Submit this MANDATORY checklist as a cover sheet and ALL supporting information outlined below within 14 days of deferred exam. Use only ONE method to submit. Sending by multiple modes (or duplicates) will delay the review process.

Check one of the boxes below to indicate the method of the submission.

<table>
<thead>
<tr>
<th>☐ Electronic submission:</th>
<th>☐ First or second class, mail to:</th>
<th>☐ Third class, mail to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use Huddle (HIMS CASES ONLY)</td>
<td>Federal Aviation Administration Medical Appeals Branch AAM 240 800 Independence Avenue, SW Building 10A, Room 8W-100 Washington, DC 20591</td>
<td>Using regular mail US Postal Service: Federal Aviation Administration Civil Aerospace Medical Institute, Bldg. 13 Aerospace Medical Certification Division AAM-313 PO Box 25082 Oklahoma City, OK 73125-9914</td>
</tr>
<tr>
<td>☐ Using FedEx, UPS, etc.:</td>
<td>Federal Aviation Administration Medical Appeals Section, AAM-313 Aerospace Medical Certification Division 6700 S. MacArthur Boulevard, Room B-13 Oklahoma City, OK 73169</td>
<td></td>
</tr>
</tbody>
</table>

The specific information required for each report type is detailed in the corresponding numbered (#) items on the FAA Certification Aid – HIMS Drug and Alcohol – INITIAL.

1. **HIMS AME Report FACE-TO-FACE, IN-OFFICE EVALUATION (narrative):**
   - Signed and dated……………………………………………………………………………………………….

2. **HIMS AME Data Sheet**
   - (N/A for third class airmen)………………………………………………………………………………

3. **Drug and alcohol TREATMENT RECORDS:**
   - Include any applicable psychotherapy notes and pre-treatment psychiatrist reports……………………

4. **PSYCHIATRIST EVALUATION:**
   - HIMS-trained psychiatrist for most first and second class airmen……………………………………
   - Most third class will require a board-certified psychiatrist.

5. **NEUROPSYCHOLOGIST EVALUATION and RAW TESTING DATA**
   - CogScreen results

6. **ADDITIONAL RECORDS:**
   - Aftercare Report (Group)…………………………………………………………………………………………
   - Airline Reports: Chief Pilot Report and Peer Pilot Letter (for commercial pilots 1st or 2nd-class; 3rd class N/A)……
   - Airman’s Personal Statement…………………………………………………………………………………………
   - Drug or Alcohol Testing………………………………………………………………………………………………
   - DUI Records (BAC, court records, driving/DMV records)…………………………………………………………
   - Medical Records (List any other conditions relevant to this case)………………………………………………
   - SI Additional Reports (Only when specified by the Authorization Letter)……………………………………

HIMS-trained AME Signature __________________________ Date __________________________

MISSING OR INCOMPLETE ITEMS WILL CAUSE CERTIFICATION REVIEW DELAYS.

- Send all of the above information AND this Checklist in ONE PACKAGE, via electronic submission or mailed to the appropriate address listed above.
- Upon receipt and review of all of the above information, additional information or action may be requested.