



ISO 9001:2015 Certified

Registration for Proctored Medical Gas Recertification Examination

I request to take my re-certification at a PSI center:

Medical Gas Installer Recertification

Medical Gas Verifier Recertification

Medical Gas Inspector Recertification

Medical Gas Instructor Recertification

I have taken a minimum of (4) hours training to the current NFPA edition. **Please include a copy of your "certificate of completion" or verification with this registration form.**

I would like to receive notifications via text. I would like to receive notifications via email.

Note: Examinations are administered via computer at the PSI centers. Results are provided at the completion of the examination.

First & Last Name: _____ S.S. # / NITC ID #/ UA ID #: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Email: _____ *(Required)

The fee is \$99.00 per re-certification examination. Please make check or money order payable to NITC. Visa, MC or Amex are also accepted. **Note:** *In some cases payment is provided by the training agency or employer.* Method of Payment must be included with form or call to pay by phone at (877) 457-6482. *If payment is made by phone the form must be received via fax or email medgascerts@nationalitc.com beforehand.* For No-Show, Cancellation and Refund Policy refer to the Candidate Bulletin.

To locate a PSI TESTING center, go to <https://candidate.psiexams.com/testdate/testdate.jsp> or go to www.nationalitc.com. An email address must be included on this form. Login information for scheduling the examination date and time will be provided via email from Testrac/PSI Registration. **Registration Forms will not be processed until payment is received. Once payment has been received, you will receive an email from PSI within 4 to 5 business days to schedule your exam.**

Please note: A rescheduling fee of \$50.00 will be charged for cancelled examinations that are not done within 48 hrs. It is the applicant's responsibility to obtain the necessary material to take to the PSI Center. The PSI Centers will not provide the examinee with any material.

Signature of Applicant: _____ Date: _____

Method of Payment

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

*Total Amount Enclosed: \$ _____ Check Money Order Visa Master Card AMEX

*Credit Card No: _____ *Expiration Date: _____

* CVV2: _____ Last three or four digits on back of Visa and Master Card, Amex CVV2 on front of card.

*Credit Card "Billing Address": _____ *Credit Card "Billing Address" Zip Code: _____

*Name on Card: _____ *Signature: _____
As it appears on card (Please Print) *Signature as shown on credit card*