



ISO 9001:2015 Certified

Registration for Proctored Medical Gas Recertification Examination

All exams are administered online via Prometric Test Centers. Results are provided at the completion of the examination. **It is the applicant's responsibility to obtain the necessary material to take to the Prometric 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.

First & Last Name: _____ SSN / NITC ID #/ UA ID #: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell/Other Phone: _____

Email: _____ *(Required)

The fee is \$120.00 per recertification 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 Refund Policy refer to the [Rules and Procedures](#).

To locate a Prometric Test Center, go to [Prometric ProScheduler](#). 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. **Registration Forms 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.

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*