



Medical Gas Training & Certification

January 7-10, 2019

-Sponsored by TN PHCC

Classes will consist of 32 hours on medical gas pipeline equipment such as alarms, valves, compressors, vacuum pumps and will include detailed training in NFPA99, including types of facilities and requirements, medical gas source equipment, etc. There will also be a class section devoted to proper brazing techniques and requirements for medical gas equipment. *(Tennessee State Law enacted April, 1998, requires 32 hours of training for medical gas installers.)*

Students must successfully complete a written exam as well as a brazing practical in which the student must braze copper tubing. After successful completion of the written and practical examination, any master or journeyman plumber will be able to apply for an endorsement for medical gas work on their existing certificate.

SCHEDULE: Monday to Thursday: January 7-10, 2019 **TIME:** 8:00 a.m. - 4:30 p.m

LOCATION: Ferguson Training Room, 6422 Deane Hill Drive, Knoxville

STUDENTS BRING: #2 Pencils and paper/notebook
Safety gear such as gloves, goggles
5 ft. 1½ " L tubing
1 lb 5% silver solder
8 1½" wrought couplings with stops

TUITION: **PHCC Member \$950.00**
Non PHCC Member \$1200.00

RETURN REGISTRATION FORM by fax to TAPHCC 865-531-7045 or email taphcc@bellsouth.net

Deadline for Registration: December 31, 2019

Make check payable to: TN Assoc. PHCC, 9041 Executive Park Dr. Suite 220, Knoxville, TN 37923
Or call 865-531-7422 with your Visa/MC information- 3.5% processing fee

Please print clearly- this information will be used for your permanent certification record:

Name of Student: _____

Home Address: _____

Phone: Work _____ Cell: _____ Soc. Security: _____ - _____ - _____

Email: _____ (for registration purposes only)

Are you a: Master Plumber Journeyman Apprentice Field Supervisor Inspector Estimator

Other job title: _____ Current License # (if any) _ -- _____ State: _____

Are you familiar with NFPA 99? Yes No Do you currently work on medical gas pipelines? Yes No

Name of Employer: _____ Company Phone: _____

Address of Employer: _____