

U.S. DEPARTMENT OF TRANSPORTATION  
FEDERAL AVIATION ADMINISTRATION

Copy of License

**AVIATION MEDICAL EXAMINER DESIGNATION APPLICATION****PRIVACY ACT STATEMENT**

The information on this form is solicited under the authority of the Federal Aviation Act of 1958, as amended, and Federal Aviation Regulations.

Submission of this information is mandatory to receive benefit. No designation as Aviation Medical Examiner may be made unless a completed application form has been received (49 USC 1355; 14 CFR 183.11).

The purpose of this information is to consider the applicant's qualifications and suitability to act as an Aviation Medical Examiner for the Federal Aviation Administration (FAA). It also is used for publication of Aviation Medical Examiner directories and for other statistical purposes.

**INSTRUCTIONS**

1. In making application for designation as an Aviation Medical Examiner (AME), it is understood that, if designated, you will accept the conditions listed below.
2. Submit your application in duplicate to the Federal Aviation Administration Regional Flight Surgeon for your locality, address given on the enclosed FAA Form 8520-2-1; use the two white application forms inserted loosely between the cover sheets for this purpose.  
The yellow form attached to this instruction sheet is provided for your convenience as a work sheet for the preparation of the forms you submit, and, as your file copy.
3. Retain this instruction sheet for your files since it contains the conditions of your acceptance.
4. Please attach to your application, letters of reference from three physicians practicing in your geographic area or a statement from the local or state medical society or osteopathic association in the locality of your practice that you are a member in good standing.

**GENERAL INFORMATION**

The Federal Aviation Administration uses an Aviation Medical Examiner System to carry out responsibilities for the enforcement of physical standards prescribed in the Federal Aviation Regulations. Aviation Medical Examiners are authorized to assess airman physical fitness and to issue 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 suitability. The information requested on this application may be used to facilitate that investigation.

Practicing, licensed physicians in good standing with their communities are designated on the basis of training and experience, adequacy of facilities for performing the prescribed examinations, the need for agency examiners in the geographic area, and the requirements of the aircraft accident investigation program. Training or experience in a particular medical specialty may sometimes be required because of particular agency needs.

Designation as an AME authorizes the physician to perform the medical examination of commercial airmen (Class II) and student and private pilots (Class III), and to issue or deny issuance of FAA Medical Certificates. Designation as a Senior Aviation Medical Examiner — to examine airmen of all classes, including airline transport pilots (Class I) — requires three years experience as an AME and additional equipment. All designations are made for one year and renewal is contingent upon the interest of the AME, accuracy and number of examinations performed, and participation in the aviation medicine seminar program. Final determination relative to the designation of an AME is made by the FAA.

In addition to those items normally needed for performance of a general medical examination, the visual testing equipment listed on the reverse of this sheet is required for all examiners. Upon notification of your acceptance as an AME, and before final designation, you will be asked to certify that this equipment has been acquired.

The FAA does not supply any medical equipment needed in the conduct of physical examinations except the Near Vision Acuity Chart, but will furnish complete instructions and forms. Most of the required medical equipment may be obtained from local medical supply companies. The hand Maddox rod and horizontal prism bar are manufactured by the R. O. Gulden Company, 225 Cadwalader Ave., Elkins Park, Pennsylvania 19117.

An airman may obtain the required FAA medical examination from any designated AMB. Although the AME acts officially as a representative of the FAA, the fee is paid by the airman examined. The amount of fee should be governed by the prevailing rate for similar services in the locality.

**CONDITIONS OF ACCEPTANCE AS AVIATION MEDICAL EXAMINER**

Upon designation as an Aviation Medical Examiner, it is incumbent upon a physician to:

1. Become thoroughly familiar with instructions as to technique of examination and proper medical assessment and certification of applicants for airman medical certificates;
2. Abide by the rules and regulations of the Federal Aviation Administration;
3. Personally perform the medical examination of applicants for airman certificates. Under certain circumstances other physicians may be permitted to perform specialized parts of such examinations. The examiner, however, must certify the examination and is responsible for its accuracy and completeness;
4. Be at all times informed regarding progress in aviation medicine; and,
5. Attend an FAA conducted post-graduate seminar on aviation medicine within one year following designation. Subsequent to completion of the initial seminar, FAA supervised post-graduate education in aviation medicine will be required within each 5-year interval to be considered for redesignation.
6. Inform the FAA of any change of address.

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

FAA, MMAC, CAMI, AAM-400  
P. O. Box 25082  
Oklahoma City, OK 73125

The following is a list of FAA acceptable vision testing equipment as related to Section VII of this form.

### Distant Vision

Snellen 20-foot eye chart and eye lane

#### Acceptable substitutes:

AOC Site-Screener  
Bausch & Lomb Orthorator  
Keystone Orthoscope  
Keystone Telebinocular  
Projector with screen  
Titmus Optical Vision Tester

### Near Vision

FAA Form 8500-1, Near Vision Acuity test card (This card will be provided at the time of designation)

#### Acceptable substitutes:

AOC Site-Screener  
Bausch & Lomb Orthorator  
Keystone Orthoscope  
Keystone Telebinocular  
Titmus Optical Vision Tester

### Heterophoria

Horizontal prism bar with graduated prisms beginning with 1 diopter and increasing in power to at least 8 diopters.

and

Red Maddox rod with handle  
½ cm. light source, muscle light or equivalent

#### Acceptable substitutes:

AOC Site-Screener  
Bausch & Lomb Orthorator  
Keystone Orthoscope  
Keystone Telebinocular  
Red Maddox rod and individual prisms  
Red Maddox rod and Risley rotary prism  
Titmus Optical Vision Tester

### Color Vision

Pseudoisochromatic plates (Dvorine, 2nd edition; AOC revised edition or AOC-HRR; Ishihara, 16, 24, or 38 plate editions) and Macbeth Daylight Lamp, Easel Lamp, or color perception testing light as specified in the plate book.

#### Acceptable substitutes:

Eldridge-Green Color Perception Lantern  
Farnsworth Lantern  
Keystone Orthoscope  
Keystone Telebinocular  
SAMCTT (School of Aviation Medicine Color Threshold Tester)  
Titmus Optical Vision Tester

### Field of Vision

50-inch square black matte surface wall target with center white fixation point; 2mm. white test objects on black-handled holder.

#### Acceptable substitute:

Standard perimeter

U.S. DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION  
**AVIATION MEDICAL EXAMINER DESIGNATION APPLICATION**

*(Print or type legibly. Check box(es) and/or complete items as applicable)*

FORM APPROVED  
 OMB No. 04-R0002

FAA USE ONLY	A. APPLICANT IDENTIFICATION		
SERIAL NUMBER	1. NAME <i>(Last, first, middle)</i>		2. DATE OF BIRTH <i>(Mo/day/yr)</i>
STATE/COUNTRY			4. MEDICAL SPECIALTY
COUNTY	SORT CODE	3. ADDRESS WHERE EXAMINATIONS WILL BE PERFORMED	
ZIP CODE	AREA CODE	NAME OF INSTITUTION/CLINIC, IF ANY	
OFFICE TEL NO.	NUMBER AND STREET		A. FAMILY PRACTICE
DOB	CITY	STATE	ZIP CODE
LICENSE	COUNTY		COUNTRY
ACCIDENT	5. OFFICE TELEPHONE NUMBER <i>(Include area code)</i>		B. OPHTHALMOLOGY
YEAR GRADUATED	6. WERE YOU EVER DESIGNATED AN AVIATION MEDICAL EXAMINER <i>(If yes, state where and when)</i>		C. SURGERY
SPECIALTY	<input type="checkbox"/> YES		D. INTERNAL MEDICINE
PILOT	<input type="checkbox"/> NO		E. PSYCHIATRY
FLIGHT SURGEON	7. WILL YOU PARTICIPATE IN THE FAA AIRCRAFT ACCIDENT INVESTIGATION PROGRAM		F. NEUROLOGY
ATR	<input type="checkbox"/> YES <input type="checkbox"/> NO		G. INDUSTRIAL MEDICINE
DESIGNATION DATE			H. AVIATION MEDICINE
			I. OTOLARYNGOLOGY
			J. OTHER <i>(Specify)</i>
			8. LICENSED AS
			<input type="checkbox"/> M.D. <input type="checkbox"/> D.O.
			A. STATE(S)
			B. LICENSE NO.(S)

B. EDUCATION				
1. MEDICAL SCHOOLS	NAME OF SCHOOL	CITY/STATE	YR GRADUATED	DEGREE RECEIVED
2. INTERNSHIP / RESIDENCY	NAME OF HOSPITAL/INSTITUTION	CITY/STATE	INCLUSIVE DATES	SPECIALTY/ROTATING
3. POST GRADUATE	NAME OF INSTITUTION	CITY/STATE	INCLUSIVE DATES	DEGREE/CERTIFICATE

C. EXPERIENCE				
1. MEDICAL		2. AVIATION		
A. TYPE OF PRACTICE	B. NO. YEARS	<input type="checkbox"/> A. PILOT		
		<input type="checkbox"/> B. OTHER <i>(Specify)</i>		
C. INSTITUTION(S) <i>(Name and location)</i>	HOSP PRIVILEGES		3. MILITARY	
	YES	NO		
			A. CURRENTLY ON EXTENDED ACTIVE DUTY	<input type="checkbox"/> B. ACTIVE RESERVE
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> C. NATL GUARD
			D. CURRENT/PAST SERVICE AFFILIATION <i>(Branch)</i>	E. FLIGHT SURGEON
				<input type="checkbox"/> YES <input type="checkbox"/> NO

D. MEDICAL SPECIALTY INFORMATION		
1. DIPLOMATE/AMERICAN BOARDS	2. SPECIALTY SOCIETIES	3. AVIATION MEDICAL SOCIETIES

<b>E. LICENSE INFORMATION</b>				
QUESTIONS <i>(If you check "Yes", explain in detail under remarks)</i>			YES	NO
1. Is your license to practice medicine/surgery limited or restricted in any way?				
2. Has your license to practice medicine/surgery ever been suspended or revoked?				
3. Has your application for renewal of your license or medical registration to practice medicine and surgery ever been refused?				
4. Have you ever been charged and convicted of violation of any state or Federal law pertaining to controlled or habit-forming drugs or narcotics?				
<b>F. REMARKS</b>				
REFERENCE ITEM NUMBERS WHEN EXPLAINING PREVIOUS ENTRIES AND WHEN ATTACHING INFORMATION				
<b>G. CERTIFICATION</b>				
I certify that the information provided hereon and in attachments is correct to the best of my knowledge and belief, and I agree to the conditions of acceptance which accompanied this application. It is further agreed that all necessary equipment will be acquired upon acceptance and PRIOR to my conduct of FAA medical examinations.				
DATE	APPLICANT <i>(Typed name/signature)</i>	PROFESSIONAL DEGREE		
<b>H. FAA USE ONLY</b>				
This application has been reviewed; references have been investigated and/or it has otherwise been determined that the applicant				
<input type="checkbox"/> MEETS <input type="checkbox"/> DOES NOT MEET the professional standards required for designation as an aviation medical examiner.				
<input type="checkbox"/> DESIGNATION NOT MADE FOR THE FOLLOWING REASONS:				
APPLICANT DESIGNATED AS			SERIAL NUMBER	
<input type="checkbox"/> Class I medical examiner <input type="checkbox"/> Class II and III medical examiner				
DATE				
DESIGNATION ACTION COMPLETED		APPLICANT'S ACCEPTANCE RECEIVED		SUPPLIES/INSTRUCTIONS ISSUED
REGION	DATE	REGIONAL FLIGHT SURGEON/AUTHORIZED REPRESENTATIVE <i>(Signature)</i>		
NOTE TO REGIONAL FLIGHT SURGEON: When designation action is completed, send duplicate copy to Aeromedical Education Branch, Oklahoma City, Oklahoma 73125; retain original for your file.			DUPLICATE RECEIVED IN AAC-140	
			DATE	BY