

Medical Gas Class 2017

Class Dates:

Class #1- Jan. 28, 31, Feb 1, 2, 4, 7, 8, 9

Class #2- Apr. 22, 24, 25, 26, 29, May 2, 3, 4

Class #3- Jul. 8, 11, 12, 13, 15, 18, 19, 20

Class #4- Sept. 9, 12, 13, 14, 16, 19, 20, 21

Test Dates:

Class #1- February 11

Class #2- May 6

Class #3- July 22

Class #4- September 23

Test: All testing is on the last Saturday of the class and begins at 8:00 AM. Installer exam is a 100 question closed book test based on NFPA 99 *Health Care Facilities Code*

Times: Weekday code classes 5PM to 9 PM—Sat. Brazing 7:30 AM to 2:30 PM

Course Requirements:

Members must complete an NITC medical gas class application (included below) and submit it to the JATC business office **no later than 21 days before the start of the class**. The application must include a deposit check in the amount of \$116. There are only 10 openings and they will be filled on a first come basis.

Required text is 2015 NFPA 99 *Health Care Facilities Code*. Please call UA 777 Training School at (203) 686 0700 x 102 for book pricing. All books must be paid using either a money order or bank check. Members must purchase their book on the first day of class or beforehand and complete a homework assignment due on the first night of code class.

Proper PPE, including long-sleeve shirt, safety glasses and work shoes must be worn for brazing classes.



INSPECTION • TESTING • CERTIFICATION

ISO 9001:2008 Certified

Application for Medical Gas Installer/Brazer 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 four (4) years of documented practical experience in the installation of 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 6010, Section 10-3.2.3.)
- I have read the Candidate Information Bulletin for NITC Medical Gas Installer/Brazer Examination.
- I am requesting the examination to the NFPA 99-2012 Edition.
- I am requesting the examination to the NFPA 99-2015 Edition.

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|--------------------------|----------------------|--------------------|------------------|
| First Name | M.I. | Last Name | SS# |
| 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 have four (4) years experience in the installation of 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 | To |
|--------------------------|------|----|
| | | |
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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 an NITC Certification I shall agree to the following:

- I will make no any 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: _____

For Method of Payment see page 3