

# **Initial Application**

## **General Information**

Physical Address

All fields with * are required	1
Sponsor Name*	
Program Name*	
Mailing Address*	
Program Website	
Industry Sector*	
Job Role(s) / Occupation(s)*	
Employer Informatio	n
Only complete if the Emploare participating, please co	oyer is not the same as the Sponsor. If multiple Employers omplete Attachment A.
Employer Name	
Point of Contact	
Contact Email	

#### Industry-Recognized Apprenticeship Program Application



# **Program Information**

#### Credentials

For each job role, list the credentials that will be earned by apprentices during the program or attach list. Note: if you are using credentials other than those preapproved or issued by NIMS you may be asked for additional information.

Job Role	Name of Credential	Issuing Organization (if not NIMS)

#### **Related Instruction**

For each job role, identify what your related instruction includes, or attach list. If you are using courses from the pre-approved list, you will not be required to submit any additional information.

Job Role	Name of Course	Organization/Publisher/Author

### Industry-Recognized Apprenticeship Program Application



### **Mentor Information**

List the information below for the mentor/trainer for the apprenticeship program. The mentor/trainer is not required to have industry experience. If there is more than one mentor/trainer for the program, attach a document with the required information below for each mentor.

Name	
Job Title	
Years of Work	
Experience	

#### Fees

Fee	Description	Amount
Application	One-time fee for application and assessment for one job role	\$2,500.00
Additional Roles	One-time fee for each additional job role	\$500.00
Annual Maintenance	Annual reporting fee, due on the anniversary of your program's approval	\$500.00

#### Calculate Your Fee

If you only have one job role, your fee is \$2,500.00.

Application Fee	+	# of Additional Roles	=	Total
\$2,500.00	+	x \$500.00	=	

### Industry-Recognized Apprenticeship Program Application



## **Submission Information**

Send your completed initial application to <u>apprenticeship@nims-skills.org</u>. Once your application and fees are received, we will assign you a program number and provide your IRAP completion package.

### **Sponsor Point of Contact**

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

Name	
Job Title	
Email Address	
Phone	
Signature	
Sign	 Date