

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

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REPORT FROM	REQUIRED INTERVAL	MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (Drug and Alcohol Monitoring Recertification)
<p><b>GROUP AFTERCARE COUNSELOR</b></p> <p>(ex: AA meeting)</p>	<p>1<sup>st</sup> and 2<sup>nd</sup> class: Every 3 months or per Authorization Letter</p> <p>3<sup>rd</sup> class: As required per Authorization Letter</p>	<p><b>Progress report should include:</b></p> <ol style="list-style-type: none"> <li>1. If the airman is continuing to participate in abstinence-based sobriety.</li> <li>2. How often the airman attends (weekly or per Authorization Letter).</li> <li>3. Agreement to immediately notify the HIMS AME if there are any changes or deterioration in the airman's condition.</li> </ol>
<p><b>CHIEF PILOT, FLIGHT OPERATION SUPERVISOR, OR AIRLINE MANAGEMENT DESIGNEE</b></p> <p>If the airman is 1<sup>st</sup> or 2<sup>nd</sup> class and employed by an air carrier</p>	<p>1<sup>st</sup> and 2<sup>nd</sup> class: Every month (bring cumulative reports to HIMS AME evaluation every 6 months.)</p> <p>3<sup>rd</sup> class: Not applicable</p>	<p><b>Monthly reports must address:</b></p> <ol style="list-style-type: none"> <li>1. The airman's performance and competence.</li> <li>2. Crew interaction.</li> <li>3. Mood (if available).</li> <li>4. Presence or absence of any other concerns.</li> </ol>
<p><b>PEER PILOT</b></p> <p>(Ex: from employer, ALPA, etc.)</p>	<p>1<sup>st</sup> and 2<sup>nd</sup> class: Every month (bring cumulative reports to HIMS AME evaluation every 6 months.)</p> <p>3<sup>rd</sup> 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><b>ADDITIONAL PROVIDERS</b></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>