



ISO 9001:2008 Certified

Application for Medical Gas Maintenance 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 one (1) year of documented practical experience in the maintenance of medical gas 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 section 40-3.2.4.)
- I have read the [Candidate Information Bulletin for Medical Gas Systems Maintenance Personnel Certification Examination](#).

First Name	M.I.	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 Union # (If Applicable)			

List your present or most recent employer first. Attach any documentation you have that would prove that you minimum of one (1) year of documented practical experience in the maintenance 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	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.

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

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