



**National Institute of Certified Floorcovering Inspectors**  
5900 SOM Center Rd. Suite 12-226  
Willoughby, OH 44094

## MENTOR APPLICATION INFORMATION

**Experienced Certified Flooring Inspectors** interested in volunteering time as a mentor please see the guidelines provided below. Interested Inspectors **MUST** be:

- An NICFI Member
- Be certified by the same certifying body as the apprentice
- Be certified by an accepted organization
- Be certified in same area as apprentice
- Have a minimum of 5 years' experience
- Have a minimum of 200 hours of classroom training in addition to original certification class
- Willing to review apprentice reports in a timely manner with constructive criticism
- From a geographical location where the apprentice does not service

The Mentor also:

- May require the apprentice to sign a no compete in a reasonable geographical area where the Mentor services.
- May make themselves available for a ride along (all expenses incurred ie travel to mentors location, accommodation's during stay etc. Are the responsibility of the mentored)

As a mentor you will receive a specialized NICFI Mentor Logo and Title to be included for advertising and resume as long as they are NICFI Members. The Mentor Logo will appear on the NICFI and Claimssolutions.org web site on their profile page and as an additional column on the search results page.

All Mentor applications will be submitted to the NICFI Credentials Committee. Once credentials are verified and accepted the application will then be presented to the NICFI Board for final approval. After the application process has been completed an NICFI Representative will contact Applicants.

Please fill out the application form below and submit it to [admin@nicfi.org](mailto:admin@nicfi.org).





National Institute of Certified Floorcovering Inspectors  
 5900 SOM Center Rd. Suite 12-226  
 Willoughby, OH 44094

**Mentor Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Business Name: \_\_\_\_\_

Are you an NICFI Member? YES  NO  Are you willing to review apprentice reports in a YES  NO   
 timely manner with constructive criticism?

Have you ever mentored another inspector? YES  NO  If Yes, to whom (please provide contact information: \_\_\_\_\_)

Will you be available for ride a longs? YES  NO

**CERTIFICATIONS**

Certification: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO

Certification: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO

Certification: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO

Certification: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO

Certification: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO

Certification: \_\_\_\_\_ Address: \_\_\_\_\_

Certification: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO

Have you ever taught within the industry: YES  NO

If yes, please list courses/class taught and for what organizations (if applicable):

---

---

---

---

---

---

---

---

### References

*Please list three professional references.*

---

---

---

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to mentorship, I understand that false or misleading information in my application may result in my dismissal of mentorship.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Once this application has been filled out completely, please submit applications to [admin@nicfi.org](mailto:admin@nicfi.org).  
Thank you!*