

# FAA Aerospace Medical Certification Services Airman Satisfaction Survey 2011

**Purpose:** This questionnaire is being administered to a sample of US airmen from varying category and class ratings who have recently sought medical certification from an Aviation Medical Examiner (AME). You have been selected to serve as a representative of your category and class rating, so it is important that you complete and return this survey to the Federal Aviation Administration (FAA). The goal of this effort is to evaluate the quality of aerospace medical certification services and identify areas of concern so that the FAA may improve its services to airmen.

**Definitions.** References to your '**most recent**' application or experience refer to the last medical certificate you sought from an Aviation Medical Examiner (AME) for your current category and class rating.

**Confidentiality Assured.** The Civil Aerospace Medical Institute strictly adheres to ethical standards, public law, and federal policies for safeguarding the confidentiality of all participants in this survey. All responses to survey and demographic items are **confidential** and **anonymous**. The Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, PL 107-347, Title V, Subtitle A) and 18 U.S.C. 1905 (The Privacy Act of 1974) protect the confidentiality of information collected through this survey. Additionally, individual responses to this survey and demographic items shall not be linked together when reporting.

**Survey Completion:** When you complete the survey, please read each statement carefully and indicate your selection by marking the box that corresponds to the response option(s) of your choice. If the response options do not provide a perfect fit for your unique situation, use your best judgment. If answering an item makes you uncomfortable, skip it and go to the next item. Required items are denoted as '**Required**' following the item text.

Completion of this survey, or any part of this survey, is **voluntary**. Responses to this survey are **anonymous** and **confidential**, so please be open and candid. Please do not identify yourself or your AME by name. The FAA's Civil Aerospace Medical Institute will process the paper surveys returned by mail. The survey will remain open until XXXX.

**Questions:** If you have difficulty accessing the website or would like a paper copy of the survey, please contact Suzanne Thomas by email at [suzanne.ctr.thomas@faa.gov](mailto:suzanne.ctr.thomas@faa.gov) or by phone (405) 954-1594.

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**Paperwork Reduction Act Statement.** Note that a federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection of information is 2120-0707, which expires XXXX.