



Medication Administration Training (MAT) Trainer Application

Please complete the information requested below-

<u>First Name:</u>	<u>Middle Initial:</u>	<u>Last Name:</u>
<u>Profession:</u> (check one) <input type="checkbox"/> RN <input type="checkbox"/> Physician Assistant <input type="checkbox"/> LPN <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician <input type="checkbox"/> Pharmacist You must have a current, valid Virginia license	<u>Date of Birth:</u>	<u>Professional License #:</u> <u>Professional License Expiration Date:</u>

Home Address:

Street:

City: _____ State: _____ Zip Code: _____

Phone Number (including area code): _____

Email: _____

Occupation / Job Title:

Organization / Employer:

Work Address:

Street:

City: _____ State: _____ Zip Code: _____

Phone Number (including area code): _____

Email: _____

Training Experience:

List below all of your training experiences with adult learners:

- include the course title & overview of content
- client type
- number of participants

(If no formal training experience, please explain what would qualify you to deliver MAT trainings as a MAT Trainer. If not enough room below, please attach a separate document with your response.)

Letters of Recommendation:

Include three signed letters of recommendation with your application.

Recommendations should be from:

- someone who knows you and your work, and/or
- someone who has seen you train others, and/or
- someone who has supervised you

There is no required format for submission of letters of recommendation; however, the letters must be signed and include reference to:

- your professionalism
- your knowledge of health care
- your ability to successfully train others

Please confirm the following: (place check mark in each box to confirm)

- I have a current, valid Virginia license as an RN, LPN, physician, nurse practitioner, physician assistant or pharmacist.
- I have enclosed three signed letters of recommendation.
- I have enclosed a copy of my current resume or curriculum vitae (CV).
- I confirm that the information I have provided with this application is accurate and true.
- I understand that if selected, I must attend, successfully complete, and pass a two-day MAT Training of Trainers (MAT TOT) Course facilitated by an approved Master MAT Trainer to become certified as an approved MAT Trainer.

My preferred training region is: (place check mark in box)

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Central | <input type="checkbox"/> Northern |
| <input type="checkbox"/> Tidewater | <input type="checkbox"/> Southwest |

As an approved MAT Trainer: (place check mark in each box to confirm)

- I understand that I must comply with all standards, policies, and procedures set forth by the MAT Program.
- I understand that it is my responsibility to read through the MAT Trainer Guide(s), the MAT Appendices, and all MAT-related materials before calling the MAT Program Office with questions/requests. I understand that the MAT Program Office will answer questions/requests about specific items/requirements only after the trainer has made a reasonable effort to answer the questions for himself/herself.
- I understand that I must meet all new trainer requirements, within 60 days, before I begin facilitating classes. I must facilitate my first training within 6 months of passing the MAT TOT Course.
- I understand that I must assemble a MAT Trainer Kit per the requirements of the MAT Program. The estimated cost to assemble a complete kit is \$400-\$600. I must also maintain my training kit and replace worn items over time.

- I understand that I must present the approved MAT Curriculum exactly as it is written, without additions or omissions. I must also stay current with curriculum revisions and revised materials.
- I understand that I must maintain current contact information with the MAT Program Office at Medical Home Plus (MHP), including a mailing address, phone number, and email address.
- I understand that I must locate appropriate, and appropriately sized, training sites that can hold up to 8 participants, plus the trainer, plus tables and chairs for instruction, practice, and testing (which may come at a cost to the trainer). I must also arrange/provide for appropriate room set up and proper equipment use.
- I understand that I must submit training data, by data entry, within 2 days for each training I facilitate. I must pay a \$7 certificate fee per passed provider that I train (this cost can be passed on to the provider in my course pricing).
- I understand that I must meet specific requirements to renew my MAT Trainer Certification every 3 years. I understand that I must facilitate at least three MAT or MAT IS classes during my three-year certification period.
- I understand that I must maintain appropriate, timely, and professional communication with the MAT Program Office, providers, and programs.
- I understand that my MAT trainings may be monitored, announced or unannounced, by the MAT Program to ensure adherence to the MAT Program standards, policies, and procedures. I will cooperate with any such requests.

Signature: _____

Date: _____

Unsigned applications will not be accepted.