



ISO 9001:2008 Certified

# Application for Medical Gas Inspector Certification Examination

- I will be taking this exam at the instruction site upon completion of my course.
- I will be taking this exam at a PSI center. (Provide method of payment below).
- I have a minimum of two (2) years of documented practical experience. (Attach documentation which will be verified.)
- I am employed by a governmental unit as a plumbing and/ or mechanical inspector, or as an administrator of such inspectors; or I am a person regularly involved in the design, inspection or verification of medical gas systems.
- I am a 6010 Installer.
- I will have completed the required 24-hour training course prior to my test date. (Course instruction must be conducted by a Medical Gas Systems Instructor certified to ASSE 6050. See section 20-4.1.4.)
- I have read the [Candidate Information Bulletin for NITC Medical Gas Inspector Examination](#).
- I am requesting the examination to the NFPA 99-2015 Edition.
- I would like to receive notification via text.       I would like to receive notification via email.

|                               |   |                    |                  |
|-------------------------------|---|--------------------|------------------|
| First Name                    | M.I.                                    | Last Name          | SS#              |
| Street Address                | City                                    | State              | Zip              |
| Email Address                 | Home Phone                              | Work Phone         | Cell/Other Phone |
| Training Course Location      | Training Course Date                    | Name of Instructor |                  |
| Local Union # (If Applicable) | Certification ID Number (If Applicable) |                    |                  |

List your present or most recent employer first. Attach any documentation you have that would prove that you have two (2) years of documented practical experience and shall be employed by a governmental unit as a plumbing and/or mechanical inspector, or as an administrator of such inspectors; or be a person regularly involved in the design, inspection or verification of medical gas systems. Acceptable documentation: letters from employers, employment history, certification records, state license(s) and any other employment records. **(Phone numbers are required for verification.)**

| Employer, City & Phone # | From Month/Year | To Month/Year |
|--------------------------|-----------------|---------------|
|                          |                 |               |
|                          |                 |               |
|                          |                 |               |

I do solemnly swear or affirm that the above statements are true. I further realize that falsification of these statements shall be cause for disqualification.

As a holder of an NITC Certification I shall agree to the following:

- I will make no any false claims about the scope of my certification(s)
- I will not engage in false or misleading advertising of my NITC Certification, nor shall I utilize an NITC certification in any manner that portrays NITC unfavorably.
- I will not utilize any written documents, reports, procedures, etc., with the NITC certification mark in any manner whatsoever that may be inaccurate or false.
- I will notify NITC without delay of any changes in my capability to fulfill the requirements of this certification.

I understand that NITC reserves the right to suspend or revoke my certification should I violate these obligations. Should my certification be revoked, I agree to cease and desist any and all references to being the "holder" of an NITC Certification and shall return any certificates, including wallet sized photo identification cards to NITC.

I understand and agree that my examination results may be shared with the course instructor, training coordinator or training entity.

By affixing my signature to this application I agree to abide by the rules and regulations of certification holders as set forth by the NITC Certification Committee.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For Method of Payment see page 3**



## Information Sheet for Medical Gas Inspector 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 6020, Section 20-4.1, Applicants should include the following:

A [Candidate Information Bulletin](#) has been developed to help ensure your success. Since the information contained in each section of the Bulletin will answer many of the questions you might have, it is required reading prior to proceeding with this application. Download a copy from [www.nationalitc.com](http://www.nationalitc.com) or call (877) 457-6482 to request a copy.

1. A minimum of two years of documented practical experience and shall be employed by a governmental unit as a plumbing and/ or mechanical inspector, or as an administrator of such inspectors; or be a person regularly involved in the design, inspection or verification of medical gas systems or be a 6010 Installer.
2. Successful completion of a minimum 24-hour training course conducted by an Instructor certified to ASSE 6050, and
3. The successful completion of a written examination covering all facets of ASSE Standard 6000, NFPA 99-2005, and NFPA 50 or NFPA 55\*.

**THE EXAMINATION FEE** is One Hundred-Seventy Seven Dollars (\$177.00). This must be prepaid. Please make check or money order payable to NITC. Visa, Master Card or American Express are also accepted. The method of payment must be attached at the time of submission; or contact NITC to provide credit card payment information by phone at (877) 457-6482. For NITC No-Show, Reschedule, Cancellation and Refund Policy refer to the Candidate Bulletin.

**For re-testing, or those who cannot attend the examination with their instructor**, the multiple-choice examination is available computer-based at PSI centers. To locate a PSI center near you visit <http://www.nationalitc.com/NITCService.cfm?GO=NEWS&NEWSID=36>.

**For Individuals requesting to take an examination at a PSI center there will be an additional fifty dollar (\$50.00) processing fee. These fees vary according to the length of time allowed for the examinations. Please contact our office to confirm what the processing fee will be for your examination.**

Exams given at PSI centers require that an email address be provided. You will receive an e-mail confirmation with your login information to schedule the exam date and time. For any examination scheduled at a PSI center, cancellation and rescheduling must be made at least 48 hours prior to the assigned date and time or a rescheduling fee will be assessed.

All electronic devices are prohibited. **No PDAs, cellular telephones, or any other types of devices that record or send data are allowed to be used during the examination.**

**Keep this page for your records. Return Page 1 to NITC via fax (213) 351-7632, e-mail to [medgascerts@nationalitc.com](mailto:medgascerts@nationalitc.com), or mail to the address shown below. For more information call (877) 457-6482.**

