

# 2020 Medical Gas Installer - 100 Question Exam

**Class Dates:** (Weekday Code Classes 5:00 – 9:00 PM; **Saturday Brazes 7:30 AM – 2:30 PM**)

Class #1- Jan. **18**, 28, 29, 30, Jan **25**, Feb. 4, 5, 6

Class #2- Mar. **7**, 10, 11, 12, **14**, 17, 18, 19

Class #3- July **11**, 14, 15, 16, **18**, 20, 21, 22

Class #4- Sep. **19**, 21, 22, 23, **26**, 29, 30, Oct. 1

Class #5- Nov. **7**, 10, 11, 12, **14**, 17, 18, 19

**Test Dates** (8:00 AM)

<u>Test Date</u>	<u>Submit Application &amp; Check by</u>
• Class #1 Saturday, February 8 <sup>th</sup>	<b>January 15<sup>th</sup></b>
• Class #2 Saturday, March 21 <sup>st</sup>	<b>February 22<sup>nd</sup></b>
• Class #3 Saturday, July 25 <sup>th</sup>	<b>June 25<sup>th</sup></b>
• Class #4 Saturday, October 3 <sup>rd</sup>	<b>September 3<sup>rd</sup></b>
• Class #5 Saturday, November 21 <sup>st</sup>	<b>October 19<sup>th</sup></b>

## **Course Requirements:**

Members must complete the *Application for Medical Gas Installer/Brazer Certification Examination* (included below) **and submit it with a deposit check in the amount of \$116 to the JATC Training Center in accordance with the dates in the table above to hold space. Application must be printed, signed with a wet signature/date and mailed back to Local 777 JATC, 450 Murdock Avenue, Meriden CT 06450 by the date indicated in the table above. Failure to cancel the test date without good cause will result in deposit check being cashed to cover non-reimbursable test fee. Call (203) 686-0700 x101 to cancel if you can't make the test.**

Please ensure the application reflects at least 4 years' (48 months) experience in the Plumbing & Pipefitting trades. Only completed applications with deposit checks will hold space in class. There are only 15 openings and they will be filled on a first come basis.

Required text is 2018 NFPA 99 *Health Care Facilities Code*. Book cost is \$75.00. All books must be paid using either a money order or bank check. Members must purchase their book no later than the first day of class.

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



## 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.)
- ☐ I have read the [Candidate Information Bulletin for NITC Medical Gas Installer/Brazer Examination](#).
- ☐ I am requesting the examination to the NFPA 99-2018 Edition.
- ☐ I would like to receive notifications via text. ☐ I would like to receive notifications via email.

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)	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 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 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: \_\_\_\_\_