



**Certified Microbial Professional
NCMP™
Application for Accreditation**

NAME of Business		
NAME of Applicant		
Business Address		
City	ST	ZIP
Business Telephone:		
Business FAX:		
Business eMail:		
Business Cellular:		

Required for NORMI™ Accreditation

- Currently Certified** as a CMP with the following agency or State License: _____
- Activate/Maintain** NORMI™ Membership. www.Join.NORMI.org
**signature below indicates that membership may be charged to the credit card listed below as:*
 monthly semi-annually annually
- Username: _____ Password: _____ (can be changed later)

Attached to this application are the following documents

- MAIL this application with a Company check payable to **NORMI™**, with application for **\$200.00**
- Certificate of General Liability insurance endorsed to **NORMI™**, 22174 Prats Road, Abita Springs, LA 70420 (NOTE: minimum limits may be required but waived if licensed by a licensing state)
- NORMI™ will require your completing three training modules prior approval, NORMI™ Professional Practices, IAQ Basics 101 and NITP. Access is provided FREE after receipt of the application. If practicing in a licensing state, a State Law module may be required and you will be advised of that requirement if it applies.
- Copy of existing CMP Certification from *approved* training provider should be attached/uploaded.
- Pay By Credit Card **\$200.00** VISA MasterCard Discover AMEX

Card Number: _____
Expiration Date: ___/___/___ CVV (on back of credit card): _____
Name on Card: _____ (Print)
SIGNATURE: _____ * Date: _____

MAIL Completed application and required documentation to:

NORMI™
NCMP™ Accreditation Program
22174 Prats Road
Abita Springs, LA 70420
MAY BE FAXED TO: 866.211.4324



Monies will be refunded if the applicant is denied accreditation. Fee is ONE TIME fee!

**For Questions Regarding this Application
call 1.877.251.2296 x 801 (Lance Eisen, VP of Business Development)**