

## **OBSTRUCTIVE SLEEP APNEA SPECIFICATION SHEET B ASSESSMENT REQUEST**

Due to your risk for Obstructive Sleep Apnea (OSA), and to review your eligibility to have a medical certificate, you must provide the following information to the Aerospace Medical Certification Division (AMCD) or your Regional Flight Surgeon's Office for review within 90 days:

- A current OSA assessment in accordance with the American Academy of Sleep Medicine (AASM) by your AME, personal physician, or a sleep medicine specialist.
- If it is determined that a sleep study is necessary, it must be either a Type I laboratory polysomnography or a Type II (7 channel) unattended home sleep test (HST) that provides comparable data and standards to laboratory diagnostic testing. **It must be interpreted by a sleep medicine specialist and must include diagnosis and recommendation(s) for treatment, if any.**
- In communities where a Level II HST is unavailable, the FAA will accept a level III HST. If the HST is positive for OSA, no further testing is necessary and treatment in accordance with the AASI must be followed. However, if the HST is equivocal, a higher level test such as an in-lab sleep study will be needed unless a sleep medicine specialist determines no further study is necessary and documents the rationale.

If your sleep study is **positive for a sleep-related disorder**, you may not exercise the privileges of your medical certificate until you provide:

- A signed Airman Compliance with Treatment form or equivalent;
- The results and interpretive report of your most recent sleep study; and
- A current status report from your treating physician addressing compliance, tolerance of treatment, and resolution of OSA symptoms.

If you are **not diagnosed with a sleep-related disorder or the study was negative for a sleep-related disorder**, you may continue to exercise the privileges of your medical certificate, but the evaluation report along with the results of any study, if conducted, must be sent to the FAA at the address below. All information provided will be reviewed and is subject to further FAA action.

In order to expedite the processing of your application, please submit the aforementioned information **in one mailing** using your reference number (PI, MID, or APP ID).

**Using Regular Mail (US Postal Service) or**  
Federal Aviation Administration  
Aerospace Medical Certification Division  
AAM-300  
Civil Aerospace Medical Institute  
PO BOX 25082  
Oklahoma City, OK 73125-9867

**Using Special Mail (FedEx, UPS, etc.)**  
Federal Aviation Administration  
Aerospace Medical Certification Division  
AAM-300  
Civil Aerospace Medical Institute, Bldg. 13  
6700 S. MacArthur Blvd., Room 308  
Oklahoma City, OK 73169