



National Institute for Metalworking Skills®

Application for Accreditation Renewal – Metalforming

Institution

Institution Name _____

Metalworking Program Name _____

Name of Administrator _____

Address _____

City, State & Zip _____

Telephone _____ Fax _____

Website _____ Email _____

Program Liaison *This is the primary contact person between your training program and NIMS.*

Name _____ Title _____

Telephone _____ Fax _____

Email _____

Level of Program (circle one)

Secondary

Post-Secondary

Industry

Other

Metalforming areas in which accreditation is desired:

The skills areas you select should match your training curriculum. NIMS requires the first, listed below. Choose additional skills areas from the right column of the [NIMS List of Credentials](#). Before accreditation is officially awarded to your training program, at least one instructor must have earned each of the credentials you list below.

1. Metalforming I

2. _____

3. _____

4. _____



National Institute for Metalworking Skills®

FEE SCHEDULE

Accreditation Renewal:

Application, Self –Study Kit	\$500
On-Site Evaluation (program audit)	\$1000*
<i>Total Accreditation Renewal Fees</i>	<i>\$1500</i>

Payment Schedule:

\$500 Due with application for Self-Study Kit

\$1000 Due with submission of completed Self-Study

**For travel expenses exceeding this amount, applicant will be billed appropriately.*

**This schedule is effective February 1, 2006.
Rates for are subject to change without notice.**

Payment accepted by check, credit card, and purchase order:

- Pay by check: Mail check to address below, attention Catherine Ross.
 - Pay by credit card: Call NIMS to process transaction by phone.
 - Pay by purchase order: Fax PO to Catherine Ross.

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(703) 352-4991 Fax
www.nims-skills.org**

