

## AVIATION MEDICAL EXAMINER DESIGNATION APPLICATION

### PAPERWORK REDUCTION ACT STATEMENT

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0604. Public reporting for this collection of information is estimated to be approximately 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information.

All responses to this collection of information are mandatory, are collected only when the applicant wishes to become an AME, and are solicited under the Authority of 49 U.S.C. 44702 and 14 CFR Part 183. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the FAA at: 800 Independence Ave. SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, AES-200.

### PRIVACY ACT STATEMENT

The information on this form is solicited under the authority of 49 U.S.C. 44702 and 14 CFR Part 183.

No designation as an AME may be made unless a completed application form has been received (14 CFR 183).

This information is to permit consideration of the applicant's qualifications and suitability to act as an AME for the FAA. It also is used for publication of AME directories and for other statistical purposes.

The information collected on the form becomes part of the Privacy Act System of Records, DOT/FAA 822, Aviation Medical Examiner System.

Submission of your Social Security Number (SSN) is not required by law and is voluntary. Refusal to furnish your SSN will not result in the denial of any right or privilege provided by law. Your SSN is solicited to assist in performing the agency's functions under the authority of 49 U.S.C. 44702, and if supplied, will be used to query national and/or state medical practitioner data banks to verify your medical credentials. If you refuse to supply your SSN, a substitute system of identification will be necessary to permit the required query.

### INSTRUCTIONS

1. Submit your application in duplicate to the FAA Regional Flight Surgeon (RFS) for your locality. Additional copies of this form can be downloaded at <http://feds.faa.gov>. Please remember to retain a copy for your file.
2. You can find applicable Regional Flight Surgeon Office addresses at <http://www.cami.iccbbi.gov>, if needed.
3. Retain this instruction sheet for your files since it contains the conditions of your designation.
4. Please attach to your application: copies of your medical school diploma, certificate of any postgraduate professional training, medical specialty board certification (if any), and certification of current unrestricted valid state license(s) to practice medicine.

### GENERAL INFORMATION

The FAA uses an Aviation Medical Examiner (AME) System to conduct medical examinations of airmen and apply medical standards prescribed in the Federal Aviation Regulations (FARs). AMEs are authorized to assess airman fitness and to issue, defer or deny issuance of FAA medical certificates. The responsibility and trust associated with designation as an AME may necessitate investigation to determine the applicant's personal and professional suitability. The information requested on this application may be used to facilitate that investigation.

Only fully licensed physicians in good standing in their communities are designated as AMEs on the basis of training and experience, adequacy of facilities for performing the prescribed examinations, and the need for examiners in the geographic area. Training or experience in a particular medical specialty may sometimes be required because of particular agency needs.

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### GENERAL INFORMATION (CONTINUED)

Designation as an AME authorizes the physician to perform the medical examination of commercial pilots (second-class) and student and private pilots (third-class), and to issue, defer, or deny issuance of FAA medical certificates. Designation as a senior AME-to examine airmen of all classes, including airline transport pilots (first-class)-usually requires 3 years experience as an AME and additional equipment. All designations are for 1 year and, in addition to other criteria specified in FAA Order 8520.2E as amended, renewal is contingent upon the interest of the AME, accuracy and number of examinations performed, and compliance with AME training requirements. The FAA makes final determination relative to the designation of the AME.

The FAA does not supply any medical equipment needed in the conduct of medical examinations except the Near and Intermediate Vision Acuity Chart but will furnish complete examination instructions and forms. In addition to those items normally needed for performance of a general medical examination, the equipment listed in Appendix 2 of FAA Order 8520.2E in the "Guide for Aviation Medical Examiners", as amended, is required. (The equipment list may also be viewed at [www.faa.gov](http://www.faa.gov)....) Upon notification of your acceptance as an AME, and before final designation, you will be asked to certify that FAA acceptable equipment has been acquired. Most of the required medical equipment may be obtained from local medical supply companies.

### CONDITIONS OF DESIGNATION AS AN AME

As conditions of designation as an AME, the designee must:

1. Become thoroughly familiar with instructions regarding evaluation and documentation of medical history. Become familiar with instructions concerning the proper technique of medical examination of airmen. Consider the aviation medical significance of all medical tests, laboratory reports, consultation reports, and other medical information available. Become familiar with the provisions of 14 CFR Part 67, FAA Order 8520.2E, and the instructions in the "Guide for Aviation Medical Examiners". Considering all medical information available, be able to make a proper decision to issue, defer or deny airman medical certification;
2. Abide by the rules and regulations of the FAA;
3. Personally take medical history of and perform the medical examination of applicants for airman medical certificates. Under certain circumstances other personnel may be permitted to perform the paraprofessional portion of such examinations, but regardless of who performs the tests, the AME is responsible for the accuracy of the findings, and this responsibility may not be delegated;
4. Use the Airman medical Certification System (AMCS) for the recording, validation, and transmission of airman medical certification data. Detailed information on the AMCS may be obtained by contacting the AMCS hotline at (405) 954-3238;
5. Keep current in the practice and science of changes in aerospace medicine;
6. Complete FAA-sponsored Medical Certification Standards and Procedures Training (MCSPT), Clinical Aerospace Physiology Review for AMEs (CAPAME), and a Basic AME Seminar prior to designation and subsequently complete an AME Seminar or other equivalent training every 3 years;
7. Assure that a member of the AME's staff completes MCSPT before the AME is initially designated;
8. Inform the FAA of any change of address, telephone, Fax number, or e-mail address;
9. Inform the FAA of any investigation, indictment, or pending action in any local, state, or Federal Court; and
10. Inform the FAA of any action against the AME's medical license by a State licensing board or the Drug Enforcement Administration (DEA); or of any action to remove or restrict the AME's medical privileges by an hospital or specialty board or the DEA.

If at any time after designation there is discovered any error, omission, or misrepresentation or concealment of material fact in this application this will be regarded as sufficient reason for the termination of such a designation.



U.S. Department of Transportation  
Federal Aviation Administration

## AVIATION MEDICAL EXAMINER DESIGNATION APPLICATION

*Type or Print All information. Check box(es) and/or complete items as applicable. Use additional pages, as necessary*

### A. APPLICANT IDENTIFICATION

1.a. Name (Last, First, Middle)		b. <input type="checkbox"/> Male <input type="checkbox"/> Female		9. Degree(s) Check all that apply <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PhD <input type="checkbox"/> MPH <input type="checkbox"/> MS <input type="checkbox"/> _____ Other	
2. Date of Birth (Mo/Day/Yr)		3. SSN (optional)		10. Primary Medical Specialty (Only one primary specialty is permitted in this space)	
4. Address Where Examinations Will Be Performed					
a. Name of Institution / Clinic, If Any					
b. Street Address					
c. City		d. State/Province		e. ZIP Code	
f. County			g. Country		
5.a. Office Telephone Number			b. Office FAX Number		
6. E-mail Address					
7. If you have previously been designated as an AME, list AME Number and Region.					
8. List all past and present State Medical Licenses and License Numbers (State Abbreviation / License number / Period of Licensure)					

### B. EDUCATION

1. Medical Schools	Name of School(s)	City/State	Mo/Day/Yr Graduated	Degree Received
2. Internship Residency	Name of Hospital/Institution(s)	City/State	Inclusive Dates	Type
3. Post Graduate	Name of Institution(s)	City/State	Inclusive Dates	Degree/Certificate

### C. EXPERIENCE

1. MEDICAL				2. AVIATION (Check all that apply)			
a. Type of Practice	b. Institution(s) (Name and location)	c. Years		<input type="checkbox"/> Private Pilot	<input type="checkbox"/> Certified Flight Instructor	<input type="checkbox"/> Commercial Pilot	<input type="checkbox"/> Certified Instrument Flight Instructor
		From	To				
				<b>3. MILITARY (Current or past status)</b>			
				<input type="checkbox"/> Active Duty	Branch	From	To
				<input type="checkbox"/> Reserves			
				<input type="checkbox"/> National Guard			
				Flight Surgeon? <input type="checkbox"/> Yes <input type="checkbox"/> No			
				Number of Years of Flight Medicine Practice: _____			

### D. SPECIALTY BOARDS/MEDICAL SOCIETIES


**E. GENERAL INFORMATION**

PLEASE ANSWER THE FOLLOWING QUESTIONS:  
(if you check "Yes", explain in detail under remarks)

	YES	NO
1. Is any license of yours to practice medicine/surgery restricted in any way?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has any license of yours to practice medicine/surgery ever been restricted, suspended, or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any application for renewal of any license of yours to practice medicine/surgery ever been denied?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the Drug Enforcement Administration ever proposed or taken any action against you that would restrict your ability to practice medicine/surgery?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any action ever been taken to restrict your privilege to practice medicine/surgery by a hospital or specialty board?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been charged with a violation of any local, state, or Federal law pertaining to controlled or habit-forming drugs or narcotics?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there any investigations, charged indictments, or pending actions against you in any local, state, or federal court that could result in any of the events cited in questions 1 through 7, above?	<input type="checkbox"/>	<input type="checkbox"/>

**F. REMARKS**

Reference item numbers when explaining previous entries and when attaching information.

**G. CERTIFICATION**

I hereby certify that the information provided herein and in attachments is true and correct to the best of my knowledge and belief. I agree to the conditions of designation which accompany this application. It is further agreed that all necessary equipment will be acquired upon acceptance and PRIOR to my conduct of FAA medical examinations

**WARNING:** Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both. (18 U.S. Code Secs. 1001; 3571).

Date	Applicant Typed or Printed Name:	Signature
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**H. FAA USE ONLY**

This application has been reviewed and references have been investigated and/or it has otherwise been determined that the applicant

- Meets       Does not meet the professional standards required for designation as an AME.  
 Designation not made for the following reasons:

Applicant Designated As:		Serial Number
<input type="checkbox"/> Senior Aviation Medical Examiner	<input type="checkbox"/> Aviation Medical Examiner	
Date Designation Action Completed	Date Applicant's Acceptance Received	Date Supplies/Instructions Issued
Region	Date	Regional Flight Surgeon/Authorized Representative Signature:
		<b>Original Received in AAM-400</b>
		Date
		By