



APP-M1-6015-UPG: Application for CGACB Certification upgrade from ASSE 6015 to combined CGA M-1 & ASSE 6015

Section 1: Applicant Details

First & Last Name: _____

Company (Firm) Name: _____

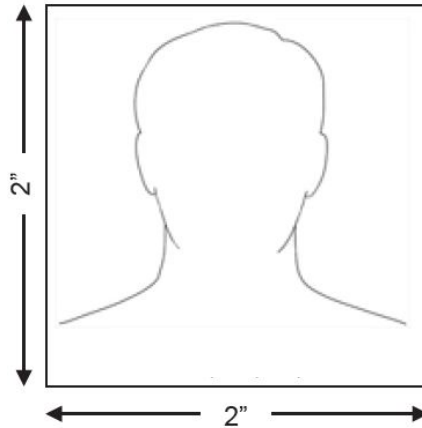
Address: _____

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 CGA M-1 & ASSE 6015 certification you must meet the requirements found in the **CGA Certification Board (CGACB) Policy & Procedures Manual**:

- 1) Provide evidence of current ASSE 6015 certification credential or certificate.

I have a current ASSE 6015 certification and have attached a copy of my credential card or certificate. Yes No

- 2) Successful completion of bulk medical gas supply system training (4 hours minimum, including prerequisite courses) in compliance with the current edition of ASSE 6015, *Bulk Medical Gas Systems / Cryogenic Fluid Central Supply System Installers* or CGA M-1.1, *Standard for Medical Gas Supply System Training*.

I have received a minimum of 4 hours of training in compliance with the current edition of CGA M-1.1 or ASSE 6015 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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3) Confirmation that 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 a copy of 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.**

I am currently employed by a firm that designs and/or operates bulk medical gas / cryogenic fluid central supply systems. Yes No

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

Section 3: Certification Fees

The CGA M-1 & ASSE 6015 certification upgrade exam registration fee is \$395 (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)



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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 immediately stop using any and all references to being the holder of a CGA M-1 & ASSE 6015 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: Quality Control Unit Verification of Standard Operating Procedure (SOP)

NOTE – This section must be completed by a member of your company's Quality Control Unit (OCU).

Firm (Company) Name: _____

SOP Manual Title: _____

SOP Issuance Date: _____

OCU Member Name: _____

OCU Member Title: _____

Name of Technician Seeking Certification: _____

In accordance with our firm's Standard Operating Procedures (SOPs) the technician 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 6015, 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 6015, 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 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.
- Enclosed required documentation for all prerequisites defined in Section 2
 - o Certificate or letter verifying training
 - o 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

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.

CGACB Staff Use Only

Reviewed by (Print Name): _____

Signature of Reviewer: _____

Date: _____

Approved

Not Approved

Comments: _____
