



Environmental & Medical Gas Services

103 Hunter Industrial Dr.
Villa Rica, GA 30180

Ph. (770) 459-5920
Fax (770) 459-1812

COURSE DATE: T æ ÁÍ ÈÌ , 2012

COURSE LOCATION: Carlo Plbg.
2230 Clements Ave.
Suite A
Pennsauken, NJ 08110

ASSE 6005 MEDICAL GAS SPECIALIST

A 24 hour training course for medical gas system engineers, designers, and personnel in need of general medical gas system information.

Prerequisite: None

Cost: \$750.00

ASSE 6010 MEDICAL GAS INSTALLER

A 32 hour training course for medical gas system installers which includes both a written and a practical brazing test. Brazing credentials are re-issued on a six month time interval to insure continuity of brazing expertise.

Prerequisite: (4) years of documented practical experience in the installation of piping systems.

Cost: \$850.00*

****Our course is approved in the following states: Georgia, Tennessee, Michigan, Iowa, North Carolina, South Carolina, Kansas and New York. If you do work in another state, we offer a national certification from NITC for an additional \$50.00. You must complete a separate NITC application.***

ASSE 6020 MEDICAL GAS INSPECTOR

A 24 hour training course for medical gas system Inspectors who inspect and review medical gas system installations for both governmental and private agencies.

Prerequisite: (2) years of documented practical experience (any type of installation services).

Cost: \$750.00

COURSE OUTLINE

I. DAY ONE (8 HOURS)

- A. NFPA 99C CODE INTRODUCTION
- B. NFPA 99C CODE DEFINITIONS
- C. MANIFOLDS
- D. AIR COMPRESSORS

II. DAY TWO (8 HOURS)

- A. PIPELINE DISTRIBUTION
- B. MEDICAL GAS ALARM PANELS
- C. MEDICAL GAS SHUT-OFF VALVES
- D. VACUUM PUMPS AND LEVEL III SYSTEMS

III. DAY THREE (8 HOURS)

- A. NFPA 99C 2005 EDITION CODE OVERVIEW
- B. NFPA 99C 2005 EDITION CODE QUIZ

IV. DAY FOUR (8 HOURS)

- A. INSTALLATION / INSTALLER REQUIREMENTS
- B. WRITTEN TEST
- C. BRAZING COUPON TEST (ASSE 6010 only—review supply list at right).

EMGS COURSES ARE TAUGHT BY A CREDENTIALLED ASSE 6050 INSTRUCTOR WITH OVER 20 YEARS OF EXPERIENCE IN THE MEDICAL GAS INDUSTRY.

EQUIPMENT REQUIRED FOR ASSE 6010 COURSE ONLY—EACH PERSON MUST HAVE:

- Ten (10) 1-1/2" Mueller W 01063 **copper coupling fittings** (standard type "L" plumbing fittings are acceptable and the fittings do not need to be cleaned for oxygen service). **We highly recommend using these Mueller ring-type couplings rather than dimple-type.**
- Minimum 10' of **copper tubing** type "L" size 1-1/2" (standard copper; does not need to be cleaned and capped (**The (10)' of 1 1/2" copper tubing can be cut into (10) seven inch lengths and (10) five inch lengths for placement in our brazing jig. Please cut pipe with a tubing cutter. This will expedite your practice and test brazing procedures. Fittings and pipe need to have no oxidation present.**
- (1) pound or 28 sticks of **Silver solder** with a minimum of 15% silver content (substitute 2-15% is not acceptable).

COURSE SYNOPSIS

The majority of the course is taught in a classroom setting and consists of lecture session segments, each of which is accompanied by a course worksheet. Day one, two & three are spent entirely in the classroom setting. Day four is split between some time in the classroom and some time spent in the shop area where each student is required to braze their own individual coupons (ASSE 6010 only). The test coupons consist of two sections of 1-1/2" pipe in a coupling in two separate assemblies to obtain two vertical upflow and two horizontal joints for a total of (4) brazed joints. A minimum test score of 75% is required to pass the written exam, which consists of a 100 question, closed book, multiple choice question type test. Upon successful completion of the course, a certificate, identification card, and brazing procedure qualification record are mailed to the student's employer. **A copy of the 2005 edition of NFPA99 C is included in the cost of the course.** Class will start at 8:00 AM and last until 5:00 PM each day. The class will be dismissed somewhat earlier on the final (test) day as some students may finish earlier than others.

COURSE APPLICATION

COURSE DATE: May 15-18, 2012
TIME: 8:00am – 5:00pm each day
LOCATION: Carlo Plumbing - Pennsauken, NJ



COMPANY: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

PLEASE CHECK APPROPRIATE COURSE:

- 6005 SPECIALIST** **6010 INSTALLER** **6020 INSPECTOR**

NAMES OF PARTICIPANTS (If taking the national exam (review first page of flyer), you will also need to complete a separate NITC application).

1. _____ 2. _____

3. _____ 4. _____

*Optional: You can purchase a DVD of the brazing procedure for \$20.00. We recommend that you practice the procedure prior to attending the course.

Contact: Caroline Darden, Training Director

Respond by FAX:
(770) 459-1812

Respond by PHONE:
(770) 459-5920

Respond by EMAIL:
caroline@emgsi.com

Respond by MAIL:
103 Hunter Industrial Dr.
Villa Rica, GA 30180

Please include payment with your registration form. Checks can be made payable to EMGS. We also accept Visa/Mastercard/Discover.

Card Type: _____

Name on Card: _____

Card #: _____

Expiration: _____ Billing Zip: _____

Cancellations will forfeit 50% of paid amount.



APPLICATION FOR NITC Medical Gas Installer/Brazer Examination

Application Information

Important note to examination candidates:

A [Candidate Information Bulletin](#) has been developed to help ensure your success. Since the information contained in each section of the Bulletin will answer many of the questions you might have, it is required reading prior to proceeding with this application. Download a copy from NITC's web site or call NITC to request a copy.

TO QUALIFY FOR THIS EXAMINATION all candidates must meet the requirements of the ASSE Series 6000, Professional Qualifications Standard for Medical Gas Systems Personnel, Section 10-3.2, Certification of Medical Gas Installers, to 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 6010, NFPA 99, and NFPA 50 or NFPA 55, and
3. A minimum of four years of documented practical experience in the installation of piping systems.

THE EXAMINATION FEE is One Hundred Eight Dollars (\$108.00). This must be prepaid and is **NON REFUNDABLE**. Please make check or money order payable to NITC. Visa, Master Card or American Express is also accepted. The method of payment must be attached at the time of submission. Or contact NITC to provide credit card payment information by phone at (877) 457-6482. **Note:** *In some cases payment is provided by the training agency or employer.*

For re-testing, or those who cannot attend the examination with their instructor, the multiple-choice examination is available computer-based at ACT centers. Visit www.nationalitc.com or www.act.org/actcenters/locate/ to locate an ACT center.

Exams given at ACT centers require that an email address be provided. You will receive an e-mail confirmation with your login information to schedule the exam date and time. Rescheduling for ACT examinations must be made at least 48 hours prior to the assigned time or date or a rescheduling fee of will be assessed. **Note:** *Application will not be processed until payment has been received.*

See the [Candidate Information Bulletin](#) for additional information.

Important Note to all Industry Stakeholders:

If you are a stakeholder who employs individuals in any arena in which NITC provides certifications, NITC would like to ask you to complete a very brief survey. This can allow you to anonymously share your industry knowledge, concerns, and/or kudos. Please [click here](#) to choose your area of interest.

Keep this page for your records. Return Page 2 to NITC via fax (213) 351-7632, e-mail to crystalg@nationalitc.com, or mail to the address shown below. For more information call (877) 457-6482.



ISO 9001:2008 Certified

Medical Gas Installer/Brazer Examination

Application Documentation

- I will be taking this exam at the instruction site upon completion of my course.
- I will be taking this exam at an ACT center. (Provide method of payment below).
- REQUIRED: (Note: Acceptable documentation for the first item below must be attached and will be verified.)**
- I have a minimum of four 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 section 10-3.2.3.)
- I have read the [Candidate Information Bulletin for NITC Medical Gas Installer/Brazer Examination](#).

First name	Last name	(Select State)	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 Number (If applicable)			

List your present or most recent employer first. Attach any additional documentation.

Employer & City	Job Duties	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.

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

