AME-DMS Designee Registration & Application Process

Federal Aviation Administration

Job Aid Contents

Designee Management System

The Designee Management System (DMS) is a web-based tool designed to standardize the management of Designees. **Designee:** Private persons (i.e., individuals) or organizations delegated to act as representatives of the Administrator. DMS will collect, store, and process data and information associated with designees and the designee management processes in accordance with FAA recordkeeping requirements. DMS may utilize information from other FAA systems where appropriate and other FAA systems may utilize information from DMS where appropriate.

DMS Registration & Login

You must Register before logging into the Designee Management System (DMS) for the first time.

1. Access DMS using the following link: https://designee.faa.gov/
2. When the Systems Use Notice appears click **I Agree**.

Systems Use Notice

You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:
(1) You have no reasonable expectation of privacy regarding any communications or information transiting or stored on this information system. At any time, the government may for any lawful government purpose monitor, intercept, search, and seize any communications or information transiting or stored on this information system.
(2) Any communications or data transiting or stored on this information system may be disclosed or used for any lawful government purpose.

I Agree

3. From the Login Page, click **Please Register**.

Login

User Name:

Forgot User Name

Password:

Forgot Password

Please Register   **Login**

4. The DMS Registration screen appears. All of the fields that have a red asterisk (*) are required fields. You must enter:
    a. First Name
    b. Middle Name or Initial
    c. Last Name
    d. Citizen Status
    e. Gender
    f. Date of Birth
    g. Primary Email Address
    h. Confirm the Email Address
    i. Create a Username
    j. Create a Password
    k. Select a Security Question
    l. Type a Security Answer

5. Click the **Submit** button.

Registration

Personal Information

* First Name:
[Enter your First Name]

* Middle Name:
[Enter your Middle Name or Initial]

* Last Name:
[Enter your Last Name]

Suffix:
[Enter your Suffix]

* U.S. Citizen Status:
○ Yes
○ No

* Gender:
○ Male
○ Female

* Date Of Birth:
[DD ▼] [MON ▼] [YYYY ▼]

Security Information

* Primary Email Address:
[   ]
(This Email will be used for validation of this profile)

* Primary Email Address Confirmation:
[   ]

* User Name:
[Enter your User Name]

* Password:
[   ]
(Passwords must be at least 8 characters in length, containing at least one upper case letter, one lower case letter, one number, and one special character (e.g. !, #, %, @, etc.))

* Confirm Password:
[   ]

* Secret Question:
[Please select a Security Question ▼]

* Answer:
[   ]

[Submit]

6. When the "*Systems Use Notice*" appears, click **I agree**.
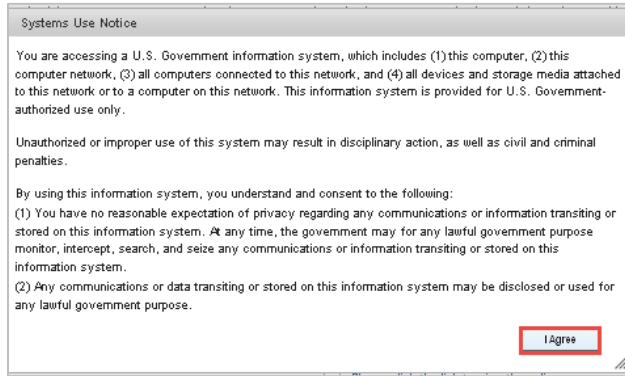
7. When the **DMS Login Prompt** appears, enter the **User Name** and **Password** (created during registration), and click **Login**.
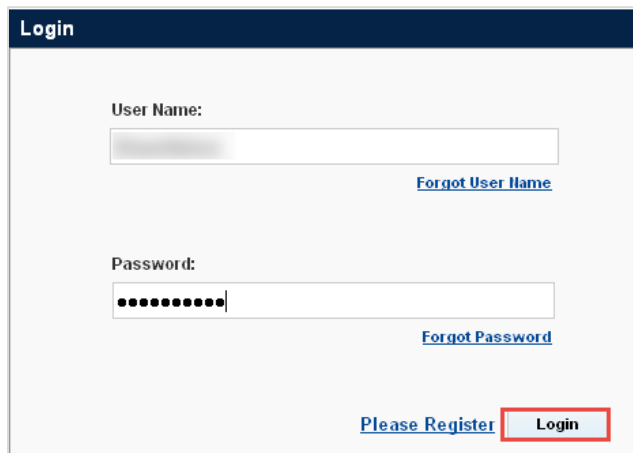
The DMS Home page opens.

Create Application:

1. From the **Designee Home Page** Welcome Screen, select **Create Application**.

2. The **Designee Acknowledgement Statement** screen opens. Read the statement, and then click **Accept**.

Designee Acknowledgement Statement

As a designee under Title 49, United States Code, §44702(d) and/or 14 CFR Part 183, I understand that I represent the Administrator and must maintain the highest standards, knowledge levels, and qualifications. I understand that: Designation is a privilege. Designees serve the needs of the FAA in fulfilling its safety mission, allowing the FAA to leverage its resources. This privilege conveys responsibilities, but does not imply employment or other rights unrelated to FAA needs.

The FAA has oversight responsibilities over my designation, and can observe my activity as a designee at any time. I must successfully complete recurrent training within the timeframes established; this training includes passing examinations provided during training. I will perform my tasks with integrity and cooperation, exercising sound judgement and a professional attitude in all my dealings with the public and FAA, as relates to my designation. My designation is predicated on an FAA need for a designee to perform certifications in the vicinity of my practice and the ability of the FAA to manage my designation.

Accept   Decline

3. Select **Designee Type** under **Office of Aerospace Medicine**, select **Aviation Medical Examiner (AME),** and click **Continue**.

*Required

Select Designee Type

Aircraft Certification Service

Manufacturing

○ Designated Manufacturing Inspection Representative (DMIR)
○ Designated Airworthiness Representative - Manufacturing (DAR-F)

Office of Aerospace Medicine

○ Aviation Medical Examiner (AME)

Back   Continue   Cancel

4. When the **Medical License** window appears, answer **Yes** or **No** to the Medical License question.

Medical License ✕

Are you a physician (MD or DO)? Note: An unrestricted license, an equivalent clearance for an international applicant or the medical licensing requirements of the applicable military or federal service is required to fully practice medicine in the state, foreign country, or area in which the designation is sought.

Yes   No

5. When the **AME Designee Acknowledgement Statement** appears, read the statement and then click the **Accept** button**.**

6. When the **Select AME Type** appears, select the **AME Type(s)** and click **Continue**.

7. When the *Paperwork Reduction Act Statement* screen appears, click **Continue**.

A message "Application has been saved" appears.

Contact Information:

Note: The **Save** button is located at the end of each page. If you get timed out of the application for any reason, once logged back into the form, the field data will be lost if you haven't clicked the **Save** button.

A red asterisk (*) next to a field requires data.

8. Enter the **Contact Information** into the form. If you have additional contact information to include in the form, click **Add another physical work address, Add another mailing address, or Add Phone Information.**

9. Click **Continue**.

Background Information>Aviation Medical Examiner (AME)

10. Answer the **Background Questions** with a **Yes, or No**, and then click **Continue**.

Education, Training and Certification Held> Aviation Medical Examiner (AME)

11. Click the **circle plus** buttons to add **Medical School**, **Internship**, and **Post Graduate** information.

Individual forms that appear after clicking the circle plus icon in the above form.

12. When **Education, Training and Certification** areas have been completed, click **Continue**.

FAA History and Technical Experience> Aviation Medical Examiner (AME)

13. Answer the **FAA History and Technical Experience** questions, and then click **Continue**.

9. Has any license of yours to practice medicine/surgery ever been restricted, suspended, revoked or denied?	○ Yes ● No
10. Has the Drug Enforcement Administration ever proposed or taken any action against you that would restrict your ability to practice medicine/surgery?	○ Yes ● No
11. Has any action ever been taken to restrict your privilege to practice medicine/surgery by a hospital or specialty board?	○ Yes ● No
* 12. Have you ever been a Military Flight Surgeon?	○ Yes ● No
13. Are you currently on Active Duty?	○ Yes ● No
14. Are you Guard or Reservist?	○ Yes ● No
* 15. Are you board certified in Aerospace Medicine?	● Yes ○ No
* 16. Have you completed an Aerospace Medicine Residency?	● Yes ○ No
17. Are you a member of any Specialty Boards/Medical Societies?	● Yes ○ No
17.1. If yes, which one(s)? Internal Medicine Society	
* 18. Please select your Medical Specialty:	Internal Medicine ▼
* 19. Do you possess an unrestricted license, or an equivalent clearance for international applicants, to fully practice medicine in the state, foreign country, or area in which the designation is sought; or meet the medical licensing requirements of the applicable military or federal service to which they belong?	● Yes ○ No
* 20. Are you a qualified physician in good standing in your community?	● Yes ○ No
Equipment Information: Please respond with yes or no for possessing the following equipment.	
* 1. Standard Snellen Test: Types for visual acuity (both near and distant) and appropriate eye lane. FAA Form 8500-1, Near Vision Acuity Test Card may be used for near and intermediate vision testing. Metal, opaque plastic, or cardboard occluder	● Yes ○ No
* 2. Eye Muscle Test-Light:	● Yes ○ No
2.1. If Yes, select one of the following options	A spot of light 0.5cm in ▼
* 3. Maddox Rod (May be Hand Type):	● Yes ○ No
* 4. Horizontal Prism Bar (Risley or hand prism are acceptable alternatives.):	● Yes ○ No
* 5. Other vision test equipment:	○ Yes ● No
* 6. Color Vision Test Apparatus	● Yes ○ No
6.1. If yes, please select:	Keystone Orthoscope ▼
* 7. A Wall Target:	● Yes ○ No
* 8. Standard physician diagnostic instruments and aids:	● Yes ○ No
* 9. Do you have access to Electrocardiograph equipment?	● Yes ○ No
* 10. Do you have access to Audiometric equipment?	● Yes ○ No

Back   Save   Continue   Cancel

Job Experience Relevant To This Application> Aviation Medical Examiner (AME)

14. Use the drop down menu to select the **Type of experience**, and click **Add** to enter at least one previous job experience. Click **Continue**.

Required Documentation> Aviation Medical Examiner (AME)

15. Click **Select** for each question and upload the required documentation. Click Continue.

A red asterisk (*) next to a field requires data.

Required Documentation > Aviation Medical Examiner (AME)

Required Documentation

A. Required documentation to support your application

* 1. Please upload your Current and Valid Medical License

Select

DMSDesigneeManagementOversi...   ⊘ Remove

* 2. Please upload your Medical School Diploma Certificate (Required)

Select

DMSDesigneeManagementOversi...   ⊘ Remove

* 3. Please upload your Curriculum Vitae (Required)

Select

DMSDesigneeManagementOversi...   ⊘ Remove

B. Additional documentation to support your application

1. Additional Information

additional information...

2. Please upload your Certificate of Good Standing

Select

DMSDesigneeManagementOversi...   ⊘ Remove

3. Please upload your Post Graduate and Training Certificate

Select

DMSDesigneeManagementOversi...   ⊘ Remove

4. Please upload your American Board Certificate, if any

Select

5. Additional Documentation

Select

DMSDesigneeManagementOversi...   ⊘ Remove

Back   Save   Continue   Cancel

The Application Summary Appears.

Note: If you need to go back and make changes to any section, click the **Edit** button that appears next to that section.
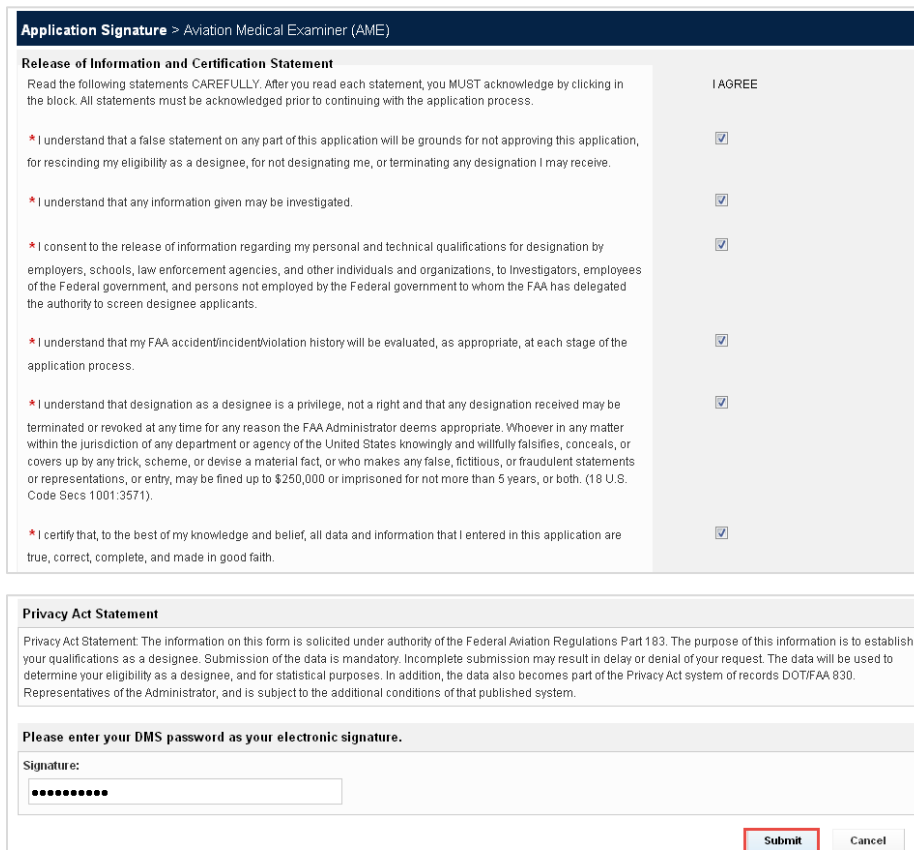

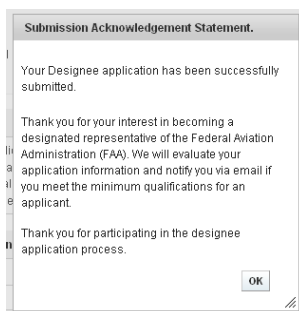16. Review the completed application, and then click **Continue**.

17. Check the **I AGREE** boxes for each statement.

18. Type in your **Signature (DMS Password)**.

19. Click **Submit**.

20. When the **Submission Acknowledgement Statement** appears, click **OK**.

*The **Home Page** opens, and the Application Status will show, "**Qualified Applicant.**"*

My Designations						›
Action Required Items						›
My Applications						⌄
ID	Type	Application Status	Application Expiration Date	Submission Date		
▶ 183516	AME	Qualified Applicant	7/28/2016	7/28/2015		Version(s)

Technical Support

For technical assistance, please contact:

FSC
FAA IT SERVICE CENTER
Email: helpdesk@faa.gov
Phone: (844) FAA-MYIT