



ISO 9001:2015 Certified

INSPECTION • TESTING • CERTIFICATION

Information Sheet for Designer 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 6060 including the following:

1. *A minimum of two (2) years of documented experience in the mechanical and plumbing systems and practical knowledge of the design of medical gas and vacuum systems in accordance with ASSE Series 6000, §60.3.2.1.*
2. *Successful completion of a minimum 32-hour training course in accordance with ASSE Series 6000, §60-3.2.2, conducted by a recognized and valid ASSE 6050 Instructor.*

THE EXAMINATION FEE is One-Hundred-Thirty Dollars (\$130.00). This must be prepaid. Please make a 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 One-Hundred dollar (\$100.00) 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.

Keep this page for your records. Return Page 2 and 3 to NITC via e-mail designer@nitc.com or mail to the address shown below. For more information call (888)234-6834.



Application for Medical Gas Designer 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 Prometric Test Center. (Provide method of payment below.)
- ☐ I have a minimum of two (2) years documented experience in the mechanical and plumbing systems industry.
- ☐ I have practical knowledge of the design of medical gas and vacuum piping systems.
- ☐ I will have completed the required 32-hour training course prior to my test date. (Course instruction must be conducted by a Medical Gas Systems Instructor certified to ASSE 6050. See ASSE Standard 6060)
- ☐ I have read the [Candidate Information Bulletin for NITC Medical Gas Designer Examination](#).
- ☐ I am requesting the examination to the NFPA 99-2024 Edition.

First Name	M.I.	Last Name	XXX- Last Six Digits of SSN
Street Address	City	State	Zip
Email Address	Cell/Other Phone		
Training Course Location	Training Course Date	Name of Instructor	
Local Union # (If Applicable)	Applicants NITC ID # / UA ID # (If Applicable)		

List your present or most recent employer first. Attach any documentation you have that would prove that you have two (2) years' experience in the mechanical and plumbing systems industry and practical knowledge of the design of medical gas and vacuum piping 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 a NITC Certification I shall 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: _____

Handwritten or Verified Digital Signature Required

PLEASE INCLUDE YOUR COURSE COMPLETION CERTIFICATE WITH THIS APPLICATION



Method of Payment for Medical Gas Designer Certification Examination

If you will be taking a computer-based certification examination at a Prometric Test Center, the examination fee of \$230.00 must be paid by one of the methods shown below or contact NITC to provide payment information.

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

First Name of Applicant	Last Name of Applicant	SS# / NITC ID # / UA ID #
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*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 e-mail to designer@nitc.com, or mail to the address shown below. For more information call (888)234-6834.