**Industry Credentialing Interest Request Form**

**Return Form to** **jfinlay@gov.nv.gov**

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| **Credential Source Information** |
| Date of Submission |  |
| Credential Title/Name(Complete official name) |  |
| Name of Credential Body/Organization |  |
| Scope/Purpose of Credential |  |
| Geographic Scope  |  |
| Assurance Body  |  |
| Date Credential Was First Issued |  |
| Web Site URL Address |  |
| Contact Information(Name, Telephone, and E‐Mail Address) |  |
| **Credential Contractor Information** |
| Contractor Company Name(Company managing the credential ifdifferent from Source) |  |
| Contact Information (Include email,website and phone number) |  |
| **Test Administration** |
| Test Site(School, Online, or Offsite, with details) |  |
| Teaching Aids?(Pre‐test, study guide or blueprintavailable) | List all available: |
| Details on accessing Teaching Aids |  |
| Please indicate:Number of test items |  |
| Time allowed (minutes) |  |
| Passing score (Percentage) |  |
| Cost |  |
| Is the instructor allowed to take this test?  | [ ]  YES [ ]  NO  |
| Additional information to assist indetermining suitability of credential |  |
| Are special accommodations for student testtakers allowed?Please specify: |  |
|  |  |

*\*In some instances, OWINN may request additional information from issuing organization*