Information for the NEUROPSYCHOLOGIST:

TESTING REQUIREMENTS (Updated 09/26/2018)

The following evaluation is the minimum recommended evaluation for the presence of aeromedically significant ADHD/ADD by a neuropsychologist. Results of each of these sections must be included in the final report. If the neuropsychologist believes there are any concerns* with the evaluation results, a Supplemental Battery must also be conducted.

If the airman stopped taking ADHD/ADD medication(s), they must be off the medication(s) for 90 days before testing and evaluation.

INITIAL BATTERY:

1. Comprehensive background review.

2. Possible interview of collateral sources of information such as parent, school counselor/teacher, employer, flight instructor, etc.

3. Administration of the following tests or questionnaires (using the most recent edition of each test):
   a. CogScreen-AE;
   b. COWAT or D-KEFS Verbal Fluency;
   c. CPT, TOVA, or IVA+;
   d. MMPI-2;
      i. **Computer scoring is required.** All scales, subscales, content, and supplementary scales must be scored and provided. Either the Pearson “Airline Pilot Applicant Interpretative Report” or the Pearson “Extended Score Report” are acceptable.
      ii. Other reports that generate interpretative hypotheses based upon general population norms can be misleading and should be avoided.
      iii. **NOT ACCEPTABLE:** Abbreviated administrations are not acceptable. The MMPI-2-RF is **not** an approved substitute.
   e. PASAT (minimum of Trials 1 & 2). Specify the version administered. The Levin/Diehl version is preferred with ISIs of 3.0 and 2.4 for application of pilot norms;
   f. Trail Making Test, Parts A and B (Reitan version should be used since aviation norms are available for this version);
   g. WRAT Reading or equivalent measure (e.g., AAB, W-J, WIAT); and
   h. Conners Adult ADHD Rating Scale, Long Version (CAARS), Self-Report and Observer forms) or ADHD-RS with Adult Prompts. **As with all self-report measures, however, when utilized with pilots seeking to prove their eligibility for a medical certificate, response bias/response distortion should be anticipated and considered. Some examiners have found that utilizing such questionnaires as a type of “structured interview” after having established rapport provides for more accurate data.**

4. Urine drug screening test for ADHD medications, including psychostimulant medications. It should include testing for amphetamine and methylphenidate. The sample must be collected at the conclusion of the neurocognitive testing or within 24 hours after testing.
If the results of the above testing indicate:

**NO CONCERNS:** If the neuropsychologist interprets the clinical interview and/or screening battery results as exhibiting functioning that is completely within normal limits and lacking any suspicion of aeromedically significant neurocognitive deficit, then the initial evaluation can be considered complete and a report generated. See Report Requirements for items that must be covered as well as additional items that must be submitted.

**ANY CONCERNS:** If after interpreting the INITIAL BATTERY evaluation results, the neuropsychologist has any concerns regarding impairment, deficiencies, or comorbid disorders that could pose a threat to aviation safety, the neuropsychologist must perform a full battery of testing as described in the SUPPLEMENTAL BATTERY section below. The purpose of this additional testing is to explore and clarify the findings or rule out ADHD/ADD as well as any neurocognitive deficits previously misidentified as ADHD/ADD and/or any comorbid disorders.

**SUPPLEMENTAL BATTERY:**

(Updated 04/25/2018)

1. **Complete the INITIAL BATTERY testing;**

2. **At minimum, complete and add** the following testing (using the most recent edition of each test):
   a. Intelligence testing, Wechsler Adult Intelligence Scale (complete version, latest edition, including all index scores);
   b. Executive function, including **all of the following:**
      i. Wisconsin Card Sorting Test or (if WCST has previously been administered) Category Test;
      ii. Stroop;
      iii. Tower of London (TOL), Drexel Edition (TOL-DX);
   c. Verbal fluency (COWAT and a semantic fluency task such as the Animal Naming Test or D-KEFS Verbal Fluency);
   d. Verbal memory (WMS subtests, Rey Auditory Verbal Learning Test, or California Verbal Learning Test);
   e. Visual memory (Rey Complex Figure Test, WMS subtests, or Brief Visuospatial Memory Test-Revised);
   f. Academic Testing in the areas of reading comprehension, decoding, math computation, and math reasoning skills. Scoring should include age-based norms (examples of appropriate measures include the WRAT Reading or equivalent measure (e.g., AAB, W-J, WIAT); and
   g. **If indicated:** Psychomotor Testing including Finger Tapping Test, Grooved Pegboard, or Purdue Pegboard.

3. See Report Requirements below for items that must be covered in the neuropsychologist report as well as additional items that must be submitted.