

## Airman Medical Certification Services 2021 Airman Feedback Survey

A 2021 Airman Feedback Survey is attached. If you have already completed the survey online, thank you for your feedback.

You will be evaluating the quality of airman medical certification services provided by:

- Your Aviation Medical Examiner (AME)
- Your Regional Flight Surgeon (RFS) Office
- The Aerospace Medical Certification Division (AMCD) in Oklahoma City

You will also evaluate your use of MedXPress (OMB control No. 2120-0707).

The FAA's Civil Aerospace Medical Institute (CAMI) strictly adheres to ethical standards, public law, and federal policies for safeguarding the confidentiality of all participants in this survey. All data provided will be kept private in accordance with the law. This survey is hosted by a contractor, Cherokee Nation 3S. The contractor will deliver a data file to the FAA for analysis. That data file will not contain any personally identifying information. Only analyses and reports of aggregate data will be produced and released.

Participation in the survey is completely voluntary.

For your convenience, you may complete the survey online using your computer or mobile device, or complete and return the attached paper survey. Submit only **one** survey.

To access the online survey, either scan the QR code using your mobile device or go to the Internet and type the following into the web address bar: **[tinyurl.com/airman2021](https://tinyurl.com/airman2021)**



At the survey log in screen, enter this password: **A8M7** (use upper-case letters) and click the 'Next' button.

In the event the envelope is missing, mail your completed paper survey to:

FAA Airman Survey (AAM-510)  
CAMI, Rm 250D  
PO Box 25082  
Oklahoma City, OK 73125

For assistance, contact survey support at (405) 954-1594 or email 9-AMC-SURVEYSUPPORT@faa.gov.

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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 November 30, 2022.

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Your candid responses in completing the survey are appreciated. Your feedback will help us improve medical certification services offered to all airman applicants.

Participation is voluntary and anonymous. Your responses will be kept private to the extent provided by law.

**Instructions:** Read each item carefully then mark the response that best describes your most recent application for an airman medical certificate.

**Note:** Some items require a response in order to skip items not relevant to you.

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Based on your most recent application for airman medical certification:

1. Which best applies to you? (response required)

- I applied for a Class I
- I applied for a Class II
- I applied for a Class III
- I submitted my BasicMed Comprehensive Medical Examination Checklist (CMEC) **(Stop here and respond on the survey for BasicMed.)**
- I have never applied for an airman medical certificate. **(Stop here and return your survey. Thank You!)**

2. How many months ago did you submit your application?

- 0-3 months
- 4-6 months
- 7-9 months
- 10-12 months
- 13 months or more

### AME Services

3. How many miles did you travel one way for the exam appointment with your aviation medical examiner (AME)?

- 0-24 miles
- 25-50 miles
- 51-75 miles
- 76-100 miles
- 101 miles or more (*explain below*)

Reason(s) for traveling 101 miles or more for your appointment: \_\_\_\_\_

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4. How many AMEs did you contact before making your exam appointment?

- 1
- 2
- 3
- 4
- 5 or more

5. Is your AME your primary care doctor?

- Yes
- No

**Based on your most recent application for airman medical certification:**

**6. What was the cost of your examination for your airman medical certification (excluding costs for any additional testing, studies, evaluations or referrals recommended by the AME or required by the FAA)?**

- Less than \$50
- More than \$50 but less than \$100
- Between \$100 and \$200
- More than \$200

**7. What was the total cost for any/all additional requirements associated with your airman medical certification examination (e.g., additional testing, studies, evaluations or referrals recommended by the AME or required by the FAA)?**

- None or not applicable
- Less than \$100
- Between \$100 and \$200
- More than \$200 but less than \$500
- Between \$500 and \$1000
- More than \$1000

If more than \$1000, please estimate total cost for additional requirements: \_\_\_\_\_

**8. How did you pay for your airman medical certification examination only (excluding any additional testing, studies, evaluations or referrals recommended by the AME or required by the FAA)?**

- Out of pocket
- Covered by health insurance
- Combination of both out of pocket and health insurance
- Other (explain below)

Other: \_\_\_\_\_

**9. How did you pay for any additional testing, studies, evaluations or referrals recommended by the AME or required by the FAA (excluding the exam)?**

- Not Applicable – no extra testing, studies, evaluations or referrals recommended
- Out of pocket
- Covered by health insurance
- Combination of both out of pocket and health insurance
- Other (explain below)

Other: \_\_\_\_\_

**10. What was the basis for selecting your AME? *[mark all that apply]***

- Referred by flight instructor or school
- Referred by airline or AME employed by airline
- Referred by pilot
- Referred by doctor or previous AME
- Performed my previous medical certification exam(s)
- Is my primary care doctor
- Makes quick certification decisions
- Licensed to perform needed service (Class I exam, special issuance, etc.)
- Handles complex cases
- Nearest location
- Earliest available appointment
- Low cost
- Other reason(s) (*explain below*)

Other reason(s) for selecting your AME: \_\_\_\_\_

**Based on your most recent application for airman medical certification:**

**11. Did the AME’s office tell you to bring the following to your exam appointment?**

	Yes	No, but did need for exam	No, not needed for exam	Do not remember	Not applicable
Valid photo ID.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MedXPress confirmation number.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printout of completed Summary Sheet from MedXPress.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
List of your medications.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical history details (e.g., dates of hospitalizations and medical exams).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current medical tests/lab results.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Past medical tests/lab results.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Records from medical or mental health evaluations, hospitalizations, etc.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special Issuance Authorization paperwork.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SODA (statement of demonstrated ability) paperwork.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conditions AMEs Can Issue (CACI) paperwork.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MedXPress**

**12. Did you use MedXPress to submit your application? (response required)**

- Yes
- No *(answer item 13, then skip to item 22, on page 5)*
- Do not remember *(answer item 13, then skip to item 22, on page 5)*

**Note: Answer item 13 only if you answered ‘No’ or ‘Do not remember’ on item 12.**

**13. Did you use a computer to answer FAA medical application questions?**

- Yes
- No
- Do not remember

**Note: Answer items 14 and 15 only if you answered ‘Yes’ on item 12.**

**14. Did your AME’s office ask you to provide your MedXPress Summary Sheet before your exam appointment? (response required)**

- Yes
- No *(skip to item 16, on the next page)*
- Do not remember *(skip to item 16, on the next page)*

**Note: Answer item 15 only if you answered ‘Yes’ on item 14.**

**15. Based on their receipt of your MedXPress Summary Sheet, did your AME’s office ask you to bring additional documentation to your exam appointment?**

- Yes
- No
- Do not remember

**Based on your most recent application for airman medical certification:**

Note: Answer items 16 through 20 only if you answered 'Yes' on item 12.

16. Overall how satisfied were you with the performance of MedXPress?

- Very dissatisfied (*explain below*)
- Dissatisfied (*explain below*)
- Neither dissatisfied nor satisfied
- Satisfied
- Very satisfied

Please explain why you were dissatisfied with the performance of MedXPress: \_\_\_\_\_

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17. How did MedXPress perform compared to your expectations?

- Far below expectations (*explain below*)
- Below expectations (*explain below*)
- Met expectations
- Above expectations
- Far above expectations

Please explain why MedXPress performed below your expectations: \_\_\_\_\_

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18. Overall how would you rate the performance of MedXPress?

- Very poor
- Poor
- Average
- Good
- Excellent

19. If you could electronically attach/upload supporting documents to your MedXPress account, would you do so?

- Yes
- No
- No, I would still have my AME do it

20. Did the AME access your MedXPress form online during the exam appointment? (*response required*)

- Yes (*skip to item 22, on the next page*)
- No
- Do not know (*skip to item 22, on the next page*)
- Do not remember (*skip to item 22, on the next page*)

Note: Answer item 21 only if you answered 'No' on item 20.

21. What are the reasons the AME did not access your MedXPress form online during the exam appointment?

*[mark all that apply]*

- I did not have my confirmation number
- My confirmation number had expired
- The AME did not require MedXPress
- Other reason (*explain below*)

Other reason the AME did not access your MedXPress form online during the exam appointment: \_\_\_\_\_

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Based on your most recent application for airman medical certification:

22. During your exam appointment, who did each of the following: (response required) [mark all that apply]

	No one	AME	Another physician (not the AME)	Physician's Assistant	Nurse	Other office personnel	Do not remember
Reviewed your medical history with you.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performed your physical exam.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Answer item 23 only if you answered 'AME' on item 22.

23. To what extent did your AME do each of the following during your exam appointment?

	Not at all	Limited extent	Moderate extent	Considerable extent	Great extent	N/A
Obtain a comprehensive history.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discuss safety risk(s) of current medical condition(s).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explain the certification process and airman appeal rights.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discuss safety risk of over-the-counter (OTC) medications and supplements.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discuss mental health.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discuss sleep patterns.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Note: Answer item 24 only if you answered 'AME' performed your physical exam on item 22.

24. Did your AME...

	Yes	No
perform a thorough medical exam?.....	<input type="radio"/>	<input type="radio"/>
examine your eyes and ears with a medical device?.....	<input type="radio"/>	<input type="radio"/>
have you remove or undo articles of clothing for the exam?	<input type="radio"/>	<input type="radio"/>
listen to your heart and lungs?.....	<input type="radio"/>	<input type="radio"/>

Note: Answer item 25 only if you answered 'AME' on item 22.

25. To what extent did your AME...

	Not at all	Limited extent	Moderate extent	Considerable extent	Great extent	N/A
provide a professional setting for the medical exam, including cleanliness and appearance?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
charge appropriately for services?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clearly explain your responsibilities in the medical certification process?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provide you with all the information you requested?....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provide information you requested in a timely manner?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provide you with accurate information?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
treat you with courtesy and respect?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Based on your most recent application for airman medical certification:

Note: Answer item 26 only if you answered 'Not at all' or 'Limited extent' for extent AME provided a professional setting for your exam on item 25.

26. Indicate why you responded 'Not at all' or 'Limited' for extent AME provided a professional setting for your exam. [mark all that apply]

- Nonmedical setting (home, hangar)
- Unclean or unkempt setting

- No privacy
- Other reason(s) (*explain below*)

Other reason(s) for your response: \_\_\_\_\_

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27. During your **most recent** medical certification exam, did your **AME** identify or alert you to any **new medical condition(s)** that may or may not need to be evaluated by your primary care physician? (*response required*)

- Yes
- No (*skip to item 29*)

**Note: Answer item 28 only if you answered 'Yes' on item 27.**

28. Did the **new** health condition(s) require treatment for medical certification?

- Yes
- No

29. During your **most recent** medical certification exam, did your **AME** identify or alert you that a **previously existing** health condition(s) required treatment to obtain your medical certification? (*response required*)

- Yes
- No (*skip to item 31*)

**Note: Answer item 30 only if you answered 'Yes' on item 29.**

30. Did you receive treatment for the **previously existing** health condition(s)?

- Yes
- No

31. During any **previous** medical certification exam, did your **AME** alert you to any **new** medical condition(s) that may or may not have required evaluation from your primary care physician? (*response required*)

- Yes
- No (*skip to item 33*)

**Note: Answer item 32 only if you answered 'Yes' on item 31.**

32. Did the new health condition(s) require treatment for medical certification?

- Yes
- No

33. During any **previous** medical certification exam, did your **AME** alert you that a **previously existing** health condition(s) required treatment to obtain your medical certification? (*response required*)

- Yes
- No (*skip to item 35, on the next page*)



Based on your most recent application for airman medical certification:

Note: Answer item 34 only if you answered 'Yes' on item 33.

34. Did you receive treatment for the previously existing health condition(s)?

- Yes
- No

35. Overall how satisfied were you with your exam appointment? (response required)

- Very dissatisfied
- Dissatisfied
- Neither dissatisfied nor satisfied (skip to item 37)
- Satisfied (skip to item 37)
- Very satisfied (skip to item 37)

Note: Answer item 36 only if you answered 'Very dissatisfied' or 'Dissatisfied' on item 35.

36. Why were you dissatisfied with your exam appointment? [mark all that apply]

- AME did not issue my certificate during the exam appointment
- The exam was not thorough
- Not examined in a professional environment
- AME conducted the exam at a different location than listed in the FAA directory
- I had to remove articles of clothing
- Not treated with courtesy and respect
- Cost of the basic certification examination only
- Cost of additional items required by the AME and/or the FAA
- Other reason(s) (explain below)

Other reason(s) you were dissatisfied with your exam appointment: \_\_\_\_\_

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37. Overall how satisfied were you with the quality of service provided by your AME? (response required)

- Very dissatisfied
- Dissatisfied
- Neither dissatisfied nor satisfied (skip to item 39, on next page)
- Satisfied (skip to item 39, on next page)
- Very satisfied (skip to item 39, on next page)

Note: Answer item 38 only if you answered 'Very dissatisfied' or 'Dissatisfied' on item 37.

38. Why were you dissatisfied with the quality of AME services? [mark all that apply]

- AME did not issue my certificate during the exam appointment
- AME lacked knowledge of current airman medical certification standards
- Not informed of required documentation to bring to the exam
- Not informed of additional documentation that the FAA would require to issue my certificate
- Not informed of status of my application
- Refused to offer any assistance beyond performing the exam
- Other reason(s) (explain below)

Other reason(s) you were dissatisfied with the quality of AME services: \_\_\_\_\_

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Based on your most recent application for airman medical certification:

39. Based on your most recent experience with your AME, to what extent does the FAA airman medical certification process ensure the safety of the National Airspace System? (response required)

- Not at all
- Limited extent
- Moderate extent
- Considerable extent (skip to item 41)
- Great extent (skip to item 41)

Note: Answer item 40 only if you answered 'Not at all,' 'Limited extent,' or 'Moderate extent' on item 39.

40. What are your reasons for responding [*'Not at all,' 'Limited extent,' or 'Moderate extent'*] to the question asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System? [mark all that apply]

- Exam is not comprehensive enough to adequately screen pilots
- Not all AMEs perform thorough exams
- Deters pilots from applying for medical certification
- Encourages pilots to be dishonest on application for medical certification
- Other reason (explain below)

Other reason for your response: \_\_\_\_\_

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Note: Answer item 41 only if you answered 'Considerable extent' or 'Great extent' on item 39.

41. What are your reasons for responding [*'Considerable extent' or 'Great extent'*] to the question asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System? [mark all that apply]

- Ensures pilots are medically safe to fly
- Deters pilots from flying, if not medically qualified
- Other reason (explain below)

Other reason for your response: \_\_\_\_\_

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42. Was your medical certificate issued on the same day as your exam appointment? (response required)

- Yes (skip to item 54, on page 11)
- No

Note: Answer item 43 only if you answered 'No' on item 42.

43. Which of the following best describes the processing of your application for a medical certification? (response required)

- The AME required additional information before issuing my certificate
- The AME deferred my application for review to the Regional Flight Surgeon (RFS) or to the Aerospace Medical Certification Division (AMCD) in Oklahoma City (skip to item 46, on the next page)

Note: Answer items 44 and 45 only if you answered 'AME required additional information' on item 43.

44. Did your AME explain to you the requirements for additional documentation to meet FAA standards?

- Yes
- No
- Do not remember

**Based on your most recent application for airman medical certification:**

**45. How long from the date of the exam did the AME tell you it would take to receive a decision regarding your medical certification?**

- Did not say
- 0-1 day
- 2-10 days
- 11-30 days
- 31-90 days
- 91 days or more
- Do not remember

**Note: Answer item 46 only if you answered 'AME deferred my application' on item 43.**

**46. Which of the following best describes what happened after the AME deferred your application to the RFS or the AMCD in Oklahoma City? (response required)**

- No additional information was requested from me before being issued my certificate
- I had to supply additional information, and then was issued my certificate
- I have been contacted by the FAA and my application is still under review *(skip to item 48)*
- I was denied a medical certificate *(skip to item 48)*
- I have not been contacted by the FAA *(skip to item 54, on page 11)*

**Note: Answer item 47 only if you answered 'No additional information was requested' or 'I had to supply additional information' on item 46.**

**47. How long did it actually take to receive a decision on your medical certification?**

- 0-1 day
- 2-10 days
- 11-30 days
- 31-90 days
- 91 days or more
- Do not remember

**FAA Medical Representative Services**

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**Items in this section ask about your experiences with FAA medical representatives during your most recent application for airman medical certification.**

**48. Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? *[mark all that apply]***

	No contact	Phone	E-mail	Postal mail
Regional Medical Division/Regional Flight Surgeon (RFS) Office.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerospace Medical Certification Division (AMCD) – Oklahoma City..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office of Aerospace Medicine – Washington, DC.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Based on your most recent application for airman medical certification:**

**Note: Answer items 49 through 53 only if you were contacted (phone, E-mail, or postal mail) by a medical representative concerning issuance of your medical certificate.**

**49. What was the longest time that the FAA medical representative(s) told you it would take to receive a decision on your medical certificate?**

- Did not say
- 0-1 day
- 2-10 days
- 11-30 days
- 31-90 days
- 91 days or more
- Do not remember

**50. To what extent did the FAA medical representative(s) you had contact with...**

	Not at all	Limited extent	Moderate extent	Considerable extent	Great extent	N/A
clearly explain your responsibilities in the medical certification process?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provide you with all the information you requested?....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provide information you requested in a timely manner?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provide you with accurate information?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
treat you with courtesy and respect?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**51. Overall how satisfied were you with the quality of services provided by the FAA medical representative(s)? *(response required)***

- Very dissatisfied
- Dissatisfied
- Neither dissatisfied nor satisfied *(skip to item 53, on the next page)*
- Satisfied *(skip to item 53, on the next page)*
- Very satisfied *(skip to item 53, on the next page)*

**Note: Answer item 52 only if you answered 'Very dissatisfied' or 'Dissatisfied' on item 51.**

**52. Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? *[mark all that apply]***

- Denied my medical certificate
- Not treated with courtesy and respect
- Not adequately informed of requirements for additional documentation
- Failed to explain requirements for additional documentation
- Not informed of status of application
- Poor communication on where application was in the review process
- Took too long to complete the review
- Other reason(s) *(explain below)*

Other reason(s) you were dissatisfied with quality of services provided by the FAA medical representative(s): \_\_\_\_\_

**Based on your most recent application for airman medical certification:**

**53. Based on your most recent experience with the FAA medical representative(s), to what extent does the FAA airman medical certification process ensure the safety of the National Airspace System?**

- Not at all
- Limited extent
- Moderate extent
- Considerable extent
- Great extent

**54. How can the FAA make the medical certification process easier for you? [\[mark all that apply\]](#)**

- Allow me to electronically check the status of my medical certificate
- Provide a list of approved medications
- Allow me to attach supporting documents in MedXPress
- Other [\(explain below\)](#)

Other way(s) the FAA can make the medical certification process easier: \_\_\_\_\_

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## Demographics

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**Items in this section ask about your current airman medical certification, pilot certificate(s), ratings, and employment.**

**55. What year was your most recent FAA medical certification examination?**

- 2016
- 2017
- 2018
- 2019
- 2020
- 2021

**56. Which pilot certificate(s) do you currently hold? [\[mark all that apply\]](#)**

- Student
- Sport
- Recreational
- Private
- Commercial
- Airline Transport

**57. Which rating(s) do you currently hold? [\[mark all that apply\]](#)**

- Do not hold any rating
- Instrument Flight Rules (IFR)
- Certified Flight Instructor (CFI)
- Other rating(s) [\(explain below\)](#)

Other rating(s) you currently hold: \_\_\_\_\_

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**58. Are you currently employed as a pilot? [\(response required\)](#)**

- Not employed as a pilot [\(skip to item 60, on the next page\)](#)
- Part-time pilot
- Full-time pilot

Note: Answer item 59 only if you answered 'Part-time pilot' or 'Full-time pilot' on item 58.

59. Is your employment as a pilot with a certificated operator conducting flights under the following?

[mark all that apply]

- Part 61 (Sport pilot)
- Part 91 (Corporate)
- Part 121 (Flag, domestic, supplemental operations)
- Part 125 (Aircraft with 20 or more seats and cargo payload of 6,000 pounds or more when common carriage is not involved)
- Part 129 (Foreign air carrier & foreign operator of US-registered aircraft used in common carriage)
- Part 133 (Rotorcraft external loads)
- Part 135 (Commuter/On-demand operations)
- Part 137 (Agricultural operations)
- Part 141 (Pilot schools)
- Part 142 (Training centers)
- Other Part or Operation (explain below)

Other Part or Operation employing you as a pilot: \_\_\_\_\_

60. Approximately, how many total flight hours have you flown?

\_\_\_\_\_ hours

[enter a whole number] \_\_\_\_\_

61. Approximately, how many flight hours have you flown in the past 12 months?

- Fewer than 10 hours
- 10-25 hours
- 26-50 hours
- 51-100 hours
- More than 100 hours

62. Which of the following best describes your age group:

- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or older

63. Was your last medical certification a Special Issuance Authorization?

- Yes
- No

64. Are you aware of Medical Reform under the FAA Extension, Safety, and Security Act of 2016, known as **BasicMed?** (response required)

- Yes
- No (skip to item 66)

Note: Answer item 65 only if you answered 'Yes' on item 64.

65. Do you plan to take advantage of BasicMed?

- Yes
- No

**66. Which region handled your most recent application for airman medical certification? (response required)**

- Alaskan** (*Alaska*)
- Central** (*Iowa, Kansas, Missouri, Nebraska*)
- Eastern** (*Delaware, Maryland, New Jersey, New York, Pennsylvania, Virginia, Washington DC, West Virginia*)
- Great Lakes** (*Illinois, Indiana, Michigan, Minnesota, North Dakota, Ohio, South Dakota, Wisconsin*)
- New England** (*Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont*)
- Northwest Mountain** (*Colorado, Idaho, Montana, Oregon, Utah, Washington, Wyoming*)
- Southern** (*Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee*)
- Southwest** (*Arkansas, Louisiana, New Mexico, Oklahoma, Texas*)
- Western-Pacific** (*Arizona, California, Hawaii, Nevada*)
- Mike Monroney Aeronautical Center** (*Civil Aerospace Medical Institute; CAMI*)
- Don't know**

**67. Do you have any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? [\[mark all that apply\]](#)**

- Recommendation for improvement
- Compliment
- Complaint
- General comment
- Nothing more to add

**Use the following boxes to provide additional feedback as marked above.** [Note: This survey is hosted by a contractor, Cherokee Nation 3S. The contractor will deliver a data file to the FAA for analysis. That data file will not contain any personally identifying information. However, if the nature of your comment is specific to you, your confidentiality cannot be assured. Comments are subject to the Freedom of Information Act.]

**Recommendation for improvement(s):**

**Compliment(s):**

**Complaint(s):**

**General comment(s):**