



**Letters of Recommendation:**

Please include **three signed** letters of recommendation with your application.

Recommendations should be from:

- someone who knows you and your work in a professional setting  
**and/or**
- someone who has observed you training  
**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 hold a **current** and **valid** Virginia license as an RN, LPN, physician, nurse practitioner, physician assistant or pharmacist.
- I have provided **three signed** letters of recommendation.
- I have provided a copy of my **current** resume and/or training experience.
- I confirm that the information I have provided with this application is **accurate** and **true**.
- I understand that if selected, I must **attend, complete, and pass a two-day** MAT Training of Trainers (MAT TOT) Course facilitated by an approved Master MAT Trainer to become an approved MAT Trainer.

**My preferred training region is:** (place check mark in applicable 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 maintain a current and valid Virginia license as an RN, LPN, physician, nurse practitioner, physician assistant or pharmacist.
- 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. I understand that the MAT Program Office will answer questions about specific items/requests only after the MAT 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 also understand that 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, at my own expense. I understand that 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 understand that 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, which may come at a cost to me. I understand that I must also arrange/provide for appropriate room set up and proper equipment use.
- I understand that I must submit training data within 2 days, by data entry on the MAT Program Website, for each training that I facilitate. I also understand that I must pay a \$7 certificate fee to the MAT Program Office for each provider that passes my training and that 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, to include facilitating at least three MAT (full-day classroom) or MAT IS classes during my three-year certification period.
- I understand that I must maintain timely and professional communication with the MAT Program Office, providers, and programs.
- I understand that I may be monitored, announced or unannounced, by a representative of the MAT Program Office to ensure adherence to the MAT Program Curriculum. I will cooperate with any such requests.

**Signature:** \_\_\_\_\_

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

**Unsigned applications will not be accepted.**