

## FAA CERTIFICATION AID – SSRI INITIAL Certification

(Updated 10/26/2016)

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	MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (SSRI INITIAL Certification Evaluation)
<b>AIRMAN</b>	<ol style="list-style-type: none"> <li>1. A typed statement in <u>your own words</u> describing your mental health history, antidepressant use, and any other treatment.  <b>At a minimum, you must include the following information:</b> <ol style="list-style-type: none"> <li>a. Symptoms: when started, what type, and when/how you first sought treatment.</li> <li>b. List all providers you have seen for any mental health condition(s) and <b>dates</b>.</li> <li>c. List all medications you have taken, dates they were started and stopped, whether they helped or not.</li> <li>d. List any other treatment(s) you have utilized, dates they were started and stopped, and if they helped or not.</li> <li>e. List dates and locations of any hospitalizations due to any mental health condition. If you have not had any, that must be stated.</li> <li>f. Describe your current status: current medication dose, how long you have been on it, and how you function both on and off the medication.</li> </ol> </li> <li>2. Sign and date your statement.</li> <li>3. Provide copies of <b>all of your medical/treatment records</b> related to your mental health history (to include any treatment records for past related symptoms where you were NOT on SSRI as well as from the date you began treatment to the present) <b>and a complete copy of your FAA medical file</b> to: your HIMS AME and to a board certified psychiatrist (if your treating physician is not a psychiatrist).</li> </ol>
<p><b>HIMS AME</b></p> <p>Must be in letter/report format. Due to length and detail required, we cannot accept Block 60 notes for this section.</p>	<ol style="list-style-type: none"> <li>1. Evaluation <b>MUST</b> be a face-to-face in person, and this must be noted in your report.</li> <li>2. <b>Record review verification:</b> Verify that you have reviewed <b>(a) complete copy</b> of the airman's FAA medical file, <b>(b) the</b> treating physician and/or/psychiatrist reports (as required), and <b>(c) neuropsychologist report</b> (see below). If you reviewed additional clinical and/or mental health records provided by the airman, they should be noted as reviewed and submitted to the FAA.</li> <li>3. <b>Medication verification</b> <ol style="list-style-type: none"> <li>a. Verify the current medication name, dose, and how long has the airman been on this medication at this dosage.</li> <li>b. When was the most recent change in medication (dose OR medication type)?</li> <li>c. Are additional changes in dose or medication recommended or anticipated?</li> </ol> </li> <li>4. Summarize your <b>aeromedical impression and evaluation as a HIMS AME</b> based on the face-to-face evaluation AND review of the supporting documents. <ol style="list-style-type: none"> <li>a. 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> <li>b. Review and specifically comment on whether or not the airman has any of the FAA SSRI "Rule-Outs" (e.g., suicide attempt, etc. See table on next page).</li> </ol> </li> <li>5. <b>Special Issuance Recommendation</b> <ol style="list-style-type: none"> <li>a. Do you recommend Special Issuance in this airman?</li> <li>b. Do you have any clinical concerns or recommend a change in treatment plan?</li> <li>c. Will you agree to continue to follow the airman as his/her HIMS AME per FAA policy? If so, at what interval?</li> </ol> </li> <li>6. <b>Agreement to immediately notify the FAA</b> (at 405-954-4821) if there is any: <ol style="list-style-type: none"> <li>a. Change in condition;</li> <li>b. Deterioration in psychiatric status or stability;</li> <li>c. Change in the medication dosage; or</li> <li>d. Plan to reduce or discontinue any medication.</li> </ol> </li> <li>7. <b>Additional conditions</b> <ol style="list-style-type: none"> <li>a. Does this airman have ANY other medical conditions that are potentially disqualifying or required a special issuance?</li> <li>b. Is all documentation present for those other conditions?</li> </ol> </li> </ol>

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<p><b>TREATING PHYSICIAN</b></p> <p><b>Use this section</b> if the person prescribing your medication is NOT a board certified psychiatrist.</p> <p>(You will also have to submit an evaluation from a board certified psychiatrist - see next section.)</p> <p>IF the physician prescribing your medication IS a BOARD CERTIFIED PSYCHIATRIST, you do not need to submit this "Treating Physician" section. Go to "Psychiatrist" section below.</p>	<p>A Current detailed evaluation report that summarizes clinical findings and status of how the airman is doing. At a minimum, it must include the following:</p> <ol style="list-style-type: none"> <li>1. <b>Qualifications:</b> State your board certifications, specialty, and any other pertinent qualifications.</li> <li>2. <b>Records review:</b> What documents were reviewed?               <ol style="list-style-type: none"> <li>a. Specify if using your own clinic notes and/or notes from other providers or hospitals.</li> <li>b. Verify if you were provided with and reviewed a complete copy of the airman's FAA medical file.</li> </ol> </li> <li>3. <b>History:</b> <ol style="list-style-type: none"> <li>a. Review the overall symptom and treatment history, <b>with a timeline of evaluations and treatments (including start and stop dates).</b></li> <li>b. Discuss the severity of the condition and any relapse/recurrence.</li> <li>c. Each of the following FAA SSRI "Rule-Outs" <b>MUST be individually addressed. The report must specifically detail if there have been any symptoms or any history of the following:</b></li> </ol> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 60%;">FAA SSRI "RULE-OUTS"</th> <th style="width: 15%;">Any prior SYMPTOMS?</th> <th style="width: 15%;">Any prior HISTORY?</th> </tr> </thead> <tbody> <tr> <td>I</td> <td>Affective instability</td> <td></td> <td></td> </tr> <tr> <td>ii</td> <td>Bipolar spectrum disorders</td> <td></td> <td></td> </tr> <tr> <td>iii</td> <td>Electroconvulsive therapy (ECT)</td> <td></td> <td></td> </tr> <tr> <td>iv</td> <td>Psychiatric hospitalization</td> <td></td> <td></td> </tr> <tr> <td>v</td> <td>Psychosis</td> <td></td> <td></td> </tr> <tr> <td>vi</td> <td>Suicidal ideation or attempts</td> <td></td> <td></td> </tr> <tr> <td>vii</td> <td>Treatment with <b>multiple antidepressants</b> concurrently</td> <td></td> <td></td> </tr> <tr> <td>viii</td> <td>Treatment with <b>multi-agent drug protocol use</b> (prior use of other psychiatric drugs in conjunction with antidepressant medications)</td> <td></td> <td></td> </tr> <tr> <td>ix</td> <td>Any additional symptoms not listed above</td> <td></td> <td></td> </tr> </tbody> </table> </li> <li>4. <b>Medication</b> <ol style="list-style-type: none"> <li>a. <b>Current name and dose of medication.</b></li> <li>b. How long has the airman been on this medication at this dosage?</li> <li>c. Any side effects from the current medications? (If none, that should be stated.)</li> <li>d. When was the most recent change in medication? (Dose OR medication type.)</li> <li>e. <b>Previous</b> medications that have been tried. List name, dosage, dates of use, and presence or absence of any side effects and outcomes.</li> <li>f. Are additional changes in dose or medication recommended or anticipated?</li> </ol> </li> <li>5. <b>Diagnosis:</b> <ol style="list-style-type: none"> <li>a. Specify the current diagnosis (es).</li> <li>b. Discuss any prior diagnostic questions or issues and explain why/how these are no longer under consideration or have been ruled-out.</li> <li>c. Discuss the severity of the condition, both current and historically.</li> </ol> </li> <li>6. <b>Summary, Treatment and follow-up recommendations:</b> <ol style="list-style-type: none"> <li>a. Discuss the airman's overall psychiatric and behavioral status and risk of recurrence.</li> <li>b. How will this airman be followed? At what interval?</li> <li>c. Do you have any clinical concerns or recommend a change in treatment plan?</li> </ol> </li> <li>7. <b>Agreement</b> to immediately notify the FAA (at 405-954-4821) or HIMS AME if there are any changes in the airman's condition, dosage, change in medication or if the medication is stopped.</li> <li>8. <b>Submit</b> copies of all treatment records such as clinic or hospital notes for any period of time which the airman has sought treatment or taken medication. (You do not need to submit any records received from the FAA.)</li> </ol>		FAA SSRI "RULE-OUTS"	Any prior SYMPTOMS?	Any prior HISTORY?	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<p><b>NEUROPSYCHOLOGIST</b></p> <p>CogScreen Results</p> <p>AND</p> <p>Neurocognitive evaluation</p>	<p>The neuropsychologist report <b>MUST</b> address:</p> <ol style="list-style-type: none"> <li>1. <b>Qualifications:</b> State your certifications and pertinent qualifications.</li> <li>2. <b>Records review:</b> What documents were reviewed, if any?               <ol style="list-style-type: none"> <li>a. Specify clinic notes and/or notes from other providers or hospitals.</li> <li>b. Verify if you were provided with and reviewed a <b>complete copy</b> of the airman’s FAA medical file.</li> </ol> </li> <li>3. <b>History:</b> Items from the clinical, educational, training, social, family, legal, medical, or other history pertinent to the context of the neuropsychological testing and interpretation.</li> <li>4. <b>Testing results:</b> <ol style="list-style-type: none"> <li>a. <b>CogScreen-AE information:</b> <ol style="list-style-type: none"> <li>i. Date(s) of evaluation</li> <li>ii. CogScreen-AE Session number. (Note: Session 1 should be for initial test <i>only</i>; retests should be Session 2 or incrementally higher.)</li> <li>iii. Normative group used for comparison:                   <ul style="list-style-type: none"> <li>• Major Carrier (age-corrected); or</li> <li>• Regional Carrier (NOT age-corrected) [also acceptable for GA pilots]; or</li> <li>• GA Pilot Norms (age-corrected)</li> </ul> </li> </ol> </li> <li>b. <b>CogScreen-AE results with specific review of and discussion when any threshold values exceeded:</b> <ol style="list-style-type: none"> <li>i. LRPV (threshold: if score &gt; 0.80)</li> <li>ii. Base Rate for scores at-or-below the 5<sup>th</sup> percentile (threshold: if any T-scores &lt; 40) [age corrected acceptable]</li> <li>iii. Base Rate for scores at-or-below the 15<sup>th</sup> percentile (threshold: if any T-scores &lt; 40) [age corrected acceptable]</li> <li>iv. Taylor Aviation Factors (threshold: if any T-scores &lt; 40)</li> </ol> </li> <li>c. Results of any additional focused testing or a comprehensive test battery</li> </ol> </li> <li>5. <b>Interpretation:</b> <ol style="list-style-type: none"> <li>a. The overall neurocognitive status of the airman.</li> <li>b. Clinical diagnosis(es) suggested or established base on testing (if any).</li> <li>c. Discuss any weaknesses or concerning deficiencies that may potentially affect safe performance of pilot or aviation-related duties (if any).</li> <li>d. Discuss rationale and interpretation of any additional focused testing or comprehensive test battery that was performed.</li> <li>e. Any other concerns.</li> </ol> </li> <li>6. <b>Recommendations:</b> additional testing, follow-up testing, referral for medical evaluation (e.g., neurology evaluation and/or imaging), rehabilitation, etc.</li> <li>7. <b>Agreement</b> to immediately notify the FAA (at 405-954-4821) or HIMS AME if there are any changes or deterioration in the airman’s psychological status or stability.</li> <li>8. <b>Submit</b> the CogScreen computerized summary report (approximately 13 pages) and summary score sheet for any additional testing (if performed).</li> </ol>

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<p><b>CHIEF PILOT OR AIRLINE MANAGEMENT DESIGNEE report</b></p> <p>1<sup>st</sup> and 2<sup>nd</sup> class - Have been employed by an air carrier within the last 2 years.</p> <p>3<sup>rd</sup> class --Not applicable</p>	<p><b>Report should 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>REPORTS FROM ADDITIONAL PROVIDERS</b></p> <p><b>OR</b></p> <p><b>REPORTS REGARDING OTHER CONDITIONS</b></p>	<p><b>Supplemental reports (if any) that may be related to the condition for which the SSRI is prescribed:</b></p> <ul style="list-style-type: none"> <li>• Any drug testing results</li> <li>• Psychotherapist records and reports</li> <li>• Social worker reports</li> </ul> <p><b>Special Issuance conditions: The airman should bring reports and documentation for <u>any other</u> conditions that may require Special Issuance to the HIMS AME for review.</b></p> <p><b>CACI conditions: The airman should bring reports or other documentation listed on the CACI worksheet to the HIMS AME for review.</b></p>