

INSPECTION • TESTING • CERTIFICATION

Information Sheet for Medical Gas Instructor Certification Examination

TO QUALIFY FOR THIS EXAMINATION all candidates must meet the requirements of the ASSE Series 6000, Professional Qualifications Standard for Medical Gas Systems Personnel, Standard 6050. Applicants should include the following:

- 1. A minimum of ten (10) years of documented experience in the installation of plumbing or mechanical piping systems, including a minimum of two (2) years of documented experience in the installation of medical gas and vacuum systems, and
- 2. A minimum of two (2) years documented practical teaching experience.
- 3. Hold a current NITC Medical Gas Systems Installer certification in compliance with ASSE Standard 6010.
- 4. Successful completion of a minimum 40-hour training course (Section 50) covering all facets of ASSE Standard 6010, 6020, 6030, 6040, NFPA 99, NFPA 50 or NFPA 55, and CGA M-1.

THE EXAMINATION FEE is One Hundred-Thirty Dollars (\$130.00). This must be prepaid. Please make check or money order payable to NITC. Visa, Master Card or American Express are also accepted. For Individuals requesting to take an examination at a Prometric Center, there will be an additional sixty-dollar (\$60.00) processing fee. The method of payment must be attached at the time of submission or contact NITC at (877) 457-6482 to provide credit card payment information. For NITC No-Show, Reschedule, Cancellation and Refund Policy refer to the NITC Rules and Procedures.

To locate a Prometric Test Center, go to <u>Prometric ProScheduler</u>. Login information for scheduling the examination date and time will be provided via email from NITC to the email address provided above within 2 to 3 business days. *Applications will not be processed until payment is received.*

Please note: Candidates may reschedule or cancel 30 days prior to the appointment with no fee. Candidates who reschedule or cancel within 5-29 days will be charged a \$35 fee. Candidates rescheduling or cancelling less than 5 days prior will be charged a \$50 fee and must contact NITC to obtain a new eligibility.

All electronic devices are prohibited. No cell phones or any other types of devices that record or send data are allowed to be used during the examination.

SPECIAL REQUESTS FOR TAKING THE EXAMINATION

Information on special accommodations can be found in Section XVII of the <u>NITC Rules and Procedures</u>, available for download from our web site at <u>www.nationalitc.com</u>.

Keep this page for your records. Return Page 2 and 3 to NITC via fax (213) 351-7632, e-mail medgascerts@nationalitc.com or mail to the address shown below. For more information call (877) 457-6482.

Form # 720-35 Rev 08-01-22 (MG Instructor App).doc



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Application for

Medical Gas Instructor Certification Examination

☐ I will be taking this exam at the inst ☐ I will be taking this exam at a Prom ☐ I have at least ten (10) years of documented experience in ☐ I have at least two (2) years docum ☐ I hold a current NITC Medical Gas ☐ I will have completed the required wedical Gas Systems Instructor ce ☐ I have read the Candidate Information ☐ I am requesting the examination	etric Test center. cumented experie the installation of nented practical te Systems Installer 40-hour training contified to ASSE 60 tion Bulletin for NI	(Provide method of paymence in the installation of paymence in the installation of paymence in the installation of paymence aching experience. I certification in compliance ourse prior to my test date in the instruction i	nent below) piping systems. n systems. e with ASS e. (Course	ems, including a E Standard 601 instruction must	0.
First Name	M.I.	Last Name			SSN
Street Address	City		State		Zip
Email Address		Cell/Other Phone	_		
Training Course Location		Training Course Date	Name	of Instructor	
certification records, state license(s) ar	nd any other empl	$\alpha r \in H \setminus X$. Dhaha π			
I do solemnly swear or affirm that the ab disqualification.	ove statements are	true. I further realize that	falsification	of these stateme	ents shall be cause for
 As a holder of a NITC Certification I shall a I will make no false claims about the se I will not engage in false or misleadir portrays NITC unfavorably. I will not utilize any written documents inaccurate or false. I will notify NITC without delay of any of understand that NITC reserves the right revoked, I agree to cease and desist any including wallet sized photo identification or 	cope of my certificating advertising of my advertising of my reports, procedure thanges in my capal to suspend or revolund all references	ion(s) / NITC Certification, nor shows, etc., with the NITC certification to fulfill the requirement of the my certification should I	ication mark ts of this cer violate thes	in any manner w tification. e obligations. Sho	whatsoever that may be build my certification be
I understand and agree that my examination		ared with the course instruc	tor, training	coordinator or trai	ning entity.
By affixing my signature to this applicatio Certification Committee.	n, I agree to abide	by the rules and regulatio	ns of certific	cation holders as	set forth by the NITC
Signature of Applicant:			Date	e:	
Application must be signed.					



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Method of Payment for Medical Gas Instructor Certification Examination

If you will be taking a computer-based certification examination at a Prometric Test Center, the examination fee of \$190.00 must be paid by one the methods shown below or contact NITC to provide payment information.

(**Required Fields for credit card payments**)

First Name of Applicant	Last Name of Applicant	SS# / NITC ID # / UA ID #	
*Total Amount Enclosed: \$	Check	Order	AMEX
*Credit Card No:		*Expiration Date:	
* CVV2: Last three o	r four digits on back of Visa and N	Master Card, Amex CVV2 on front of card	<i>1.</i>
*Credit Card "Billing Address":		_ *Credit Card " <i>Billing Address</i> " Zip Code	e:
*Name on Card:	*Si	ignature:	
As it appears on car	rd (Please Print)	Signature as shown on credit card	

Return this page along with the application, completed and signed to NITC. You may send it via fax to (213) 351-7632, e-mail to medgascerts@nationalitc.com, or mail to the address shown below. For more information call (877) 457-6482.