USER’S GUIDE

for the

FEDERAL AVIATION ADMINISTRATION

MEDXPRESS System

Prepared for: The Department of Transportation, Federal Aviation Administration, Office of Aerospace Medicine, Washington, DC 20591

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INTRODUCTION

The FAA MedXPress system allows anyone requiring an FAA Medical Certificate or Student Pilot Medical Certificate, to electronically complete the FAA Form 8500-8. Information entered into MedXPress will be transmitted to the FAA and will be available for your AME to review at the time of your medical examination.

NOTE: The FAA MedXPress system is not available for submission of FAA Air Traffic Control Specialist exams at this time.

If you have questions while performing your initial log in to the FAA MedXPress system, the “help” link on the upper left side of the screen should be helpful. If the help information doesn’t answer your questions, click on the “contact” link and use the email address and/or telephone number to contact the appropriate support personnel.
REQUEST AN ACCOUNT

The first step in gaining access to the electronic medical form is to create an account. From the FAA MedXPress Login page, select the “request account” link on the upper left side of the screen or click on the Request an Account button beneath the login fields. You will be taken to the Request an Account screen.

Complete the following steps to request an FAA MedXPress Account:

1. Enter your Last name, First name and middle name or initial.

2. Enter your email address. Take care to ensure the email address entered is accurate, as the password you will need to access the FAA MedXPress will be emailed to you.

3. Select three security questions and enter an answer for each. Select questions and answers that you will readily remember. You will be required to provide the correct responses to these questions should you ever need to make inquiries related to your FAA MedXPress account.

4. Read the Terms of Service Agreement and if you agree and accept the terms check the box.

5. Click on the Submit button.
Account Request Result

The Account Request Result screen will appear. Click on the **Close this page** button to exit out of the FAA MedXPress.

Your request for an FAA MedXPress account has been received.

A temporary password and instructions for completing the Account Request process will be sent to your email account.

If you do not receive an e-mail within two hours or if you require further assistance, please contact AVS National IT Service Desk:

- By e-mail at: 9-NATL-AVS-IT-ServiceDesk@faa.gov (Monitored Monday through Friday, 6 a.m. to 5 p.m., CST)
- By phone at: 1-877-AVS-NSDI or 1-877-287-6731 (Monitored 24/7)
Registration Confirmation

Wait a few minutes and log in to your email account. You should receive the message shown below within two hours of submitting your information. If you do not receive the message within a reasonable amount of time you can obtain the temporary password by contacting the AVS National IT Service Desk by email at: 9-NATL-AVS-IT-ServiceDesk@faa.gov or by phone at: 1-877-AVS-NSD1 or 1-877-287-6731.

To complete the registration process, you must return to the MedXPress site and log in using the account information provided in the email sent to you. You can return to the MedXPress site by clicking on the link provided in the email. You will be taken to the Terms of Service Agreement screen.

If the link provided in the email does not work, you can return to the MedXPress site by copying the following link and pasting it into the address bar of your browser: https://medxpress.faa.gov/medxpress/Medcert.exe/login. Enter your email address and the password provided in the appropriate fields and click the Login button.

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**FAA MedXPress**

**Registration Confirmation**

Dear **********:

Thank you for requesting an account with the FAA MedXPress web site.

The FAA MedXPress system allows anyone requiring an FAA Medical Certificate or Student Pilot Medical Certificate to electronically complete the FAA Form 8500-8. Information entered into MedXPress will be transmitted to the FAA and will be available for your AME to review at the time of your medical examination.

NOTE: A medical examination by an FAA-designated Aviation Medical Examiner (AME) is required to complete the certification process. The FAA MedXPress system is not available for submission of Agency ATC exams at this time.

Your MedXPress account information is:

Email: ********@yahoo.com  
Password: 88V8AOQ4

You can return to the FAA MedXPress site by clicking on the link below. To complete the registration process, you must return to the FAA MedXPress site and log in using the account information provided in this email. When logging in for the first time, you will be required to change your password.

[CLICK HERE TO COMPLETE THE REGISTRATION PROCESS]

If the above link does not work, return to the FAA MedXPress site by copying the following link and pasting it into the address bar of your browser. Enter your e-mail address and password in the spaces provided and click the Login button.

URL: https://medxpress.faa.gov/medxpress/Medcert.exe/login

PLEASE DO NOT RESPOND TO THIS EMAIL.

If you need further assistance, please Contact AVS National IT Service Desk:

By e-mail at: 9-NATL-AVS-IT-ServiceDesk@faa.gov (Monitored Monday through Friday, 6 a.m. to 5 p.m., CST)

By phone at: 1-877-AVS-NSD1 or 1-877-287-6731 (Monitored 24/7)
Terms of Service Agreement

If you have read and accept the Terms of Service Agreement, select the checkbox stating this and click on the Submit button. You will be taken to the Change Password screen. It is required that the password be changed when entering the site for the first time.
**Change Password**

Enter the password sent to you via email.

Enter a new password of your choice. Passwords must be 8 to 12 characters in length and include at least three of the following four character groups: English upper case characters (A through Z); English lower case characters (a through z); Numerals (0 through 9); Non-alphabetic characters (such as !, $, #, %). Passwords are case sensitive.

Confirm the new password and click the **Change Password** button. You will be taken to the FAA MedXPress Home Page with a message stating that your password was successfully updated.
At this point you are logged into the FAA MedXPress System. You can proceed to the FAA Form 8500-8 by clicking on the “form 8500-8” link at the top left of the page. You can also select the “my account” link if you would like to update your personal information or change your password. Contact information displays at the bottom of the page should you require any assistance.

You are currently logged into FAA MedXPress System as [email].

The FAA MedXPress system allows anyone requiring an FAA Medical Certificate or Student Pilot Medical Certificate to electronically complete the FAA Form 8500-8. Information entered into MedXPress will be transmitted to the FAA and will be available for your AME to review at the time of your medical examination.

NOTE: A medical examination by an FAA-designated Aviation Medical Examiner (AME) is required to complete the certification process. The FAA MedXPress system is not available for submission of FAA Air Traffic Control Specialist exams at this time.

For help with issues on any of the following:
- Your FAA MedXPress account, logging in, account lock-out, etc.
- Guidelines with the operation of FAA MedXPress
- General troubleshooting

Contact AVS National IT Service Desk:
- By e-mail at: 9-NATL-AVS-IT-ServiceDesk@faa.gov (Monitored Monday through Friday, 6 a.m. to 5 p.m., CST)
- By phone at: 1-877-AVS-NSD1 or 1-877-287-6731 (Monitored 24/7)

AVS National IT Service Desk cannot answer questions related to medical entries on the Form 8500-8. For specific help regarding information on the form, consult the AME Guide by clicking on the Help link next to the associated field.

Note: You must answer all three security questions correctly in order for AVS National IT Service Desk to reset your password.

Password was successfully updated
MY ACCOUNT MAINTENANCE

You can make changes to your personal information if necessary, but when making changes to your email address or password take care to remember that you have done this because the email address is where the confirmation number will be sent when you submit your Form 8500-8 information.

You must confirm your email address when making any updates to your personal information.

If you would like to change your password, enter the password you currently use in the text box labeled “Old Password”. Enter a new password of your choice into the text box labeled “New Password”. Enter a new password of your choice. Passwords must be 8 to 12 characters in length and include at least three of the following four character groups: English upper case characters (A through Z); English lower case characters (a through z); Numerals (0 through 9); Non-alphabetic characters (such as !, $, #, %). Passwords are case sensitive.

Confirm the new password and click the Submit button. This section of the screen functions independently of the other section so you do not need to enter anything into the “Confirm Email” text box.
FORGOT PASSWORD

If you forget your password you can request a new password by clicking on the “forgot password” link on the upper left side of the Login page and entering the requested information.

You will be asked to enter your email address and the answers to the three security questions you selected when you requested your account. If the email address is entered properly and the correct answers to the questions are entered, a temporary password will be sent to your email account. The following screen shots depict the Forgot Password procedures.
FAA MedXPress
FEDERAL AVIATION ADMINISTRATION

Account Request Result

Step 3: Your FAA MedXPress password has been reset. A temporary password and instructions for completing the Password Reset process will be sent to your e-mail account.

If you do not receive an e-mail within two hours or if you require further assistance, please contact AVS National IT Service Desk:
- By e-mail at: 9-NATL-AVS-IT-ServiceDesk@faa.gov (Monitored Monday through Friday, 5 a.m. to 5 p.m., CST)
- By phone at: 1-877-AVS-NSD1 or 1-877-287-6731 (Monitored 24/7)

Close this page
Password Reset Request

Wait a few minutes and log in to your email account. You should receive the message shown below within two hours of submitting your password reset request. If you do not receive the message within a reasonable amount of time you can obtain the temporary password by contacting the AVS National IT Service Desk by email at: 9-NATL-AVS-IT-ServiceDesk@faa.gov or by phone at: 1-877-AVS-NSD1 or 1-877-287-6731.

To complete the password reset process, you must return to the MedXPress site and log in using the account information provided in the email sent to you. You can return to the MedXPress site by clicking on the link provided in the email. You will be taken to the Terms of Service Agreement screen.

If the link provided in the email does not work, you can return to the MedXPress site by copying the following link and pasting it into the address bar of your browser: https://medxpress.faa.gov/medxpress/Medcert.exe/login. Enter your email address and the password provided in the appropriate fields and click the Login button.

Once you have returned to the MedXPress site you will be required to change your password when logging in.

FAA MedXPress

Password Reset Notification

Dear **********:

Your FAA MedXPress account has been reset and a new temporary password has been created.

Your new FAA MedXPress account information is:

Email:********@yahoo.com
Password: TR2T6N23

You can return to the FAA MedXPress site by clicking on the link below. To complete the registration process, you must return to the FAA MedXPress site and log in using the account information provided in this e-mail. When logging in for the first time, you will be required to change your password.

CLICK HERE TO LOGIN AND CHANGE YOUR PASSWORD

If the above link does not work, please return to the FAA MedXPress site by copying the following link and pasting it into the address bar of your browser. Enter your email address and password in the spaces provided and click the Login button.

URL: https://medxpress.faa.gov/medxpress/Medcert.exe/login

PLEASE DO NOT RESPOND TO THIS EMAIL.

If you need further assistance, please Contact AVS National IT Service Desk:

By e-mail at: 9-NATL-AVS-IT-ServiceDesk@faa.gov (Monitored Monday through Friday, 6 a.m. to 5 p.m., CST)

By phone at: 1-877-AVS-NSD1 or 1-877-287-6731 (Monitored 24/7)
SESSION TIMEOUT

The MedXPress times out after 20 minutes of inactivity. If a user allows MedXPress to sit idle for 20 minutes or more, the session will time out and the user will be directed back to the MedXPress login screen.

On the 8500-8 screen of the MedXPress, the user will receive a warning message after 15 minutes of inactivity. If the user does not perform some kind of action within five minutes of receiving the message the session will time out and any unsaved data will be lost. Once the session times out, any update or refresh action will send the user back to the MedXPress Login screen.
FORM 8500-8

When you are satisfied your account information is accurate and are ready to enter the necessary information to complete the front of the Form 8500-8, click on the "form 8500-8" link at the top left of the page. An electronic version of the Form 8500-8 will display. Enter your information into each field.

Each field has a question mark beside it. If you have any questions about what kind of information should be typed into a particular field, click on the question mark beside it and you will be taken to text detailing what should be entered into the field.

For each medication prescribed, enter medication information and click the Add button. Medication Name is required, all other fields are optional.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Doseage</th>
<th>Doseage Unit</th>
<th>Frequency</th>
<th>Previously Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>LISINOPRIL</td>
<td>10</td>
<td>mg</td>
<td>Daily</td>
<td></td>
</tr>
</tbody>
</table>

Add

Delete
Items 1 Thru 17b

1. Application For:  
   - Arman Medical Cert  
   - Arman Medical & Student Pilot Cert  
2. Class of Medical Cert:  
   - 1st  
   - 2nd  
   - 3rd  
3. Last Name:  
   - MCGLINNYLIG  
4. First Name:  
   - FRANK  
5. Middle Name:  
   - CHUCK  
6. SSN:  
   - 888-04-6555  
7. International/Declined to Submit (An SSN will be generated by the system)  
8. Address:  
   - 4444 SW 4TH  
9. Telephone Number:  
   - 405-555-5555  
10. City:  
    - OKLAHOMA CITY  
11. State:  
    - OK  
12. Country:  
    - USA  
13. Zip Code:  
    - 73165  
14. Date of Birth:  
    - 04/20/1970  
15. Hair Color:  
    - BLOND  
16. Eye Color:  
    - BLUE  
17. Sex:  
    - Male  
18. Citizenship:  
    - USA  

10. Type of Arman Certificate(s) You Hold:  
    - [ ] Flight Instructor  
    - [ ] Flight Engineer  
    - [ ] Private  
    - [ ] Other  
    - [ ] Recreational  
    - [ ] ATC Specialist  
    - [ ] Flight Navigator  
    - [ ] Commercial  
    - [ ] Student  

11. Occupation:  
    - MANAGER  

12. Employer:  
    - NO  

13. Has Your FAA Arman Medical Certificate Ever Been Denied, Suspended, or Revoked?  
   - Yes  
   - No  
   - If yes, give date:  

14. Total Pilot Time (Civilian Only):  
    - 500  
15. Past 6 months:  
    - 35  
16. Date of Last FAA Medical Application:  
    -  
17. a. Do You Currently Use Any Medication (Prescription or Nonprescription)?  
   - Yes  
   - No  

For each medication prescribed, enter medication information and click the Add button. Medication Name is required, all other fields are optional.

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Dose</th>
<th>Dose Unit</th>
<th>Frequency</th>
<th>Previously Reported</th>
<th>Add</th>
</tr>
</thead>
<tbody>
<tr>
<td>LISIONOPRIL 10</td>
<td>10</td>
<td>mg</td>
<td>Daily</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FAA MedXPress medication content is validated against licensed drug information supplied by the F.A. Davis Co. (FAD) in the Davis's Drug Guide. Click here to view the FAD copyright notice and Disclaimer of Warranty.

17. b. Do You Ever Use Near Vision Contact Lens(es) While Flying?  
   - Yes  
   - No
1. Application For

Select either the Airman Medical Cert or Airman Medical & Student Pilot Cert radio button to indicate the type of certificate being applied for. *(Required)*

2. Class Of Medical Cert.

Select either the 1st, 2nd or 3rd radio button to indicate the class of certificate being applied for. *(Required)*

3. Last Name

Enter your last name. *(Required)*

First Name

Enter your first name. *(Required)*

Middle Name

Enter your middle name.

Suffix

Select the appropriate suffix from the drop down list provided, if applicable.

4. SSN

Enter your Social Security Number or pseudo SSN if you prefer not to provide your SSN.

**NOTE**

If you do not have a pseudo SSN and do not wish to provide your SSN, click on the check box next to *International/Declined to Submit*. When this option is selected, a pseudo SSN will be assigned to you. You should make a note of the SSN to use on future 8500-8 applications.

5. Address

Enter your street address. When entering your street address DO NOT use any punctuation (e.g., Rolling Ave. should be entered Rolling Ave). *(Required)*

Telephone Number

Enter your telephone number.

City

Enter the name of the city you live in. When entering the name of the city be sure that no numbers or punctuation are used if you live in the United States (e.g., St. Louis should be entered St Louis). If you live in a foreign country, the city name may contain numbers, but no punctuation. *(Required)*
State
Select the state you live in from the drop down list provided, or leave blank if international.

Country
Select the country you live in from the drop down list provided, or select Other (Unknown). When selecting your State and Country, either a state or foreign country must be selected, but not both.

Zip Code
Enter your zip code.

6. Date of Birth
Enter your date of birth in the (MM/DD/YYYY) format. If applying for an Airman Medical & Student Pilot Certificate, your birthday must be at least 15 years, 11 months prior to today's date. The date entered must also be a valid date, no later than today's date and no earlier than the 19th century. (Required)

7. Hair Color
Select the appropriate hair color from the drop down list provided. (Required)

8. Eye Color
Select the appropriate eye color from the drop down list provided. (Required)

9. Sex
Select either the Male or Female radio button. (Required)

Citizenship
Select the country you are currently a citizen of.

10. Type of Airman Certificate(s) You Hold
Check all that apply. If None is checked, no other boxes should be checked. If Other is checked you must enter something into the text box to the right of the Other option. (Required)

11. Occupation
Enter your occupation.

12. Employer
Enter the name of your employer.
13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended or Revoked

Select either the Yes or No radio button. If yes is selected, you must enter the date of the denial, suspension or revocation in the (MM/DD/YYYY) format. The date entered must be a valid date, no later than today’s date, and no earlier than the 19th century. *(Required)*

14. Total Pilot Time (Civilian Only) To Date

Enter the number of pilot hours (in whole numbers) to date.

15. Total Pilot Time (Civilian Only) Past 6 Months

Enter the number of pilot hours (in whole numbers) during the past 6 months. The number of hours listed in 15 should not exceed the number of hours listed in 14.

16. Date of Last FAA Medical Application

If you had a previous exam, enter the date in the (MM/DD/YYYY) format. If this is your first application, check the No Prior Application check box. *(If "No Prior Application" is NOT checked, Date of Last FAA Medical Application is required.)*

**NOTE**

If 13 is “No” and 16 is blank, the No Prior Application box must be checked.
17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)

Select either the Yes or No radio button. If Yes is selected, continue entering the necessary medication information. *(Required)*

1. Enter the name of the first medication in the Medication Name text box.
2. Enter dosage information in the Dosage text box.
3. Select a dosage unit from the Dosage Unit drop down box.
4. Select a frequency from the Frequency drop down box.
5. If the medication was previously reported on an FAA medical examination, select the Previously Reported check box.
6. Click the Add button.

7. If an exact match for the medication could not be found, an error message will display and a drop down box of possible matches will be provided.

8. If the correct medication name is not listed in the drop down, select the Could not Locate Medication check box and click the Add button.
9. The medication and its associated dosage information will display below the appropriate column headings as “Medication not listed”.

10. If the correct medication name is listed, select the medication name from the Medication Name drop down box and click the Add button.

11. The medication and its associated dosage information will display below the appropriate column headings. Repeat this process for each medication. Medication information can be deleted by clicking on the “Delete” link displayed to the right of each medication listed.

17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying

Select either the Yes or No radio button. *(Required)*
## Item 18

**Medical History - Have You Ever In Your Life Been Diagnosed With, Had, Or Do You Presently Have Any Of The Following**

Select either the Yes or No radio button for each of the items a. thru y. All items marked “yes” require a comment. *(Required)*

If all of the items will be checked as “No” you can click on the Set All Blank Items in 18a – y to No button. Each item’s No radio button will be selected.

Clicking on the Set All No Items in 18a – y to Blank button will clear the “No” selections.

All Yes answers require a comment. Click on the Add Comments button and a section for entering your comments will display below the Medical History items.

<table>
<thead>
<tr>
<th>Medical History</th>
<th>Description</th>
<th>Medical History</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Yes/No</td>
<td>Frequent or severe headaches</td>
<td>m. Yes/No</td>
<td>Mental disorders of any sort: depression, anxiety, etc.</td>
</tr>
<tr>
<td>b. Yes/No</td>
<td>Dizziness or fainting spell</td>
<td>n. Yes/No</td>
<td>Substance dependence or failed a drug test ever, or substance abuse or use of illegal substance in the last 2 years</td>
</tr>
<tr>
<td>c. Yes/No</td>
<td>Unconsciousness for any reason</td>
<td>o. Yes/No</td>
<td>Alcohol dependence or abuse</td>
</tr>
<tr>
<td>d. Yes/No</td>
<td>Eye or vision trouble except glasses</td>
<td>p. Yes/No</td>
<td>Suicide attempt</td>
</tr>
<tr>
<td>e. Yes/No</td>
<td>Hay fever or allergy</td>
<td>q. Yes/No</td>
<td>Motion sickness requiring medication</td>
</tr>
<tr>
<td>f. Yes/No</td>
<td>Asthma or lung disease</td>
<td>r. Yes/No</td>
<td>Military medical discharge</td>
</tr>
<tr>
<td>g. Yes/No</td>
<td>Heart or vascular trouble</td>
<td>s. Yes/No</td>
<td>Medical rejection by military service</td>
</tr>
<tr>
<td>h. Yes/No</td>
<td>High or low blood pressure</td>
<td>t. Yes/No</td>
<td>Rejection for life or health insurance</td>
</tr>
<tr>
<td>i. Yes/No</td>
<td>Stomach, liver, or intestinal trouble</td>
<td>u. Yes/No</td>
<td>Admission to hospital</td>
</tr>
<tr>
<td>j. Yes/No</td>
<td>Kidney stone or blood in urine</td>
<td>v. Yes/No</td>
<td>Other illness, disability, or surgery</td>
</tr>
<tr>
<td>k. Yes/No</td>
<td>Diabetes</td>
<td>w. Yes/No</td>
<td>Medical disability benefits</td>
</tr>
<tr>
<td>l. Yes/No</td>
<td>Neurological disorders: epilepsy, seizures, stroke, paralysis, etc.</td>
<td>x. Yes/No</td>
<td></td>
</tr>
<tr>
<td>v. Yes/No</td>
<td>History of (1) any arrest(s) and/or conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug, or (2) history of any arrest(s), and/or conviction(s), and/or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>w. Yes/No</td>
<td>History of nontraffic conviction(s) (misdemeanors or felonies).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[Add Comments button]
Provide an explanation for all medical history items where the Yes radio button was selected in the Applicant Explanation box provided for each applicable item. If the condition was reported on a previous application and there has been no change in your condition, you may note "Previously Reported, No Change" by clicking on the PRNC button.
Item 19

19. Have You Visited any Health Professionals Within last 3 Years

Select either the Yes or No radio button. If Yes is selected, enter at a minimum, the date of the visit in the (MM/YYYY) format and the reason for seeing a physician into the fields provided. The date entered must be a valid date, no later than today’s date, and no earlier than the 19th century. **(Required)**

Click on the Add button and the information you entered will appear under the appropriate headings. The fields will clear so that additional visits may be added if necessary. The Edit and Delete options that correspond with each visit allow you to update the visit information or completely delete the visit from the record.
Clicking on the Edit link will display that visit’s information in the fields provided and **Update** and **Cancel** buttons will replace the **Add** button. Update as necessary and click the **Update** button. The fields will clear, the **Add** button returns, and the information will again appear under the appropriate headings. You may cancel the editing process by clicking the **Cancel** button.
20. Applicant’s National Driver Register and Certifying Declarations

Read the declaration and select the **Yes** radio button. Selecting **No** will prevent you from submitting the exam. *(Required)*
Validate And Submit Application

Click the **Save** button to save changes to your application. Be sure to save your entries before exiting FAA MedXPress. You may save a partially completed form and return at a later time to finish. The following message will display when you click on the **Save** button. Click **OK** and “Your data has been saved” will appear at the top of the screen.

Click the **Show Validation Errors** button to save your changes and display a list of validation errors. Data must pass validation requirements before the application can be submitted. Validation errors along with the message that your data has been saved will appear at the top of the screen.

If you are sure all of the information entered is correct and you agree with the declarations enter your password and hit the **Submit** button. Once you submit your application you will not be able to make any changes to it. If there are no errors a screen will launch with a confirmation number you will need to give to your AME.
EXAM SUCCESSFULLY SUBMITTED

If there are no errors you will be taken to a screen that tells you your exam has been successfully submitted. The screen displays your confirmation number and gives you the option of looking at a summary of your exam application by clicking on the Exam Summary button. Write down the confirmation number and click on the logout link on the left side of the screen. You will receive a Form 8500-8 confirmation email that will also provide your confirmation number. If you lose your confirmation number you can obtain it by contacting the AVS National IT Service Desk by email at: 9-NATL-AVS-IT-ServiceDesk@faa.gov or by phone at: 1-877-AVS-NSD1 or 1-877-287-6731.

Exam Summary Page

The exam summary page displays the exam information you just entered placed into the appropriate fields of a Form 8500-8. It is recommended that you print the 8500-8 Summary for review and bring it with you at the time of your exam.
EXAM CONFIRMATION NUMBER EMAIL

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