



APPLICATION FOR NITC Medical Gas Inspector Examination

Application Information

TO QUALIFY FOR THIS EXAMINATION all candidates must meet the requirements of the ASSE Series 6000, Professional Qualifications Standard for Medical Gas Systems Personnel, Section 20-4.1, Certification of Medical Gas Inspectors, to include the following:

Important note to examination candidates:

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 NITC's web site or call NITC 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.
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 and a practical examination covering all facets of ASSE Standard 6010, NFPA 99-2005, and NFPA 50 or NFPA 55*.

THE EXAMINATION FEE is One Hundred Eight Dollars (\$108.00). This must be prepaid and is **NON REFUNDABLE**. Please make check or money order payable to NITC. Visa, Master Card or American Express is 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. **Note:** In some cases payment is provided by the training agency or employer.

For re-testing, or those who cannot attend the examination with their instructor, this examination is available computer-based at ACT centers. Visit www.nationalitc.com or www.act.org/actcenters/locate/ to locate an ACT center.

Exams given at ACT 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. Rescheduling for ACT examinations must be made at least 48 hours prior to the assigned time or date or a rescheduling fee will be assessed. **Note:** Application will not be processed until payment has been received.

See the [Candidate Information Bulletin](#) for additional information.

Important Note to all Industry Stakeholders:

If you are a stakeholder who employs individuals in any arena in which NITC provides certifications, NITC would like to ask you to complete a very brief survey. This can allow you to anonymously share your industry knowledge, concerns, and/or kudos. Please [click here](#) to choose your area of interest.

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



Medical Gas Inspector Examination

Application Documentation

- I will be taking this exam at the instruction site upon completion of my course.
- I will be taking this exam at an ACT center. (Provide method of payment below).

REQUIRED:

- I have a minimum of two 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 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](#).

First name	Last name	SS# (last six)	
Street Address	City	State	Zip
Email address	Home phone	Work phone	Cell/other phone
Training course location	Training course date	Name of instructor	
Local Number (If applicable)			

List your present or most recent employer first. Attach any additional documentation.

Employer & City	Job Duties	From	To

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. By affixing my signature to this application, I agree to abide by the following rules and regulations of certification holders as set forth by the NITC certification committee. As a holder of an NITC certification I agree to not make any false claims about the scope of my certification(s); I agree to not utilize an NITC certification in any manner that portrays NITC unfavorably; and furthermore, I agree to not engage in false or misleading advertising of my NITC 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 agree to not utilize any written documents, reports, procedures, etc., with the NITC certification mark in any manner whatsoever that may be inaccurate or false.

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 appear on card (Please Print) **Signature as shown on credit card**