Medical Gas Training Institute

PROGRAM APPLICATION
ASSE 6050 MEDICAL GAS INSTRUCTOR 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 have (10) years of documented experience in the installation of plumbing or mechanical piping systems and (2) years of documented practical experience in the installation of medical gas and vacuum systems. Please attach documentation confirming experience.

☐ I have (2) years of documented practical teaching experience. Please attach documentation confirming experience.

☐ I have a current ASSE 6010 Medical Gas Systems Installer and ASME IX Brazing Certification. Please attach a copy of the certifications for validation.

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