



AME-DMS Designee Registration & Application Process

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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:

* Middle Name:

* Last Name:

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:

* Password:

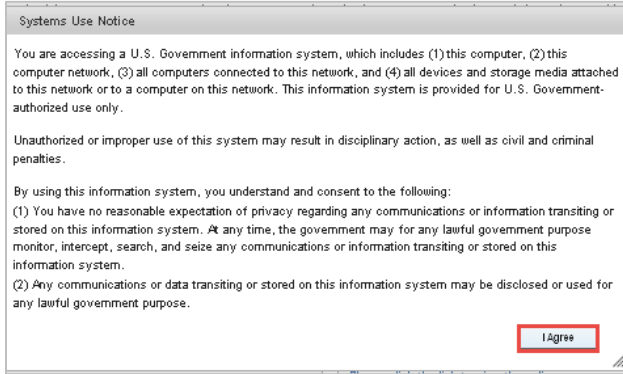
(Passwords must be at least 8 characters in length, containing at least one upper case letter, one lower case letter, one number, and one special character (e.g. !, #, %, @, etc.))

* Confirm Password:

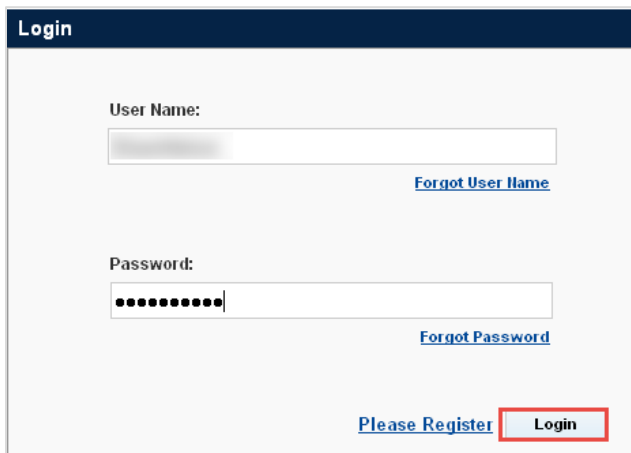
* Secret Question:
Please select a Security Question

* Answer:

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.

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)

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

Medical License [X]

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.

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

The screenshot shows a dialog box titled "AME Designee Acknowledgement Statement". The text inside reads: "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 maintain the professional certifications required for designation, and agree to immediately inform my Regional Flight Surgeon(RFS) if there are any limitations or restrictions to my license to practice medicine. I will perform my tasks with integrity and cooperation, exercising sound judgment 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. I will notify RFS immediately if my practice location, phone number, or e-mail address changes." At the bottom right, there are two buttons: "Accept" (highlighted with a red box) and "Decline".

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

The screenshot shows a dialog box titled "Select AME Types > Aviation Medical Examiner (AME)". It includes a red asterisk and the word "Required" at the top left. Below the title bar, it says "Please select The AME Types(s) you are applying for". There are six checkboxes: "Civilian-Domestic", "Civilian-International", "Military - Active Duty", "Federal", "Other", and "Military - Guard and Reservists". At the bottom right, there are three buttons: "Back", "Continue" (highlighted with a red box), and "Cancel".

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

The screenshot shows a dialog box titled "Paperwork Reduction Act Statement" with a close button (X) in the top right corner. The text inside reads: "Paperwork Reduction Act Statement The information is necessary to determine your eligibility to become an FAA designee. It is estimated that it will take approximately one minute per response. The information will become part of the Privacy Act system of records, DOT /FAA 830, Representative of the Administrator, and it will be used to evaluate your qualifications for appointment as a designee. It should be noted that a person is not required to collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection of information is 2120-0033. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ABA-20." At the bottom right, there are two buttons: "Continue" (highlighted with a red box) and "Cancel".

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**.

Contact Information > Aviation Medical Examiner (AME)

Email Information

Email Address
shawnnelson@hotmail.com

Address Information

Please enter your physical work address (s)

Physical Work Address 1

* Country
United States

Clinic Name
Northwest Mountain AME

* Street 1
1601 Lind Ave N.

Street 2

Street 3

* City
Renton

* County
KING

* State
Select State/Province...

* Zip Code
98057

[Add another physical work address](#)

[Add mailing address](#)

Phone Information

Please enter your Phone Information which will be used for this designation.

Phone 1

* Type
Select Phone Type...

* Location
Select Location...

* Number

Extension

[Add Phone Information](#)

Back Save **Continue** Cancel

Background Information>Aviation Medical Examiner (AME)

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

Background Information > Aviation Medical Examiner (AME)

Background Questions

* 1. During the last 7 years have you ever been other than honorably discharged from the military?	<input type="radio"/> Yes <input checked="" type="radio"/> No
* 2. During the last 7 years, do you have any investigations, charged indictments, or pending actions in any local, state, Federal, Military, or Foreign country?	<input type="radio"/> Yes <input checked="" type="radio"/> No
* 3. Are you fluent in the english language (read, speak, write and understand)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
* 4. During the last 7 years, have you been convicted of any felony offenses? A felony offense is considered a conviction where the punishment could have been greater than one year regardless of the sentence.	<input type="radio"/> Yes <input checked="" type="radio"/> No
* 5. During the last 7 years, have you been imprisoned, been on probation or on parole because of a felony conviction (including civilian or military felonies, firearms or explosive violations)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
* 6. During the last 7 years, have you had an airman certificate (other than medical), rating, or authorization (or foreign equivalent) suspended, revoked, or have you paid a civil penalty as a result of a violation of any FAA or other Civil Aviation Authority regulations (Foreign or Domestic)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
* 7. During the last 7 years, have you been convicted for a violation of any Federal, state, or foreign statutes relating to drugs or alcohol?	<input type="radio"/> Yes <input checked="" type="radio"/> No

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

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

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

Education, Training and Certification Held

Medical School

Name of Medical School	Date Of Graduation	City	State	Country	Degree Or Certificate
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Internship Residency

Name of Hospital/Institution (s)	Start Date	End Date	City	State	Country
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Post Graduate

Name of Institution	Start Date	End Date	City	State	Country	Degree or Certificate
---------------------	------------	----------	------	-------	---------	-----------------------

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

Add Medical School

Name of Medical School
University of Washington

Date of Graduation
6 2015

City
Seattle

State
Washington

Degree Received
Masters

Add Internship Residency

Name of Hospital/Institution(s)
harborview medical center

From Date
1 2010

To Date
12 2014

City
Seattle

State
Washington

Add Post Graduate

Name of Institution(s)
University Of Washington

From Date
6 2014

To Date
3 2015

City
Seattle

State
Washington

Degree or Certificate
Vocational Training

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

Medical School						
+ Add Medical School Information						
	Name of Medical School	Date Of Graduation	City	State	Degree Received	
Update	University of Washington	03/2015	Seattle	WA	Masters	▲
Remove						▼
Internship Residency						
+ Add Internship Residency						
	Name of Hospital/Institution(s)	Start Date	End Date	City	State	
Update	harborview medical center	01/2010	12/2014	Seattle	WA	▲
Remove						▼
Post Graduate						
+ Add Post Graduate Information						
	Name of Institution	Start Date	End Date	City	State	Degree or Certificate
Update	University Of Washington	06/2014	03/2015	Seattle	WA	Vocational Training
Remove						
				Back	Save	Continue
						Cancel

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

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

FAA History and Technical Experience > Aviation Medical Examiner (AME)	
FAA History and Technical Experience	
* 1. What type of Medical License do you currently possess?	MD ▼
* 2. Have you ever been an FAA AME(Aviation Medical Examiner)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
* 3. Have you ever been terminated by the FAA?	<input type="radio"/> Yes <input checked="" type="radio"/> No
4. Do you now, or have you ever been an AME for a Civil Aviation Authority other than the FAA?	<input type="radio"/> Yes <input checked="" type="radio"/> No
5. Have you ever had a designation as a Civil Aviation Authority AME rescinded?	<input type="radio"/> Yes <input checked="" type="radio"/> No
* 6. Do you hold a pilot certificate?	<input checked="" type="radio"/> Yes <input type="radio"/> No
0. Pilot License Number	45985 9865
0. The Pilot License Type	Private Pilot ▼
7. Have you ever had a license/certificate, rating or authorization revoked?	<input type="radio"/> Yes <input checked="" type="radio"/> No
8. Does the country where you are practicing issue licenses?	<input checked="" type="radio"/> Yes <input type="radio"/> No
8.1. Medical License ID number	R00005

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

9. Has any license of yours to practice medicine/surgery ever been restricted, suspended, revoked or denied?	<input type="radio"/> Yes <input checked="" type="radio"/> No
10. Has the Drug Enforcement Administration ever proposed or taken any action against you that would restrict your ability to practice medicine/surgery?	<input type="radio"/> Yes <input checked="" type="radio"/> No
11. Has any action ever been taken to restrict your privilege to practice medicine/surgery by a hospital or specialty board?	<input type="radio"/> Yes <input checked="" type="radio"/> No
* 12. Have you ever been a Military Flight Surgeon?	<input type="radio"/> Yes <input checked="" type="radio"/> No
13. Are you currently on Active Duty?	<input type="radio"/> Yes <input checked="" type="radio"/> No
14. Are you Guard or Reservist?	<input type="radio"/> Yes <input checked="" type="radio"/> No
* 15. Are you board certified in Aerospace Medicine?	<input checked="" type="radio"/> Yes <input type="radio"/> No
* 16. Have you completed an Aerospace Medicine Residency?	<input checked="" type="radio"/> Yes <input type="radio"/> No
17. Are you a member of any Specialty Boards/Medical Societies?	<input checked="" type="radio"/> Yes <input type="radio"/> No
17.1. If yes, which one(s)? <input type="text" value="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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
* 20. Are you a qualified physician in good standing in your community?	<input checked="" type="radio"/> Yes <input type="radio"/> 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	<input checked="" type="radio"/> Yes <input type="radio"/> No
* 2. Eye Muscle Test-Light:	<input checked="" type="radio"/> Yes <input type="radio"/> 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):	<input checked="" type="radio"/> Yes <input type="radio"/> No
* 4. Horizontal Prism Bar (Risley or hand prism are acceptable alternatives.):	<input checked="" type="radio"/> Yes <input type="radio"/> No
* 5. Other vision test equipment:	<input type="radio"/> Yes <input checked="" type="radio"/> No
* 6. Color Vision Test Apparatus	<input checked="" type="radio"/> Yes <input type="radio"/> No
6.1. If yes, please select:	Keystone Orthoscope ▾
* 7. A Wall Target:	<input checked="" type="radio"/> Yes <input type="radio"/> No
* 8. Standard physician diagnostic instruments and aids:	<input checked="" type="radio"/> Yes <input type="radio"/> No
* 9. Do you have access to Electrocardiograph equipment?	<input checked="" type="radio"/> Yes <input type="radio"/> No
* 10. Do you have access to Audiometric equipment?	<input checked="" type="radio"/> Yes <input type="radio"/> No
<input type="button" value="Back"/> <input type="button" value="Save"/> <input checked="" type="button" value="Continue"/> <input type="button" value="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**.

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

Please provide information on your employment history that supports your application.

* Please select the type Of experience:

* Please click on the Add button to add another job experience and click on the Remove button to delete an existing experience.

Add

Internal Medicine Associates

* Type Of Practice:

* Clinic Name:

* Date From:

* Date To:

* Employer's/Organization Name:

* Country:

* Supervisor's Name:

* Phone Type

* Telephone Number:

* Address Line 1:

Address Line 2:

Address Line 3:

* City:

* County:

* State:

* Zip Code:

* Position / Job Title:

* Position Duties:

* Reason for Leaving:

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.



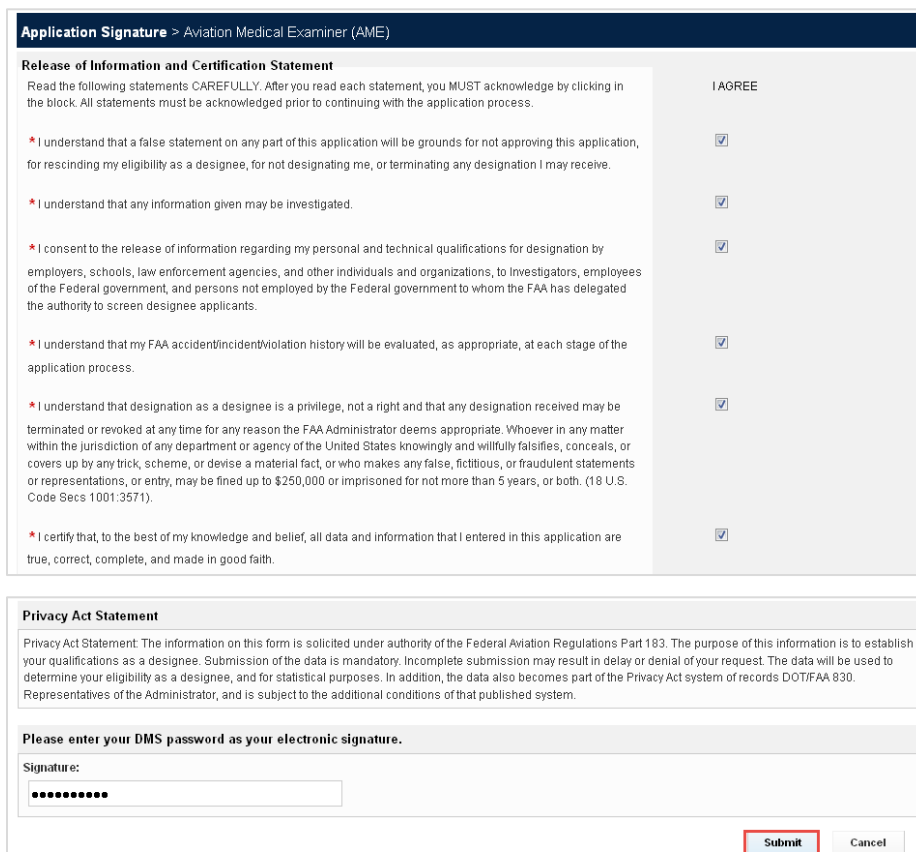
16. Review the completed application, and then click **Continue**.



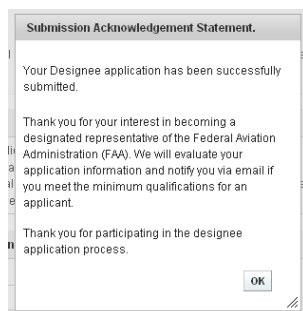
17. Check the **I AGREE** boxes for each statement.

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.**”



The screenshot shows a web application interface with three main sections: 'My Designations', 'Action Required Items', and 'My Applications'. The 'My Applications' section contains a table with the following data:

ID	Type	Application Status	Application Expiration Date	Submission Date	
183516	AME	Qualified Applicant	7/28/2016	7/28/2015	View Details

Technical Support

For technical assistance, please contact:

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