41. ✓ IN & OUT
- d. ✓ Respiration
- c. ✓ Blood Pressure
- b. ✓ Pulse
- a. ✓ Temp

- 40. ✓ C
- 39. ✓ C
- 38. ✓ A

- d. ✓ 1 Pulse
- c. ✓ 2 Temperature
- b. ✓ 3 Respiration
- a. ✓ 4 Blood Pressure

37. Please place the number of the answer on the line with the corresponding vital sign

- 36. ✓ 911 & CPR
- 35. ✓ A
- 34. ✓ B
- 33. ✓ A
- 32. ✓ A
- 31. ✓ B, C, D, E, ✗ -5
- 30. ✓ A

AMAP EXAM #2 ANSWER SHEET

NAME: Jasnia Smith

DATE: 8/13/2025

79.5%

- ✓ 1. C
- ✓ 2. B
- ✓ 3. B
- ✓ 4. A
- ✓ 5. A
- ✓ 6. C
- ✓ 7. B
- ✓ 8. C
- ✗ 9. B -2
- ✓ 10. A
- ✓ 11. A, C, D
- ✓ 12. A
- 13. A, C -1
- ✗ 14. A -2
- 15. A, B -5
- ✓ ? 16. C
- ✓ ? 17. D
- ✗ 18. aura -2
- ✓ 19. A
- ✓ 20. E
- ✓ 21. A, B, C
- ✓ ? 22. D
- ✗ ? 23. C -2
- 24. A, B, D -5
- ✓ 25. A
- ✗ ? 26. A -2
- ✓ 27. C
- ✗ 28. X -2
- ✓ 29. A

37. Please place the number of the answer on the line with the corresponding vital sign

- ✓ a. 24 Blood Pressure
- ✓ b. 3 Respirations
- ✓ c. 2 Temperature
- ✓ d. 1 Pulse

- ✓ 30. A
- ✓ 31. B, C, D, E
- ✓ 32. A
- ✓ 33. A
- ✓ 34. B
- ✓ 35. A
- ✓ 36. 911 & CPR

- ✓ a. Temp
- ✓ b. Respirations
- ✓ c. Blood Pressure
- ✓ d. Pulse
- ✓ 41. in & out
- ✓ 42. C
- ✓ 43. A
- ✓ 44. A
- ✓ 45. B-2
- ✓ 46. C
- ✓ 47. C
- ✗ 48. B ~~B~~ -2
- ✓ 49. C
- ✓ 50. B



8/13/25  
(Date)

Tamika Mitchem  
(Name of Employee)

I regret to inform you that you did not pass the Medication Administration for Direct Support Staff (AMAP) course. To pass this course, you must score at least 80% on each exam, demonstrate an understanding of AMAP policies and procedures, and perform a medication pass successfully. Please see below for further details from your instructor regarding the outcome of your training.

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Exam 1/Exam 2 (Circle one)

Grade: \_\_\_\_\_

- Did not pass the retest after being provided the opportunity to remediate and must retake the course.

Retested on Exam 1/Exam 2 (Circle one)

Grade: \_\_\_\_\_

- Passed both exams but requires additional practice with pouring, administering, and/or recording medications.

It is recommended that you re-enroll in the AMAP course, which can be done via Relias or by contacting the Learning and Professional Development Administrator at (516) 293-2016 x 5145. If you require additional practice with pouring medications, please schedule a pouring practice session with your instructor. To facilitate your learning, you should also review the course materials provided, as they may help you better understand the material before re-enrolling in the class.

Sincerely,

Alexis Betheer, BSN, RN  
(Name and Title of Instructor)



NAME: Jamika Mitchell

AMAP EXAM #2 ANSWER SHEET

DATE: 8-13-25

- ✓ 1. A -2
- ✓ 2. B
- ✓ 3. B
- ✓ 4. A
- ✓ 5. A
- ✓ 6. C
- ✓ 7. B
- ✓ 8. C
- ✓ 9. A
- ✓ 10. A
- ✓ 11. ACD
- ✓ 12. A
- 13. C -1
- ✓ 14. A -2
- 15. B -1
- ✓ 16. C
- ✓ 17. D
- ✓ 18. PON -
- ✓ 19. A
- ✗ 20. A -2
- ✓ 21. ABC
- ✓ 22. D
- ✓ 23. B
- ✓ 24. ABCD
- ✓ 25. A
- ✓ 26. D
- ✓ 27. C
- ✗ 28. A -2
- ✓ 29. A

83.5%

-65

- 50. ✓ B
- 49. ✓ C
- 48. ✓ D
- 47. ✓ E
- 46. ✓ C
- 45. ✗ B -2
- 44. ✓ A
- 43. ✓ A
- 42. ✗ C

41. ✗ Oxygen & carbon dioxide -2

40. ✓ a. Temperature  
 ✓ b. Pulse  
 ✓ c. Blood Pressure  
 ✓ d. Respiration

- 39. ✓ C
- 38. ✓ A
- 37. ✓ A
- 36. ✓ A
- 35. ✓ A
- 34. ✗ A -2
- 33. ✓ A
- 32. ✓ A
- 31. ✓ A, B, C, D, E, F -5
- 30. ✓ A

37. Please place the number of the answer on the line with the corresponding vital sign

a. 110/60/120/80 Blood Pressure  
 b. 3 Respiration  
 c. 2 Temperature  
 d. 1 Pulse 60-100 beats per minute

- 36. ✓ 911 & CPR
- 35. ✓ A
- 34. ✗ A -2
- 33. ✓ A
- 32. ✓ A
- 31. ✓ A, B, C, D, E, F -5
- 30. ✓ A

8/13/25

(Date)

Ebony Taylor

(Name of Employee)

I regret to inform you that you did not pass the Medication Administration for Direct Support Staff (AMAP) course. To pass this course, you must score at least 80% on each exam, demonstrate an understanding of AMAP policies and procedures, and perform a medication pass successfully. Please see below for further details from your instructor regarding the outcome of your training.

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Exam 1/Exam 2 (Circle one)

Grade: \_\_\_\_\_

- \_\_\_\_\_ Did not pass the retest after being provided the opportunity to remediate and must retake the course.

Retested on Exam 1/Exam 2 (Circle one)

Grade: \_\_\_\_\_

- Passed both exams but requires additional practice with pouring, administering, and/or recording medications.

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Sincerely,

Alecia Betheer BSN, RN

(Name and Title of Instructor)



AMAP EXAM #2 ANSWER SHEET

NAME: Ehony Taylor

DATE: 8/13/25

- ✓ 1. C
- ✓ 2. B
- ✓ 3. B
- ✓ 4. A
- ✓ 5. A
- ✓ 6. C
- ✓ 7. B
- ✓ 8. C
- ✓ 9. A
- ✓ 10. A
- ✓ 11. A, C, D
- ✓ 12. A
- ✓ 13. A, B, C, D
- ✓ 14. B
- ✓ 15. A, B, D - .5
- ✓ 16. C
- ✓ 17. D
- ✓ 18. PON
- ✓ 19. A
- ✓ 20. Z
- ✓ 21. C - 1
- ✓ 22. D
- ✓ 23. B
- ✓ 24. B, C, D - .5
- ✓ 25. A
- ✓ 26. D
- ✓ 27. C
- ✓ 28. B
- ✓ 29. A

quit.

-2

- 50. B ✓
- 49. C ✓
- 48. D ✓
- 47. E ✓
- 46. C ✓
- 45. A ✓
- 44. A ✓
- 43. A ✓
- 42. C ✓

- 41. ~~rise & falling -2~~ ✓
- a. Temperature ✓
- b. Pulse ✓
- c. Blood Pressure ✓
- d. Respirations ✓

- 40. ✓
- 39. C ✓
- 38. A ✓
- d. Pulse ✓
- c. Temperature ✓
- b. Respirations ✓
- a. Blood Pressure ✓

37. Please place the number of the answer on the line with the corresponding vital sign

- 36. gtt & perform CPR ✓
- 35. A ✓
- 34. ~~A -2~~ ✓
- 33. A ✓
- 32. A ✓
- 31. B, C, D, E, F ✓
- 30. A ✓

AMAP EXAM #2 ANSWER SHEET

NAME: Ebony Taylor

DATE: 8/13/25

77.5

- ✓ 1. C
- ✓ 2. B
- ✓ 3. B
- ✓ 4. A
- ✓ 5. A
- X 6. D -2
- ✓ 7. B
- ✓ 8. C
- ✓ 9. A
- ✓ 10. A
- ✓ 11. A, C, d
- ✓ 12. A
- ✓ 13. A, B, C, D
- ✓ 14. B
- 15. A, B -2.5
- ✓ 16. C
- ✓ 17. d
- ✓ 18. Pon
- ✓ 19. A
- ✓ 20. E
- X 21. C -2
- ✓ 22. d
- X 23. A -2
- ✓ 24. A, B, C, D
- X 25. A -2
- ✓ 26. D
- ✓ 27. C
- ✓ 28. B
- ✓ 29. A

-8.5

37. Please place the number of the answer on the line with the corresponding vital sign

- 36. ✓ all & Perform CPR
- 35. ✓ A
- 34. ✗ A -2
- 33. ✗ B -2
- 32. ✓ A
- 31. ✓ B, C, D, E, F
- 30. ✗ B -2

- a. ✓ 4 Blood Pressure
- b. ✓ 3 Respirations
- c. ✓ 2 Temperature
- d. ✓ 1 Pulse

- a. ✓ Temperature
- b. ✓ Respirations
- c. ✓ Pulse
- d. ✓ Blood Pressure

- 41. ✗ rise & fall -2
- 42. ✓ C
- 43. ✓ A
- 44. ✓ A
- 45. ✗ B -2
- 46. ✓ C
- 47. ✓ E
- 48. ✗ B -2
- 49. ✓ C
- 50. ✓ B



8/13/25  
(Date)

Andrew Jean - Paul

(Name of Employee)

I regret to inform you that you did not pass the Medication Administration for Direct Support Staff (AMAP) course. To pass this course, you must score at least 80% on each exam, demonstrate an understanding of AMAP policies and procedures, and perform a medication pass successfully. Please see below for further details from your instructor regarding the outcome of your training.

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Exam 1/Exam 2 (Circle one)

Grade: \_\_\_\_\_

- Did not pass the retest after being provided the opportunity to remediate and must retake the course.

Retested on Exam 1/Exam 2 (Circle one)

Grade: \_\_\_\_\_

- Passed both exams but requires additional practice with pouring, administering, and/or recording medications.

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Sincerely,

Ally's Bethany BON, RN

(Name and Title of Instructor)



AMAP EXAM #2 ANSWER SHEET

NAME: Andrew Jean-Paul

DATE: 08-13-2025

- ✓ 1. C.
- ✓ 2. b.
- ✓ 3. b.
- ✓ 4. a.
- ✓ 5. a.
- ✗ 6. b. -2
- ✓ 7. b.
- ✓ 8. c.
- ✓ 9. a.
- ✓ 10. a.
- ✓ 11. a.c.d.
- ✓ 12. a.
- ✓ 13. a.b.c. -.5
- ✓ 14. b.
- ✓ 15. a.b.e.
- ✓ 16. c.
- ✓ 17. d.
- ✓ 18. PONS
- ✓ 19. a.
- ✓ 20. e.
- ✓ 21. e.a. -.5
- ✓ 22. d.
- ✓ 23. b.
- ✓ 24. a.b.c.d.
- ✓ 25. a.
- ✓ 26. d.
- ✓ 27. c.
- ✓ 28. b.
- ✓ 29. a.

90%

- ✓ 50. b.
- ✓ 49. c.
- X 48. b. -2
- ✓ 47. e.
- ✓ 46. c.
- ✓ 45. a.
- ✓ 44. a.
- ✓ 43. a.
- ✓ 42. c.

- ✓ 41. In to & out
- ✓ d. Respiration
- ✓ c. Blood Pressure
- ✓ b. Pulse Rate
- ✓ a. Temperature

40. ~~Temperature, Pulse, Blood Pressure, Respiration~~ [CAJ]

X 39. b. -2

✓ 38. a.

- ✓ a. 4. Blood Pressure
- ✓ b. 3. Respiration
- ✓ c. 2. Temperature
- ✓ d. 1. Pulse

37. Please place the number of the answer on the line with the corresponding vital sign

- ✓ 36. a. 11 & CPR
- ✓ 35. a.
- ✓ 34. b.
- X 33. b. -2
- ✓ 32. a.
- 31. a. b. d. e. f. -1
- ✓ 30. a.



8/13/25  
(Date)

Standley Pierre  
(Name of Employee)

I regret to inform you that you did not pass the Medication Administration for Direct Support Staff (AMAP) course. To pass this course, you must score at least 80% on each exam, demonstrate an understanding of AMAP policies and procedures, and perform a medication pass successfully. Please see below for further details from your instructor regarding the outcome of your training.

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Exam 1/Exam 2 (Circle one)

Grade:       

- Did not pass the retest after being provided the opportunity to remediate and must retake the course.

Retested on Exam 1/Exam 2 (Circle one)

Grade:       

- Passed both exams but requires additional practice with pouring, administering, and/or recording medications.

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Sincerely,

Alecia Bethany B&N, RW  
(Name and Title of Instructor)



AMAB EXAM #2 ANSWER SHEET

NAME: Standley Kierse

DATE: 8/13/25

- ✓ 1. c
- ✓ 2. b
- ✓ 3. b
- ✓ 4. a
- ✓ 5. a
- ✓ 6. c
- ✓ 7. b
- ✓ 8. c
- ✓ 9. a
- ✓ 10. a
- ✓ 11. a, c, d
- ✓ 12. a
- ✓ 13. a, b, c - .5
- ✓ 14. b
- ✓ 15. a, b, c
- ✓ 16. ~~a~~ c
- ✓ 17. d
- ✓ 18. Pons
- ✓ 19. a
- ✓ 20. ~~a~~ e
- ✓ 21. a, b, c
- ✓ 22. d
- ✓ 23. b
- ✓ 24. b, c, d - .5
- ✓ 25. a
- x 26. b - 2
- ✓ 27. c
- x 28. a - 2
- ✓ 29. a

87%

(-5)

✓ 50. b

✓ 49. c

✓ 48. d

✓ 47. e

✓ 46. c

X 45. b-2

✓ 44. a

✓ 43. a

✓ 42. c

✓ 41. in & out

✓ a. Pulse

✓ b. Blood Pressure

✓ c. Temperature

✓ d. Respirations

40.

✓ 39. c

✓ 38. a

✓ d. 1 Pulse

✓ c. 2 Temperature

✓ b. 3 Respirations

✓ a. 4 Blood Pressure

37. Please place the number of the answer on the line with the corresponding vital sign

✓ 36. gill & CPR

X 35. b-2

X 34. a-2

X 33. b

X 32. a-2

✓ 31. b, c, d, e, f

✓ 30. a



8/13/25  
(Date)

Tammy Hobot  
(Name of Employee)

I regret to inform you that you did not pass the Medication Administration for Direct Support Staff (AMAP) course. To pass this course, you must score at least 80% on each exam, demonstrate an understanding of AMAP policies and procedures, and perform a medication pass successfully. Please see below for further details from your instructor regarding the outcome of your training.

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Exam 1/Exam 2 (Circle one)

Grade:       

- Did not pass the retest after being provided the opportunity to remediate and must retake the course.

Retested on Exam 1/Exam 2 (Circle one)

Grade:       

- Passed both exams but requires additional practice with pouring, administering, and/or recording medications.

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Sincerely,

Alexis Betheer, BSN, RN  
(Name and Title of Instructor)



NAME: Tammy Hobbs

AMAP EXAM #2 ANSWER SHEET

DATE: 05/13/2023

- ✓ 1. C
- ✗ 2. A <sup>-2</sup>
- ✓ 3. B
- ✓ 4. A
- ✓ 5. A
- ✗ 6. B <sup>-2</sup>
- ✓ 7. B
- ✓ 8. C
- ✗ 9. B <sup>-2</sup>
- ✓ 10. A
- ✓ 11. A, C, D
- ✓ 12. A
- ✓ 13. A, B, C, D
- ✓ 14. B
- ✓ 15. A, B, C
- ✗ 16. A, C <sup>-2</sup>
- ✓ 17. D
- ✓ 18. Pods
- ✓ 19. A
- ✓ 20. E
- ✓ 21. A <sup>-1</sup>
- ✓ 22. D
- ✓ 23. B
- ✓ 24. A, B, C, D
- ✓ 25. A
- ✓ 26. D
- ✓ 27. C
- ✓ 28. B
- ✓ 29. A

87.1

- 50. B ✓
- 49. C ✓
- 48. D ✓
- 47. E ✓
- 46. C ✓
- 45. A ✓
- 44. B ✓
- 43. A ✓
- 42. C ✓

- 41. info & out ✓
- a. Blood Pressure ✓
- b. Temperature ✓
- c. Respirations ✓
- d. Pulse ✓

- 40. C ✓
- 39. C ✓
- 38. A ✓

- a. 4 Blood Pressure ✓
- b. 3 Respirations ✓
- c. 2 Temperature ✓
- d. 1 Pulse ✓

37. Please place the number of the answer on the line with the corresponding vital sign

- 36. 911 & CPR ✓
- 35. A ✓
- 34. B ✓
- 33. B-2 X
- 32. A ✓
- 31. B, C, D, E, F ✓
- 30. B-2 X

AMAP EXAM #2 ANSWER SHEET

NAME: Tammy Hobot

DATE: 08/13/2025

- ✓ 1. C
- ✗ 2. A -2
- ✓ 3. B
- ✓ 4. A
- ✓ 5. A
- ✗ 6. B -2
- ✓ 7. B
- ✓ 8. C
- ✗ 9. B -2
- ✓ 10. A
- ✓ 11. A, C, D
- ✓ 12. A
- ✓ 13. A, B, C, D
- ✗ 14. A -2
- ✓ 15. A, B, C
- ✗ 16. A, C -2
- ✗ 17. A -2
- ✗ 18. medical form -2
- ✓ 19. A
- ✗ 20. A -2
- ✓ 21. A, B, C
- ✓ 22. D
- ✓ 23. B
- 24. A, C, D - .5
- ✓ 25. A
- ✗ 26. C -2
- ✓ 27. C
- ✓ 28. B
- ✗ 29. B -2

74.5!

-20.5

- ✓ 50. B
- ✓ 49. C
- ✓ 48. D
- ✓ 47. E
- ✓ 46. C
- ✓ 45. A
- ✓ 44. A
- ✓ 43. A
- ✓ 42. C

41. info & out
- ✓ a. Pulse
  - ✓ b. Blood Pressure
  - ✓ c. Temperature
  - ✓ d. Respirations

40.

- ✗ 39. B -2
- ✓ 38. A

- ✓ a. 4 Blood Pressure
- ✓ b. 3 Respirations
- ✓ c. 2 Temperature
- ✓ d. 1 Pulse

37. Please place the number of the answer on the line with the corresponding vital sign

36. 911 & Compressors -1

- ✓ 35. A
- ✓ 34. B
- ✓ 33. A
- ✓ 32. A
- ✓ 31. B, C, D, E, F
- ✗ 30. B -2



8/13/25  
(Date)

Eddy Etienne

(Name of Employee)

I regret to inform you that you did not pass the Medication Administration for Direct Support Staff (AMAP) course. To pass this course, you must score at least 80% on each exam, demonstrate an understanding of AMAP policies and procedures, and perform a medication pass successfully. Please see below for further details from your instructor regarding the outcome of your training.

- Did not pass the initial exam with a grade within the range required to remediate and must retake the course (Note: staff can remediate one exam only with a grade between 70 to 79% and must score at least 80% or higher to pass).

Exam  Exam 1  Exam 2 (Circle one)

Grade: 67.5%

- Did not pass the retest after being provided the opportunity to remediate and must retake the course.

Retested on Exam 1/Exam 2 (Circle one)

Grade: \_\_\_\_\_

- Passed both exams but requires additional practice with pouring, administering, and/or recording medications.

It is recommended that you re-enroll in the AMAP course, which can be done via Relias or by contacting the Learning and Professional Development Administrator at (516) 293-2016 x 5145. If you require additional practice with pouring medications, please schedule a pouring practice session with your instructor. To facilitate your learning, you should also review the course materials provided, as they may help you better understand the material before re-enrolling in the class.

Sincerely,

Ally's Bethany BSN, RN

(Name and Title of Instructor)



AMAP EXAM #2 ANSWER SHEET

NAME: EDDY JUNIOR ETIEMRE

DATE: 08/13/2025

- ✗ 1. B -2
- ✗ 2. A -2
- ✓ 3. B
- ✓ 4. A
- ✓ 5. A
- ✗ 6. B -2
- ✓ 7. B
- ✓ 8. C
- ✗ 9. B 2
- ✓ 10. A
- 11. C -1
- ✓ 12. A
- 13. C -1.5
- ✗ 14. A -2
- 15. A -1
- ✓ 16. C
- ✓ 17. D
- ✗ 18. ~~Warning~~ Warning -2
- ✓ 19. A
- ✓ 20. E
- 21. C, B -1
- ✓ 22. D
- ✓ 23. B
- 24. B, C -1
- ✓ 25. A
- ✓ 26. D
- ✓ 27. C
- ✗ 28. A -2
- ✓ 29. A

67.5

19.5

50. B ✓

49. C ✓

48. B-2 ✗

47. D-2 ✗

46. C ✓

45. B-2 ✗

44. H ✓

43. B-2 ✗

42. C ✓

41. From & to -1

d. Respiration ✓

c. Blood pressure ✓

b. Pulse ✓

a. Temperature ✓

40.

39. B-2 ✗

38. H ✓

d. ~~Temp~~ Pulse ✓

c. 97.8 Temperature 60-100 ✓

b. 12-18 Respirations ✓

a. 90/60 Blood Pressure 120/80 ✓

37. Please place the number of the answer on the line with the corresponding vital sign

36. 911 & notify the registered nurse ✓

35. H ✓

34. B ✓

33. H ✓

32. H ✓

31. B, O, F ✓

30. H ✓