

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

(Updated 03/31/2021)

Airman Name _____

MID or PI# _____

Submit this **MANDATORY checklist** 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: First and second class HIMS cases ONLY	<input type="checkbox"/> All others, mail to:	
USE HUDDLE	Using regular mail US Postal Service: Federal Aviation Administration Civil Aerospace Medical Institute, Building 13 Aerospace Medical Certification Division AAM-313 PO Box 25082 Oklahoma City, OK 73125-9914	Using FedEx, UPS, etc.: 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](#).

0*. HIMS-Trained AME Checklist - Drug and Alcohol MONITORING INITIAL Certification. *Use this checklist as a coversheet and submit the rest of the information, numbered and ordered as shown below:

1. HIMS AME Report FACE-TO-FACE, IN-OFFICE EVALUATION (narrative): • Signed and dated.....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">NA</td> <td style="width: 33%;">Yes</td> <td style="width: 33%;">No</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	NA	Yes	No																		
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2. HIMS AME Data Sheet (N/A for third class airmen).....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">N/A</td> <td style="width: 33%;">Yes</td> <td style="width: 33%;">No</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	N/A	Yes	No																		
N/A	Yes	No																				
3. Drug and /or alcohol TREATMENT RECORDS: • Include any applicable psychotherapy notes and pre-treatment psychiatrist reports.....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">N/A</td> <td style="width: 33%;">Yes</td> <td style="width: 33%;">No</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	N/A	Yes	No																		
N/A	Yes	No																				
4. PSYCHIATRIST EVALUATION: • HIMS-trained psychiatrist for most first and second class airmen..... • Most third class will require a board-certified psychiatrist.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">N/A</td> <td style="width: 33%;">Yes</td> <td style="width: 33%;">No</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	N/A	Yes	No																		
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5. NEUROPSYCHOLOGIST EVALUATION and RAW TESTING DATA • CogScreen results	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">N/A</td> <td style="width: 33%;">Yes</td> <td style="width: 33%;">No</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	N/A	Yes	No																		
N/A	Yes	No																				
6. ADDITIONAL RECORDS: • Aftercare Report (Group)..... • Airline Reports: Chief Pilot Report and Peer Pilot Letter (for commercial pilots 1 st or 2 nd -class; 3 rd 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).....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">N/A</td> <td style="width: 33%;">Yes</td> <td style="width: 33%;">No</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	N/A	Yes	No																		
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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.**