

MAT Certification
Approved Entity Application Form

Thank you your interest in becoming an “approved Entity of Maricopa” as part of the MAT Educational Advancement policy. Please note that all questions within the application must be completed before consideration of the Provider will be given. Thank You.

Name of Provider: _____ Date Submitted: _____

Address: _____

Contact Name: _____

Contact’s MCCCCD Position Title: _____

Phone Number: _____ Provider Budget Code: _____

How long has Provider been in existence? _____

Provider Staffing (please list all permanent position titles for Provider staff that support the training events/programs on an ongoing basis):

Purpose or mission of the Provider:

1. How does your group/unit ensure learning events/programs are planned in response to an identified audience?

2. As a practice, does your group/unit provide clear and concise written statements of intended outcomes for each learning event/program (please provide an example)?

3. Please describe your practice to ensure qualified personnel are involved in the planning and/or facilitation/training of your learning events/programs?

