

## Application for NIMS Accreditation

Send the completed application to support@nims-skills.org. The \$1,000 fee is due with this application: payable by check or credit card.

## Application Type Program Focus

Select one

Initial (first time) Accreditation

Renew Existing Accreditation

Select one

Industrial Technology

Maintenance

Machining

## **Program Information**

All fields are required.

Organization Name			
Training Program Name			
Mailing Address			
Physical Address Skip if same as mailing			
Company or Training Program Website URL			
Program Type Select one	Education	Industry	
	Private	Association	Military
Education Level Select one	Secondary Industry	Post-Seco Military	ondary Other



## Point of Contact (POC)

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

Name			
Job Title			
Email Address			
Phone			
Selected Skills	for Accreditat	ion	
Use the <u>Credentialing</u> curriculum, then add a NOTE: Collectively, the program faculty/traine	et least one of those credentials you list	credentials bel	OW.
1. (REQUIRED)		2.	
3.		4.	
5.		6.	
7.		8.	
9.		10.	
Name & Title:			Date: