THE MEDICAL GAS TRAINING INSTITUTE
470 MAST ROAD, SUITE B
GOFFSTOWN, NH 03045
PHONE: 603.518.5804
FAX: 603.218.626

# PROGRAM APPLICATION
## ASSE 6040 MEDICAL GAS MAINTENANCE PERSONNEL PROGRAM

## Candidate Information
(Please Print)

**NAME OF APPLICANT:** _____

**MAILING ADDRESS:** _____

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

**HOME PHONE:** _____ **CELL PHONE:** _____

**EMAIL ADDRESS:** _____

## Employment Information
(Please Print)

**EMPLOYER:** _____

**ADDRESS:** _____

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

**WORK PHONE:** _____ **DATE EMPLOYMENT STARTED:** _____

## Prerequisite Verification

**Check ALL Boxes:**

☐ I am currently employed or contracted by a healthcare facility or actively engaged in working with medical gas systems.

☐ I have a minimum of one (1) year of documented experience in the maintenance or testing of medical gas systems.

**Statement of Eligibility:** I do solemnly swear and affirm that the information provided above is true. I further realize that providing false information shall be just cause for disqualification from the program. By affixing my signature to this application, I agree to abide by the program rules and requirements set forth above, and as a holder of a Medical Gas Training Institute certification I agree to abide by the Professional Standards of Conduct, and to not make any false claims about the scope of my certification(s). I understand that MGTI 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 a MGTI certification and shall return any certificates, including wallet-sized photo identification cards, to MGTI. I also agree to not utilize any written documents, reports, procedures, etc. with the MGTI certification mark in any manner whatsoever that may be inaccurate.

**SIGNATURE:** _____ **DATE:** _____

PLEASE FAX COMPLETED PROGRAM APPLICATION FORMS TO (603) 218-6262
OR SCAN AND EMAIL TO SUPPORT@MEDGASINSTITUTE.COM

A NATIONALLY RECOGNIZED THIRD-PARTY MEDICAL GAS CERTIFICATION ORGANIZATION