

# HIMS-Trained AME Checklist – Drug and Alcohol MONITORING INITIAL Certification

(Updated 01/27/2021)

Airman Name \_\_\_\_\_

MID or PI# \_\_\_\_\_

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.

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

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](#).

<b>1. HIMS AME Report FACE-TO-FACE, IN-OFFICE EVALUATION (narrative):</b>		NA	Yes	No
• Signed and dated.....				
<b>2. <a href="#">HIMS AME Data Sheet</a></b>		N/A	Yes	No
(N/A for third class airmen).....				
<b>3. Drug and /or alcohol TREATMENT RECORDS:</b>		N/A	Yes	No
• Include any applicable psychotherapy notes and pre-treatment psychiatrist reports.....				
<b>4. PSYCHIATRIST EVALUATION:</b>		N/A	Yes	No
• HIMS-trained psychiatrist for most first and second class airmen.....				
• Most third class will require a board-certified psychiatrist.				
<b>5. NEUROPSYCHOLOGIST EVALUATION and RAW TESTING DATA.....</b>		N/A	Yes	No
• CogScreen results				
<b>6. ADDITIONAL RECORDS:</b>		N/A	Yes	No
• Aftercare Report (Group).....				
• Airline Reports: Chief Pilot Report and Peer Pilot Letter (for commercial pilots 1 <sup>st</sup> or 2 <sup>nd</sup> -class; 3 <sup>rd</sup> 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.**