



ISO 9001:2015 Certified

INSPECTION • TESTING • CERTIFICATION

## Information Sheet for Medical Gas Verifier 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 6030. Applicants should include the following:

1. *Successful completion of a minimum 32-hour training course conducted by an Instructor certified to ASSE 6050, and*
2. *Successful completion of a written and a practical examination covering all facets of ASSE Standard 6000, NFPA 99, NFPA 55, and CGA M-1, and*
3. *A minimum of two years of documented practical experience in the verification of piping systems, and*

**THE EXAMINATION FEE** is Two Hundred Dollars (\$200.00) for the written examination and Two Hundred Dollars (\$200.00) for the practical examination. 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-five-dollar (\$65.00) 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 [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. ***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 [NITC Rules and Procedures](#), available for download from our web site at [www.nitc.com](http://www.nitc.com).

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



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Application for

Medical Gas Verifier Certification Examination

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- Checkboxes for exam location, experience, training, and reading requirements.

Form fields for personal information: 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, Local Union #, Applicants NITC ID # / UA ID #.

List your present or most recent employer first. Attach any documentation you have that would prove that you have a minimum of two (2) years of documented practical experience in the verification of medical gas piping systems. (Phone numbers are required for verification.)

Table with 3 columns: 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.

I further attest that I will not engage in, facilitate, or participate in any fraudulent, dishonest, or unauthorized test-taking practices, including but not limited to impersonation, use of unauthorized materials or assistance, or any action intended to compromise the integrity of the examination.

- As a holder of a NITC Certification, I agree to the following:
- I will make no 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: \_\_\_\_\_

"The application must include either a wet signature or a digitally verified signature. Typed or printed names will not be accepted as valid signatures."



## Method of Payment for Medical Gas Verifier Certification Examination

***If you are scheduled to take a computer-based certification examination at a Prometric Test Center, the examination fee of \$265.00 each (written or practical) must be paid using one of the accepted payment methods listed below. Alternatively, you may contact NITC directly to provide your payment information.***

Both Written and Practical (\$530)       Written Only (\$265)       Practical Only (\$265)

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

\_\_\_\_\_  
First Name of Applicant      Last Name of Applicant      SS# / NITC ID # / UA ID #

\*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*

***Return this page along with the application, completed and signed to NITC. You may send it via e-mail to [medgascerts@nitc.com](mailto:medgascerts@nitc.com), or mail to the address shown below. For more information call (877) 457-6482.***