

# CORONARY HEART DISEASE (CHD)/ CORONARY ARTERY DISEASE (CAD) RECERTIFICATION STATUS SUMMARY

(Updated 05/29/2024)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Applicant ID# \_\_\_\_\_ PI# \_\_\_\_\_

**Instructions:**

If you do not have a current special issuance for CHD/CAD, **STOP**. Go to the [Coronary Heart Disease disposition table](#).

If you have a valid special issuance authorization or special consideration:

- To expedite recertification, have your **cardiologist complete, sign, and date** this status summary. If any “NO” responses or change in your condition(s), you must also submit a [current, detailed Clinical Progress Note](#) addressing ALL items.
- Return the information to your AME for electronic upload to the FAA.
- Testing should be no older than **90 days** before AME exam to be considered current.

Reference: [2023 AHA/ACC/ACCP/ASPC/NLA/PCNA Guideline for the Management of Patients With Chronic Coronary Disease: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines](#).

**Blood Pressure** \_\_\_\_\_ / \_\_\_\_\_ **LDL-C** \_\_\_\_\_ **A1c** \_\_\_\_\_

Current medication list attached OR list all current therapy (medication and dose):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. **Is the individual on guideline directed medical therapy in accordance with the above reference?**.....
2. Is current blood pressure, LDL-C, and A1c (if diabetic), under good control per above guidelines?.....
3. Has the individual remained asymptomatic over the past year?.....
4. Has the individual’s functional capacity remained stable over the past year?.....
5. The individual has been **free of new events or procedures** (e.g., heart catheterization, CABG, PTCA/stent, Myocardial Infarction, atherectomy, or brachytherapy); **bleeding** which required intervention; or use of **nitrates** for any reason) **in the past year**.....
6. **I affirm that I have NO clinical concerns about this patient**.....

YES	NO*
YES	NO*
YES	NO*
YES	NO*
YES	NO*
YES	NO*

\*For any “NO\* items or significant interval change(s), attach a current, detailed Clinical Progress Note which addresses these items.

Cardiologist name \_\_\_\_\_ Cardiologist Signature \_\_\_\_\_ Date of evaluation \_\_\_\_\_

**AME Actions:**

- INITIAL certification CAD/CHD: AME must defer. See the [CORONARY HEART DISEASE disposition table](#).
- RECERTIFICATION: If the individual has an AASI for Coronary Heart Disease, all items above all in the “YES” column, and there have been NO significant interval history changes or concerns, follow AASI instructions.

**IF ANY ANSWER FALLS IN NO\* COLUMN ABOVE OR THERE HAS BEEN SIGNIFICANT INTERVAL HISTORY CHANGE OR ANY CONCERNS, THE AME MUST DEFER.**

**NOTE:** As of 05/29/24 for routine cases, follow-up stress test is not required. If after FAA review it is determined that a stress test is required, this status summary and a current, detailed Clinical Progress Note must be submitted.