



## APP-6055-C: Application for CGACB Certification to ASSE 6055

### Section 1: Applicant Details

First & Last Name: \_\_\_\_\_

Company (Firm) Name: \_\_\_\_\_

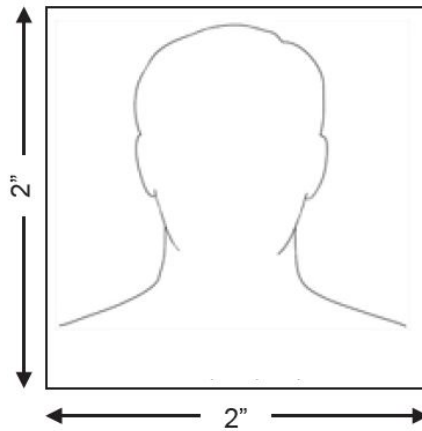
Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Submit a digital file (.JPEG preferred) of a clear photograph of you taken within the last 6 months. As shown in the example to the right, photographs should show your head and shoulders taking up most of the area. Photographs must be of you alone, front view, full face, taken in normal clothing without a hat or dark glasses in front of a light colored, solid background. This photo will be used to verify your identity for your exam and will be displayed on your certification credential.



### Section 2: Prerequisite Verification

To qualify for the ASSE 6055 certification you must meet the requirements found in the **CGA Certification Board (CGACB) Policy & Procedures Manual**:

- 1) Successful completion of bulk medical gas supply system training (32 hours minimum, including prerequisite courses) in compliance with the current edition of ASSE 6055, *Bulk Medical Gas / Cryogenic Fluid Central Supply System Instructors*.

I have received a minimum of 32 hours of training in compliance with the current edition of ASSE 6055 and have attached a certificate or letter from the training entity, a print-out statement of completion of an on-line program, a letter from a company representative verifying self-directed training, or an alternate. Yes  No



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- 2) Documentation of practical experience in the installation or design of bulk medical gas / cryogenic fluid central supply systems.

I have practical experience in the installation or design of bulk medical gas / cryogenic fluid central supply systems. I have attached a summary of the bulk medical gas / cryogenic fluid central supply systems projects I have worked on which includes the date(s) and location of each installation.

Yes  No

- 3) Where you are in the direct employment of a firm that designs and / or operates bulk medical gas / cryogenic fluid central supply systems, **you must provide the table of contents from your employer's standard operating procedures (SOPs) for bulk medical gas supply system installations. At a minimum, the table of contents must include (a) a list of SOPs by name and (b) the effective date of SOP table of contents.**

OR

Where you are not in the direct employment of a firm that designs and / or operates bulk medical gas / cryogenic fluid central supply systems, you are considered a consultant and meet the requirements of the FDA CGMPs defined in 21 CFR part 211.34 (Consultants).

3a. I am currently employed by a firm that designs and/or operates bulk medical gas / cryogenic fluid central supply systems.

3a. Yes  No

OR

3b. I am currently employed as a consultant meeting the requirements of FDA CGMPs as defined in 21 CFR part 211,34 and have attached a summary of my experience and qualifications as a consultant, a description of a consulting services I provide, and the name and address of the consulting service that I represent.

3b. Yes  No

(If answering Yes to question 3a) I have provided my employer's standard operating procedures (SOPs) for bulk medical gas supply system installations. A member of my Quality Control Unit has completed and signed the SOP verification (see Section 6).

Yes  No



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### Section 3: Certification Fees

The ASSE 6055 certification exam registration fee is \$595 (USD) and includes your application review, registration, exam scheduling, and initial exam session\*. A \$100 (USD) discount is available for Compressed Gas Association members in good standing.

\*NOTE – This fee does not include travel to client locations for on-site exams.

The exam fee is payable by check made out to CGA Certification Board, LLC. Please include your payment with your application. No exam will be scheduled without payment in full.

### Section 4: Exam Scheduling

Select the exam session format(s) you are interested in below.

- Video-Proctored Exam
- In Person Exam (at CGACB headquarters in Tysons Corner, VA)
- In Person Exam (at my location – additional fees apply)

### Section 5: Signature

Please complete the signature section below if you understand and agree with the following statement:

*I hereby attest and affirm that the information included on this application, including any attachments, is true and accurate to the best of my belief and knowledge. I acknowledge that any certification issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the certification.*

*I grant CGACB permission to verify my certification status and list on a publicly available database my name, company affiliation, certification number, certification status, and certification expiration date after I have been certified. I also attest and affirm that I will maintain my certification(s) according to the CGACB Policy & Procedures Manual. Should my certification be revoked, I agree to stop using any and all references to being the holder of an ASSE 6055 certification and shall return any certificates, including wallet sized photo identification cards, to CGA Certification Board, LLC.*

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_



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### Section 6: Standard Operating Procedure (SOP) Verification

NOTE – This section is only required for applicants who answered YES to Section 2, Question 3a. If applicable, this section must be completed by a member of your company's Quality Control Unit.

Firm (Company) Name: \_\_\_\_\_

SOP Manual Title: \_\_\_\_\_

SOP Issuance Date: \_\_\_\_\_

OCU Member Name: \_\_\_\_\_

OCU Member Title: \_\_\_\_\_

Name of Applicant Seeking Certification: \_\_\_\_\_

In accordance with our firm's Standard Operating Procedures (SOPs) the applicant named above has maintained their training, qualifications, and has experience for the installation of bulk medical gas supply systems in accordance with our Firms SOPs.

At a minimum our firm's written SOP manual for health care installations contain procedures which address the requirements found in the current published editions of CGA M-1, ASSE 6055, NFPA 55, NFPA 99, and FDA's Current Good Manufacturing Practices (CGMPs) regarding bulk compressed medical gas supply systems, including:

- personnel qualifications for installing and maintaining bulk medical gas systems at health care facilities;
- personnel experience, education, and training requirements in the FDA's CGMPs, CGA M-1, ASSE 6055, NFPA 55, and NFPA 99;
- the roles and responsibilities of the QCU for bulk medical gas systems;
- brazing certification;
- periodic retraining;
- system design;
- equipment selection;
- material qualification;
- equipment installation procedures including cleaning, odor test, pipe joining, system identification and markings, and system pressure test;
- system start-up procedures including first fill, purge, product testing, startup testing, system verification, and system commissioning;
- system maintenance; and
- system removal.

*I hereby attest and affirm that at a minimum, our firm's written procedures for the installation of medical gas supply systems at health care facilities comply with the requirements of the industry standards listed above.*

OCU Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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Before you mail your application and certification fee, make sure that you have:

- Filled out all applicable sections of the application
- Signed and dated the application
- Made a copy of the application for your files
- Enclosed a check for the certification exam fee made out to CGA Certification Board LLC
- Submitted a digital photo of yourself meeting the criteria provided in Section 1 to [Certification@CGACB.org](mailto:Certification@CGACB.org).
- Enclosed required documentation for all prerequisites defined in Section 2
  - Certificate or letter verifying training
  - Summary of bulk compressed medical gas supply system work with dates of installation
  - (If answering YES to question 3a) A copy of your firm's SOP table of contents or a list of SOPs for the installation of medical gas supply systems at health care facilities
  - (f answering YES to question 3b) A description of your qualifications as a consultant

Mail the original completed application, supporting materials, and the certification fee to:

CGA Certification Board LLC  
 c/o Compressed Gas Association, Inc.  
 8484 Westpark Drive, STE 220  
 McLean, VA 22102

Thank you for your interest in CGACB certification programs. We will review your application and contact you within 15 business days regarding next steps.

For more information, please contact [Certification@CGACB.org](mailto:Certification@CGACB.org).

### CGACB Staff Use Only

Reviewed by (Print Name): \_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

Approved

Not Approved

Comments: \_\_\_\_\_