

FAA CERTIFICATION AID – Drug and Alcohol Monitoring Recertification

(Updated 5/25/2016)

The following information is to assist your treating physician/provider who may be unfamiliar with FAA medical certification requirements. It lists the ABSOLUTE MINIMUM information required by the FAA to make a determination on an airman medical certificate. You should strongly consider taking a **copy to each evaluator so they understand what specific information is needed in their report to the FAA**. If each item is not addressed by the corresponding provider there may be a **delay** in the processing of your medical certification until that information is submitted. Additional information such as clinic notes or explanations should also be submitted as needed. All reports must be CURRENT (within the last 90 days) for FAA purposes.

REPORT FROM	REQUIRED INTERVAL	MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (Drug and Alcohol Monitoring Recertification)
HIMS AME	Every 6 months or per Authorization Letter for all classes	<ol style="list-style-type: none"> 1. Must be a face-to-face, in-person evaluation. 2. Must be performed by the HIMS AME listed on the Authorization Letter. 3. Summarize findings from additional interim evaluations that were performed by any other venue (phone/video/email), either at the AME's discretion or as required by the Authorization Letter (every 1-3 months). 4. Summarize your aeromedical impression and evaluation as a HIMS AME based on the face-to-face evaluation AND review of the supporting documents. <ul style="list-style-type: none"> <input type="checkbox"/> Any evidence (such as a positive test) or concern the airman has not remained abstinent? <input type="checkbox"/> Any evidence or concern the airman has not been compliant with the recovery program? <input type="checkbox"/> If you do not agree with the supporting documents or if you have additional concerns not noted in the documentation, please discuss your observations or concerns. 5. State if the airman meets all the requirements of the Authorization Letter or describe why they do not. 6. Do you recommend continued Special Issuance in this airman? 7. Agreement to continue to serve as the airman's HIMS AME and follow this airman per FAA policy. 8. Agreement to immediately notify the FAA (at 405-954-4821) of any change in condition, deterioration or stability, or if there is any positive drug or alcohol testing. 9. Using the HIMS AME Checklist - Drug and Alcohol Monitoring Recertification, comment on any items that fall into the shaded category on the Checklist. 10. Submit the HIMS AME Checklist, your HIMS AME written report, and all required supporting documentation that you reviewed with your package.
DRUG OR ALCOHOL TESTING	Every 6 months or per Authorization Letter	<ol style="list-style-type: none"> 1. Must be random, unannounced drug/alcohol testing. (Urine EtG/EtS, PEth testing or a mobile alcohol monitoring system are preferred.) 2. At a minimum, frequency must be 14 tests over a 12-month period (can be more frequent at AME discretion). 3. Must state if the testing is performed by: <ul style="list-style-type: none"> <input type="checkbox"/> HIMS AME <input type="checkbox"/> Air Carrier testing program/office. Air Carrier must immediately notify the HIMS AME of any positive test. HIMS AME may require additional testing to supplement the testing conducted by the Air Carrier. <input type="checkbox"/> Other, such as return to duty testing from a substance abuse professional or a DOT/FAA drug abatement program. 4. HIMS AME must immediately report any positive test to the FAA.
PSYCHIATRIST HISTORY REPORT	Every 12 months or per Authorization Letter	<ol style="list-style-type: none"> 1. Summarize clinical findings and status of how the airman is doing. 2. Note any clinical concerns or changes in treatment plan. 3. Recommendations for any additional treatment or monitoring, if applicable. 4. Agreement to immediately notify the FAA or AME (at 405-954-4821) if there are any changes in the airman's condition. 5. Interval treatment records if any, such as clinic or hospital notes, should also be submitted.

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REPORT FROM	REQUIRED INTERVAL	MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (Drug and Alcohol Monitoring Recertification)
<p>GROUP AFTERCARE COUNSELOR</p> <p>(ex: AA meeting)</p>	<p>1st and 2nd class: Every 3 months or per Authorization Letter</p> <p>3rd class: As required per Authorization Letter</p>	<p>Progress report should include:</p> <ol style="list-style-type: none"> 1. If the airman is continuing to participate in abstinence-based sobriety. 2. How often the airman attends (weekly or per Authorization Letter). 3. Agreement to immediately notify the HIMS AME if there are any changes or deterioration in the airman's condition.
<p>CHIEF PILOT, FLIGHT OPERATION SUPERVISOR, OR AIRLINE MANAGEMENT DESIGNEE</p> <p>If the airman is 1st or 2nd class and employed by an air carrier</p>	<p>1st and 2nd class: Every month (bring cumulative reports to HIMS AME evaluation every 6 months.)</p> <p>3rd class: Not applicable</p>	<p>Monthly reports must address:</p> <ol style="list-style-type: none"> 1. The airman's performance and competence. 2. Crew interaction. 3. Mood (if available). 4. Presence or absence of any other concerns.
<p>PEER PILOT</p> <p>(Ex: from employer, ALPA, etc.)</p>	<p>1st and 2nd class: Every month (bring cumulative reports to HIMS AME evaluation every 6 months.)</p> <p>3rd class: Not applicable</p>	<p>Must attest to the best of their knowledge, the airman's continued total abstinence from drugs or alcohol.</p>
<p>ADDITIONAL PROVIDERS</p> <p>Additional reports for HIMS or any other condition noted in Authorization Letter</p>	<p>Every 6 months or per Authorization Letter</p>	<p>Varies. See the airman's Authorization Letter. Include any applicable psychotherapy notes, therapist follow up reports, social worker reports, AA sponsor contact, etc.</p> <p>If the airman has other non-SSRI conditions that require a special issuance, those reports should also be submitted according to the Authorization Letter.</p>