

# HIMS AME Checklist - Drug and Alcohol Monitoring Recertification

(Updated 8/31/16)

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

PI# \_\_\_\_\_

**Instructions to the HIMS AME:**

- Address the following items based on your in-office exam and documentation review;
- **Submit this Checklist** (it must be signed and dated by the HIMS AME); **AND**
- **Include supporting documentation reviewed to complete this checklist** (including your HIMS AME report) **within 14 days to:**

Federal Aviation Administration  
Aerospace Medical Certification Division AAM-300  
PO Box 26080, Oklahoma City, OK 73125-9914

I reviewed the airman's HIMS Authorization Letter dated: \_\_\_\_\_  
(Date of Authorization letter)

**1. HIMS AME FACE-TO-FACE, IN OFFICE EVALUATION: Required EVERY 6 months for ALL CLASSES.**

Any concerns that the airman is not successfully engaged in a continued abstinence-based recovery program or is not working a good program based on your clinical interview/evaluation and review of reports? .....

- Interval evaluations (every 3 months or as required by Authorization Letter) were unfavorable?.....
- Any evidence or concern the airman has not remained abstinent? .....
- Any positive drug or alcohol tests since last HIMS evaluation? .....
- Any evidence of noncompliance or concern the airman is not working a good recovery program? ....
- Any NEW condition(s) that would require Special Issuance? (Do not include any new CACI qualified condition) .....

No	Yes

**2. TREATING PSYCHIATRIST REPORT or HIMS PSYCHIATRIST REPORT: Required EVERY 12 months for ALL CLASSES** unless a different time interval is specifically stated in the Authorization Letter.

- Report(s) is/are favorable (no anticipated or interim treatment changes).....
- The psychiatrist recommends no additional treatment or monitoring.....

N/A	Yes	No

**Items 3 - 5: The AME should review. Do not submit these items (3-5) to the FAA unless concerns are noted.**

**3. AFTERCARE COUNSELOR REPORTS:** For 1<sup>st</sup> and 2<sup>nd</sup> class: Required every 3 months; 3<sup>rd</sup> class: Per Authorization Letter.

- Show continued participation and abstinence-based sobriety? .....

N/A	Yes	No

**4. CHIEF PILOT REPORT(S):** Required monthly for commercial pilots holding first- or second-class certificates (N/A for third-class):

- Report(s) is/are favorable? .....

N/A	Yes	No

**5. PEER PILOT REPORTS:** Required monthly for commercial pilots holding first- or second-class certificates (N/A for third-class):

- Report(s) is/are favorable with continued total abstinence? .....

N/A	Yes	No

**6. ADDITIONAL REPORTS:** Required **ONLY** when specified by the Authorization letter.

- HIMS related (AA attendance, therapy reports, etc.) are favorable and meet authorization requirements.....
- Reports required for other **non-HIMS** conditions all meet Authorization requirements.....

N/A	Yes	No

7. I have no other concerns about this airman and recommend re-certification for Special Issuance.....

Yes	No

\_\_\_\_\_  
HIMS AME Signature

\_\_\_\_\_  
Date of Evaluation

If ALL items fall into the clear column, the AME may issue with the time limitation specified in the Authorization letter.

**If ANY SINGLE ITEM falls into the SHADED COLUMN, the AME MUST DEFER or contact the FAA for guidance AND EXPLAIN in the HIMS evaluation report.**