

FAA CERTIFICATION AID - HIMS Drug and Alcohol - INITIAL (Page 1 of 5)

(Updated 01/27/2021)

The following information is to assist your treating physician/provider who may be unfamiliar with FAA medical certification requirements. It lists the **ABSOLUTE MINIMUM** information required by the FAA to make a determination on an airman medical certificate. You should strongly consider taking a copy to each evaluator so they understand what specific information is needed in their report to the FAA. If each item is not addressed by the corresponding provider there may be a delay in the processing of your medical certification until that information is submitted. Additional information such as clinic notes or explanations should also be submitted, as needed.

ALL REPORTS MUST BE CURRENT (WITHIN THE LAST 90 DAYS) FOR FAA PURPOSES.

REPORT FROM	MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING
HIMS AME CHECKLIST	1. Using the <u>HIMS-Trained AME Checklist – Drug and Alcohol Monitoring INITIAL Certification</u>, comment on any items that fall into the shaded category on the Checklist.
<p>#1 HIMS AME REPORT (narrative)</p> <p>The airman must establish with a HIMS-trained AME if monitoring is required.</p>	<ol style="list-style-type: none"> 1. Must be a face-to-face, in-person evaluation performed by the HIMS-trained AME. 2. List of the items/documents reviewed: <ol style="list-style-type: none"> a. Prior SI authorizations, if issued by the FAA; b. Verify if you were provided with and reviewed a complete copy of the airman's FAA Medical file sent to you by the FAA; and c. Include list of collateral contact(s) used to verify history, if any. 3. Describe <ol style="list-style-type: none"> a. How the case was initially identified. Circumstances regarding the pilot's entry into the HIMS program; b. Description of the history of the addiction problem; c. Participation in aftercare groups, if any; d. Participation in support groups (AA, BOAF, other); e. History of ER visits; f. Previous psychiatric hospitalizations, treatments, or suicide attempts; and g. Hospital/treatment discharge summary. 4. Compliance History <ol style="list-style-type: none"> a. Any evidence (such as a positive test) or concern the airman has not remained abstinent; b. Any evidence or concern the airman has not been compliant with the recovery program; c. If you do not agree with the supporting documents or if you have additional concerns not noted in the documentation, please discuss your observations or concerns; and d. Describe how the airman is doing in the program and if he/she is engaged in recovery. 5. Summarize your aeromedical impression and evaluation as a HIMS AME based on the face-to-face evaluation AND review of the supporting documents. <ol style="list-style-type: none"> a. Do you recommend a Special Issuance for this airman; b. Do you agree to serve as the airman's HIMS AME and follow this airman per FAA policy; and c. Do you agree to immediately notify the FAA (at 405-954-4821) of any change in condition, deterioration, or stability and/or if there is any positive drug or alcohol testing? 6. Any NEW condition(s) that would require Special Issuance? (Do not include any new CACI qualified conditions.) <p>If using Huddle, submit the following as INDIVIDUAL PDFs:</p> <ul style="list-style-type: none"> <input type="checkbox"/> HIMS AME Checklist; <input type="checkbox"/> HIMS trained AME written report (narrative) <input type="checkbox"/> HIMS AME Data Sheet <input type="checkbox"/> Drug and/or Alcohol Treatment Records <input type="checkbox"/> Psychiatrist Evaluation <input type="checkbox"/> Neuropsychologist Evaluation and Raw Test Data <input type="checkbox"/> Additional Records - all other supporting documentation that you reviewed <p>Submit all the information as ONE PACKAGE (via Huddle or mailed to the appropriate address on the HIMS-Trained AME Checklist.) Review for certification WILL BE DELAYED if package is incomplete.</p>

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<p>#2 HIMS AME DATASHEET*</p>	<p>1. A copy of the sheet printed after entering information via www.himsdatasheet.com. (*only for first- and second-class airmen.)</p>
<p>#3 DRUG AND/OR ALCOHOL TREATMENT RECORDS</p>	<p>1. Include any applicable psychotherapy notes, therapist follow-up reports, social worker reports, AA sponsor contact, etc. 2. Include all the original records summarized in the HIMS AME Report above.</p>
<p>#4 PSYCHIATRIST EVALUATION</p> <p>1st and 2nd class commercial airmen will require a HIMS trained psychiatrist* to perform this evaluation in most cases.</p> <p>Most others will require a board certified psychiatrist</p> <p>* To find a HIMS psychiatrist, the airman should FIRST establish with a HIMS-trained AME and should refer to their letter to determine what level of evaluation is required.</p>	<p>The report must include at a minimum:</p> <ol style="list-style-type: none"> 1. List of the items/documents reviewed. <ol style="list-style-type: none"> a. Verify if you were provided with and reviewed a complete copy of the airman's FAA medical file sent to you by the FAA; and b. Include list of collateral contact(s) used to verify history, if any. 2. Summary of the above records. Were the records clear and in sufficient detail to permit a satisfactory evaluation of the nature and extent of any previous mental disorders? <p>Clinical interview that covers the following:</p> <ol style="list-style-type: none"> 3. Family history of drug and alcohol or mental health issues. 4. Developmental history. 5. Past medical history and medical problems such as blackouts, memory problems; stomach, liver, cardiovascular problems, or sexual dysfunction. 6. Psychiatric history, if any. Include diagnosis, treatment, and hospitalizations. <ol style="list-style-type: none"> a. Personal history of anxiety, depression, insomnia; and/or b. Suicidal thoughts or attempts. 7. Alcohol and/or Drug use history: <ol style="list-style-type: none"> a. Include any treatment or hospitalizations; and b. The current status of drug or alcohol use (what used, how often, start/stop dates). 8. Other concerns such as: <ol style="list-style-type: none"> a. Personality changes (argumentative, combative) or Loss of self-esteem or Isolation; b. Social family problems such as marital separation or divorce; c. Irresponsibility or child/spousal abuse; d. Legal problems such as alcohol-related traffic offenses or public intoxication, assault and battery, etc.; e. Occupational problems such as absenteeism or tardiness at work; reduced productivity, demotions, frequent job changes, or loss of job; f. Economic problems such as frequent financial crises, bankruptcy, loss of home, or lack of credit; and g. Interpersonal adverse effects such as separation from family, friends, associates, etc. 9. Any other items per the evaluator. 10. Results of any testing that was performed (SASSI, etc.). 11. Mental status examination results. 12. Summary of your findings. Include if you agree or disagree with previous diagnosis or findings from the records you reviewed and why. 13. Any evidence of drug or alcohol abuse or dependence (if not mentioned above). 14. Summarize clinical findings and status of the airman. When appropriate, provide specific information about the quality of recovery, including the period of total abstinence. 15. List the DSM diagnosis, if any. (if none, that should be stated). 16. Specifically mention if any of the following regulatory components are present or not: <ol style="list-style-type: none"> a. Increased tolerance; b. Manifestation of withdrawal symptoms; c. Impaired control of use; d. Continued use despite damage to physical health or impairment of social, personal, or occupational functioning; e. Any evidence of any other personality disorder, neurosis, or mental health condition; and/or f. Use of a substance in a situation in which that use was physically hazardous. 17. Give recommendations for any additional treatment or monitoring, if applicable. 18. Any additional concerns or comments.

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<p>#5</p> <p>NEUROPSYCHOLOGIST EVALUATION AND RAW TEST DATA*</p> <p>*CogScreen-AE results and neurocognitive evaluation</p>	<p>For complete details, see the Neuropsychological Evaluation section of the Specifications for Psychiatric and Neuropsychological Evaluations for Substance Dependence/Abuse.</p> <p>The neuropsychologist report MUST address:</p> <ol style="list-style-type: none">1. Qualifications: State your certifications and pertinent qualifications.2. Records review: What documents were reviewed, if any?<ol style="list-style-type: none">a. Specify clinic notes and/or notes from other providers or hospitals; andb. Verify if you were provided with and reviewed a complete copy of the airman's FAA medical file.3. Results of clinical interview: Detailed history regarding psychosocial or developmental problems; academic and employment performance; family or legal issues; substance use/abuse (including treatment and quality of recovery); aviation background and experience; medical conditions and all medication use; and behavioral observations during the interview and testing. Include any other history pertinent to the context of the neuropsychological testing and interpretation.4. Mental status examination5. Testing results:<ol style="list-style-type: none">a. CogScreen-Aeromedical Edition (CogScreen-AE); andb. Remainder of the core test battery.6. Interpretation:<ol style="list-style-type: none">a. The overall neurocognitive status of the airman;b. Clinical diagnosis(es) suggested or established based on testing, if any;c. Discuss any weaknesses or concerning deficiencies that may potentially affect safe performance of pilot or aviation-related duties, if any;d. Discuss rationale and interpretation of any additional testing that was performed; and includee. Any other concerns.7. Recommendations: Additional testing, follow-up testing, referral for medical evaluation (e.g., neurology evaluation and/or imaging), rehabilitation, etc. <p>Submit report along with the CogScreen-AE computerized summary report (approximately 13 pages) and summary score sheet for ALL additional testing performed.</p>
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#6 ADDITIONAL RECORDS

<p>AFTERCARE REPORT (Group)</p>	<p>Progress report should include:</p> <ol style="list-style-type: none"> 1. If the airman is continuing to participate in abstinence-based sobriety; 2. How often the airman attends (weekly or per Authorization Letter); and 3. Agreement to immediately notify the HIMS AME if there are any changes or deterioration in the airman's condition.
<p>AIRLINE REPORTS</p> <p>Peer Pilot (from employer, ALPA, etc.) Chief Pilot, Flight Operation Supervisor, or Airline Management Designee*</p> <p>* If the airman is 1st or 2nd class and employed by an air carrier.</p>	<p>Must attest, to the best of their knowledge, the airman's continued total abstinence from drugs or alcohol.</p> <p>Monthly reports must address:</p> <ol style="list-style-type: none"> 1. The airman's performance and competence; 2. Crew interaction; 3. Mood (if available); and 4. Presence or absence of any other concerns. <p>Combine all monthly reports into ONE PDF if submitting via Huddle.</p>
<p>AIRMAN PERSONAL STATEMENT DRUG AND ALCOHOL (D&A)</p>	<ol style="list-style-type: none"> 1. Detailed typed personal statement from you that describes the offense(s): <ol style="list-style-type: none"> a. What type of offense occurred; b. What substance(s) were involved; c. State or locality or jurisdiction where the incident occurred; d. Date of the arrest, conviction and/or administrative action; e. Description of circumstances surrounding the offense; and f. Describe the above for each alcohol incident. If no other incidents, this should be stated. 2. Your past, present, and future plans for alcohol or drug use: <ol style="list-style-type: none"> a. When did you start drinking? How much? How often?; b. How much, how often were you drinking at the time of the incident(s); c. How much, how often do you drink now? If abstinent, state date abstinence started; d. Any negative consequences (legal complications or medical complications such as blackouts, pancreatitis, or ER visits); and e. Include any other alcohol or drug offenses (arrests, convictions, or administrative actions), even if they were later reduced to a lower sentence. 3. Treatment programs you attended ever in your life (if none, this should be stated). <ol style="list-style-type: none"> a. Dates of treatment; b. Inpatient, outpatient, other; and c. Name of treatment facility <p>1. Current recovery program (if any). If AA or another program, list name of program and frequency attended.</p> <p>If not in a recovery program, this should be stated.</p>

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<p>DRUG OR ALCOHOL TESTING</p>	<ol style="list-style-type: none"> 1. Must be random, unannounced drug/alcohol testing. (Urine EtG/EtS, PEth testing or a mobile alcohol monitoring system are preferred.) 2. Must state if the testing is performed by: <ul style="list-style-type: none"> <input type="checkbox"/> HIMS AME; <input type="checkbox"/> Air Carrier testing program/office. Air Carrier must immediately notify the HIMS AME of any positive test HIMS AME may require additional testing to supplement the testing conducted by the Air Carrier; or <input type="checkbox"/> Other, such as return to duty testing from a substance abuse professional or a DOT/FAA Drug Abatement Program. 3. Drug and/or alcohol testing results summarized, how often tested, how many tests performed to date. <ol style="list-style-type: none"> a. Positive test results – submit the actual report. b. Negative test results should be reported in the HIMS AME Report.
<p>DUI RECORDS</p>	<p>Court Records</p> <ol style="list-style-type: none"> 1. Police/investigative report from dates of incident(s). It should describe the circumstances surrounding the offense and any field sobriety tests that were performed; 2. Court records, if applicable; and 3. Military records if event(s) occurred while the applicant was a member of the U.S. armed forces. It should include military court records, records of non-judicial punishment, and military substance abuse records. <p>Driving record/Department of Motor Vehicles (DMV) Records</p> <ol style="list-style-type: none"> 4. List every state/principality/location and dates you have held a driver's license in the past 10 years; 5. Submit a complete copy of your driving records from each of these for the past 10 years; and 6. Blood Alcohol Concentration (BAC) from any alcohol offense. It may be listed in a hospital report, a police report or investigative report. <ol style="list-style-type: none"> a. This will be either a breathalyzer test or a blood test. b. Attach copies of any additional drug testing that performed.
<p>MEDICAL RECORDS</p>	<p>List any other medical records relevant to this case.</p>
<p>SI ADDITIONAL REPORTS</p>	<ol style="list-style-type: none"> 1. Submit any reports required by a current Authorization for Special Issuance (SI); and/or 2. Any reports for a new condition that may require SI (or AME is instructed to defer).