

Application Type (select one)

Initial (first time) Accreditation

Renew Existing Accreditation

Program Information (complete all fields)

Institution Name School or company name	
Training Program Name	
Mailing Address	
Physical Address Skip if same as above	
Company or Training	
Program Website	
Program Level/Type Select from secondary, post- secondary, industry, or other	

Point of Contact (POC)

This is your primary contact person for all accreditation activities between your program and NIMS.

Name	
Job Title	
Phone	
Email	
Fax	

Machining Skills for Accreditation

Use the <u>List of NIMS Credentials</u> to pick credentials that match the skills on your curriculum, then add <u>at least one</u> of those credentials below. <u>NOTE: Collectively, the credentials you list below must</u> <u>be earned by full-time program faculty/trainers.</u>

1. Metalworking I (REQUIRED)	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.