

RIA MAP Certification Training Course Registration eRoster: Tips for completing the new eRoster sheet

Refer to the tip boxes below to learn about the new eRoster Submission Form.

This eRoster has been created to automate and streamline the course registration process.

Class Date: 06/04/2026; Registration Due: 06/02/2026

Primary Trainer's Name:

Please select a name (Press the starting letter key of the trainer's name on your keyboard to get to the name faster):

Primary Trainer's Email:

Enter an additional email address here if someone else (i.e., Course Supporter or other Admin) should also receive the confirmation and edit link:

a new eRoster is generated for each class based on the CDDER class schedule of the 1st and 3rd Thursdays of each month. Complete an eRoster for the current class only.

Select the Trainer's name from the dropdown

This ensures a second person besides the trainer gets the confirmation email. This field is optional. If you have a Co-Trainer or Course Supporter, enter their information on the next page

Co-Trainer (if any):
Enter the name only - no credentials. Example: Jane Doe (not Jane Doe, RN)
Do not re-enter the primary trainer's information.

	Full Name (Ex: Jane Doe)	Email	State Agency Affiliation				
			DDS	DMH	DCF	MassAbility	Indepe
Co-Trainer #1	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-Trainer #2	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-Trainer #3	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-Trainer #4	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-Trainer #5	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Course Supporters (if any):
Enter the name only - no credentials. Example: Jane Doe (not Jane Doe, RN)

	Full Name (Ex: Jane Doe)	Email
Course Supporter #1	<input type="text"/>	<input type="text"/>
Course Supporter #2	<input type="text"/>	<input type="text"/>
Course Supporter #3	<input type="text"/>	<input type="text"/>
Course Supporter #4	<input type="text"/>	<input type="text"/>
Course Supporter #5	<input type="text"/>	<input type="text"/>

These fields are for Co-Trainer and Course Supporter info. Please note that email addresses entered here WILL NOT receive the confirmation email. Only the Primary Trainer and one other dedicated person entered in the "additional email address" box will receive it

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Last Name, First Name, Email Address, Date of Birth OR Phone number, and State Agency Affiliation are all required fields. The form will not submit until this information is completed.

Student Data													
	Type of Student	Last Name	First Name	Middle Initial	Email	Date of Birth (mm/dd/yyyy) NOTE: Please check the year	Phone Number (min. 10 digits)	State Agency Affiliation (Required for accurate record keeping.)					Notes
								DDS	DMH	DCF	MassAbility	Independent	
1	Student ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
2	Student ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
3	Student ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
4	Student ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
5	Student ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
6	Student ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
7	Student ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
8	Student ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

All student information is entered here

Designate each student as either 'Student' or 'Audit' from the Dropdown. Complete all remaining fields with student information.

Errors in the Email, Date of Birth, or Phone Number fields typically result from extra characters or incorrect formatting. The form will not submit until the errors are corrected.