HIMS AME Checklist - SSRI INITIAL Certification/Clearance
(Updated 08/28/2019)

Name _____________________________________      Airman MID or PI#_________________________

Submit this checklist and ALL supporting information for INITIAL SSRI consideration within 14 days of deferred exam to:

**AIRMAN**
Federal Aviation Administration
Medical Appeals Branch - AAM-240
800 Independence Ave SW, Building 10A, Room 8W-100
Washington DC  20591

**FAA ATCS**
Regional Flight Surgeon (RFS) office

All numbered (#) items below refer to the corresponding section of the FAA CERTIFICATION AID - SSRI INITIAL Certification/Clearance.

1. **Airman/FAA ATCS statement and records**
   - Addresses/describes ALL items in FAA Certification Aid…………………………………………………
   - Is signed and dated…………………………………………...
   - Provides all medical/treatment records related to mental health history………………………………………

2. **HIMS AME FACE-TO-FACE, IN-OFFICE EVALUATION**
   - Describes ALL items in #1-7 of “HIMS AME” checklist………………………………………………………
   - Verifies the airman/ FAA ATCS has been on the same medication at the same dose for a minimum of 6 months………………
   - Is signed and dated ………………………………………………………………………………………………
   - Copies of all reports have been submitted to the FAA or are enclosed with this checklist…………………
   - Any other condition(s) that would require Special Issuance (SI)/Special Consideration (SC). Do not include CACI qualified condition(s)……………………………………………………………………………………………
     o List conditions:

3. **TREATING PHYSICIAN (non-psychiatrist) REPORT** (If the treating physician is a Board Certified Psychiatrist, check N/A and skip to #4.):
   - Verifies the airman/ FAA ATCS has been on the same medication at the same dose for a minimum of 6 months ………………………………………………………………..
   - Is signed and dated ………………………………………………………………………………………………

4. **Board Certified PSYCHIATRIST REPORT**:
   - Describes ALL items in #1-8 of PSYCHIATRIST requirements (including FAA SSRI “Rule-Outs.”)………
   - Verifies the airman/ FAA ATCS has been on the same medication at the same dose for a minimum of 6 months…………………
   - Is signed and dated ………………………………………………………………………………………………

5. **NEUROPSYCHOLOGIST REPORT**:
   - Describes ALL items in #1-8 of the NEUROPSYCHOLOGIST requirements ………………………………..
   - CogScreen-AE computerized report is attached …………………
   - Additional neuropsychological testing (if performed or required) score summary sheet is attached…
   - Is signed and dated ………………………………………………………………………………………………

6. **ADDITIONAL REPORTS**
   - Chief Pilot Report (for Commercial pilots requesting 1st or 2nd-class certificates; 3rd class N/A)
     or Air Traffic Manager (ATM) for FAA ATCS………………………………………………………………………
   - SSRI related (drug testing, therapy reports, etc.) ………………………………………………………………………
   - Reports from other providers or for non-SSRI conditions that may require SI or SC…………………

_________________________________________                ________________
HIMS AME Signature                 Date of Evaluation

IF ANY ITEMS ARE MISSING OR ARE INCOMPLETE, CERTIFICATION WILL BE DELAYED.