ANXIETY, DEPRESSION, AND RELATED CONDITIONS (OFF TREATMENT)

All Classes
(Updated 11/18/2026)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. 5 or more years OFF Treatment AND • No symptoms • Diagnosis is any combination of conditions listed on the Anxiety, Depression, and Related Conditions page • Never treated with two or more mental health medications simultaneously **Go to Row C if:** ⊗ **Recurrent or persistent episodes or symptoms or** multiple failed attempts to discontinue or stay off medication(s) over any period ⊗ **Recurrent major depression** ⊗ History of taking two (2) or more mental health medications simultaneously ⊗ Persistent Depressive Disorder (Dysthymia) ⊗ Seasonal Affective Disorder (SAD)	The AME should gather information (from all available medical records as applicable) regarding the diagnosis, severity, treatment, symptoms, and complete the Mental Health History Checklist. Does NOT require evaluation by Treating Provider and Signature on checklist; for AME use only. Use the Checklist to determine if the individual may qualify for the Anxiety, Depression and Related Conditions – OFF Treatment Fast Track Pathway. Follow Anxiety, Depression, and Related Conditions - OFF Medication FAST TRACK PATHWAY for the AME	**ISSUE** If meets Fast Track Criteria, summarize this history, diagnosis, and annotate Item 60: **Upload:** • Mental Health History Checklist and • Fast Track Summary page for the AME. AME does not need to upload additional records if no concerns.
B. 2 - 5 years OFF Treatment AND • No symptoms • Diagnosis is any combination of conditions listed on the Anxiety, Depression, and Related Conditions page.	**The AME must review:** 1. **Personal Statement:** Typed, signed, and dated addressing all required items [Link]. 2. **Complete Mental Health Records:** Treatment history from all past and current providers. 3. **Comprehensive clinical psychiatric evaluation by a community clinician (psychiatrist, PCP) or a FAAR Psychiatrist.** 4. **Mental Health History Checklist** completed and signed by the above evaluator.	**ISSUE** If all requirements on the Mental Health Conditions Fast Track Pathway are met. Summarize this history, diagnosis, and annotate Item 60: **"History of** [insert diagnosis here]**, meets FAST TRACK.** **Upload all documents into AMCS.**

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	After reviewing above information, **AME must complete Mental Health Conditions Fast Track Pathway.** Upon FAA review, additional documentation or evaluation may be required.	
C. Less than 2 years OFF Treatment OR • Any "YES" answers on Fast Track **Mental Health** OR • **Recurrent episodes or symptoms**. If the individual had multiple failed attempts to stop or stay off medication(s) over any period; • **Recurrent major depression** • **Current uncontrolled symptoms** **OR** • Seasonal Affective Disorder (SAD), • Persistent Depressive Disorder (Dysthymia),	If last symptoms and/or treatment were **<2 years ago**, submit the following to the FAA for review: 1. **Personal Statement:** Typed, signed, and dated addressing all required items [Link]. 2. **Complete Mental Health Records:** Treatment history from all past and current providers. 3. **A comprehensive independent psychiatric evaluation performed by a FAAR Psychiatrist.** 4. **Mental Health History Checklist** completed and signed by the FAAR psychiatrist. **NOTE:** If question #1 on the Mental Health History Checklist is Yes, a FAAR Neuropsychology evaluation will be required. Upon review, additional documentation or evaluation may be required.	**DEFER** Submit the information to the FAA for a possible Special Issuance. Annotate (elements or findings) in Item 60.

Note*: For Situational Depression - AME should use the Situational Depression Disposition Table.