FAA CERTIFICATION AID – SSRI INITIAL Certification/Clearance

(Updated 08/26/2026)

The following information is to assist your treating physician/provider who may be unfamiliar with FAA medical certification/clearance requirements. It lists the ABSOLUTE MINIMUM information required by the FAA to make a determination on a medical certificate for airmen or clearance for FAA ATCS. 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 or clearance 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 (SSRI INITIAL Certification/Clearance Evaluation)
AIRMAN or FAA ATCS	**1.** A typed statement, in your own words, describing your mental health history, antidepressant use, and any other treatment. **At a minimum, you must include the following information:** a. Symptoms: when started, what type, and when/how you first sought treatment. b. List all providers you have seen for any mental health condition(s) and **dates.** c. List all medications you have taken, dates they were started and stopped, whether they helped or not. d. List any other treatment(s) you have utilized, dates they were started and stopped, if they helped or not. e. List dates and locations of any hospitalizations due to any mental health condition. If you have not had any, that must be stated. f. Describe your current status: current medication dose, how long you have been on it, and how you function both on and off the medication. **2.** Sign and date your statement. **3.** Provide copies of **all of your medical/treatment records** related to your mental health history (to include any treatment records for past related symptoms where you were NOT on SSRI as well as from the date you began treatment to the present) *and* **sign two release forms* for the FAA to release a complete copy of your FAA medical file** to your HIMS AME and to a board certified psychiatrist (if your treating physician is not a psychiatrist). ***For ATCS release form** information, contact your RFS office.
HIMS AME Must be in letter/report format. Due to length and detail required, we cannot accept Block 60 notes for this section.	**1.** Evaluation MUST be a face-to-face, in person, and this must be noted in your report. **2.** **Record review verification**: Verify that you have reviewed **(a) complete copy** of the airman/FAA ATCS's Agency medical file, **(b)** the treating physician and/or psychiatrist reports (as required), and (**c**) neuropsychologist report (see below). If you reviewed additional clinical and/or mental health records provided by the airman/FAA ATCS, the reports should be noted as reviewed and submitted to the FAA. **3.** **Medication verification** a. Verify the current medication name, dose, and how long has the airman/FAA ATCS been on this medication at this dosage. b. When was the most recent change in medication (discontinuation, dose, or change in medication type)? c. Are additional changes in dose or medication recommended or anticipated? **4.** **Summarize your aeromedical impression and evaluation as a HIMS AME** based on the face-to-face evaluation AND review of the supporting documents. a. 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. b. Review and specifically comment on whether or not the airman/FAA ATCS has any of the FAA SSRI "Rule-Outs" (e.g., suicide attempt, etc. See the table on page 3 of this document). **5.** **Special Issuance/Consideration Recommendation** a. Do you recommend Special Issuance (SI)/Special Consideration (SC) for this airman/FAA ATCS? b. Do you have any clinical concerns or recommend a change in the treatment plan? c. Will you agree to continue to follow the airman/FAA ATCS as his/her HIMS AME per FAA policy? If so, at what interval? **6.** **Agreement to immediately notify the FAA** (for Airmen: 405-954-4821; for FAA ATCS contact the RFS office) if there is: a. Change in condition; b. Deterioration in psychiatric status or stability; c. Change in the medication dosage; or d. Plan to reduce or discontinue any medication. **7.** **Additional conditions** a. Does this airman/FAA ATCS have ANY other medical conditions that are potentially disqualifying or require a special issuance/consideration? b. Is all documentation present for those other conditions?

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TREATING PHYSICIAN **Use this section if** the person prescribing your medication is NOT a board certified psychiatrist. (You will also have to submit an evaluation from a board certified psychiatrist - see next section.) IF the physician prescribing your medication is a BOARD CERTIFIED PSYCHIATRIST, you do not need to submit this "Treating Physician" section. Go to "Psychiatrist" section below.	A Current detailed evaluation report that summarizes clinical findings and status of how the airman/FAA ATCS is doing. At a minimum, it must include the following: **1. Qualifications:** State your board certifications and specialty. **2. History**: a. Review the overall symptom and treatment history, **with a timeline of evaluations and treatments (including start and stop dates).** b. Discuss the severity of the condition and any relapse/recurrence**.** **3. Medication:** a. **Current name and dose of medication**. b. How long has the airman/FAA ATCS been on this medication at this dosage? c. Any side effects from the current medications? (If none, that should be stated.) d. When was the most recent change in medication? (Dose, medication type, or discontinuation of medication) e. Previous medications that have been tried. List name, dosage, dates of use, and presence or absence of any side effects and outcomes. f. Are additional changes in dose or medication recommended or anticipated? **4. Diagnosis:** a. Specify the current diagnosis (es). b. Discuss the severity of the condition **5. Summary, Treatment and follow-up recommendations:** a. Discuss the airman/FAA ATCS's overall psychiatric and behavioral status and risk of recurrence. b. How will this airman/FAA ATCS be followed? At what interval? c. Do you have any clinical concerns or recommend a change in treatment plan? **6. Agreement to immediately notify the FAA** (for airmen: 405-954-4821; for FAA ATCS, contact the RFS office) **if there are any:** changes in the airman/FAA ATCS's condition, dosage, change in medication or if the medication is stopped.

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<table>
<tr><th>REPORT FROM</th><th>MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING
(SSRI INITIAL Certification/Clearance Evaluation)</th></tr>
<tr><td>PSYCHIATRIST

Must be a board certified psychiatrist

(If your treating physician IS a board- certified psychiatrist, you should submit this section.)</td><td>
A Current detailed evaluation report that summarizes clinical findings and status of how the airman/FAA ATCS is doing.
At a minimum, it must include the following:
1. Qualifications: State your board certifications, specialty, and any other pertinent qualifications.
2. Records review: What documents were reviewed?
a. Specify if using your own clinic notes and/or notes from other providers or hospitals.
b. Verify if you were provided with and reviewed a complete copy of the airman/FAA ATCS's FAA medical file.
3. History:
a. Review the overall symptom and treatment history, with a timeline of evaluations and treatments (including start and stop dates).
b. Discuss the severity of the condition and any relapse/recurrence.
c. Each of the FAA SSRI "Rule-Outs" below MUST be individually addressed. The report must specifically detail if there have been any symptoms or any history of the following:
<table>
<tr><th colspan="2">FAA SSRI "RULE-OUTS"</th><th>Any prior SYMPTOMS?</th><th>Any prior HISTORY?</th></tr>
<tr><td>I</td><td>Affective instability</td><td></td><td></td></tr>
<tr><td>Ii</td><td>Bipolar spectrum disorders</td><td></td><td></td></tr>
<tr><td>Iii</td><td>Electroconvulsive therapy (ECT)</td><td></td><td></td></tr>
<tr><td>Iv</td><td>Psychiatric hospitalization</td><td></td><td></td></tr>
<tr><td>V</td><td>Psychosis</td><td></td><td></td></tr>
<tr><td>Vi</td><td>Suicidal ideation or attempts</td><td></td><td></td></tr>
<tr><td>Vii</td><td>Treatment with multiple antidepressants concurrently</td><td></td><td></td></tr>
<tr><td>viii</td><td>Treatment with multi-agent drug protocol use (prior use of other psychiatric drugs in conjunction with antidepressant medications)</td><td></td><td></td></tr>
<tr><td>ix</td><td>Any additional symptoms not listed above</td><td></td><td></td></tr>
</table>
4. Medication
a. Current name and dose of medication.
b. How long has the airman/FAA ATCS been on this medication at this dosage?
c. Any side effects from the current medications? (If none, that should be stated.)
d. When was the most recent change in medication? (Dose, medication type, or discontinuation of medication.)
e. Previous medications that have been tried. List name, dosage, dates of use, and presence or absence of any side effects and outcomes.
f. Are additional changes in dose or medication recommended or anticipated?
5. Diagnosis:
a. Specify the current diagnosis (es).
b. Discuss any prior diagnostic questions or issues and explain why/how these are no longer under consideration or have been ruled-out.
c. Discuss the severity of the condition, both current and historically.
6. Summary, Treatment and follow-up recommendations:
a. Discuss the airman/FAA ATCS's overall psychiatric and behavioral status and risk of recurrence.
b. How will this airman/FAA ATCS be followed? At what interval?
c. Do you have any clinical concerns or recommend a change in treatment plan?
7. Agreement to immediately notify the FAA if there is any changes in the airman/FAA ATCS's condition, dosage, change in medication or if the medication is stopped. (For airmen: 405-954-4821; for FAA ATCS: contact the RFS office)
8. Submit copies of all treatment records such as clinic or hospital notes for any period of time which the airman/FAA ATCS has sought treatment or taken medication. (You do not need to submit any records received from the FAA.)
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REPORT FROM	MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (SSRI INITIAL Certification/Clearance Evaluation)
NEUROPSYCHOLOGIST CogScreen Results AND Neurocognitive evaluation	**The neuropsychologist report MUST address:** **1. Qualifications:** State your certifications and pertinent qualifications. **2. Records review:** What documents were reviewed, if any? a. Specify clinic notes and/or notes from other providers or hospitals. b. Verify if you were provided with and reviewed a **complete copy** of the airman/FAA ATCS's FAA medical file. **3. History**: Items from the clinical, educational, training, social, family, legal, medical, or other history pertinent to the context of the neuropsychological testing and interpretation. **4. Testing results:** a. **CogScreen-AE information:** i. Date(s) of evaluation ii. CogScreen-AE Session number. (Note: Session 1 should be for initial test *only*; retests should be Session 2 or incrementally higher.) iii. Normative group used for comparison: • Major Carrier (age-corrected); or • Regional Carrier (NOT age-corrected) [also acceptable for GA pilots]; or • General Aviation Pilot Norms (age-corrected) b. **CogScreen-AE results with specific review of and discussion when any threshold values exceeded:** i. LRPV (threshold: if score > 0.80) ii. Base Rate for scores at-or-below the 5th percentile (threshold: if any T-scores < 40) [age corrected acceptable] iii. Base Rate for scores at-or-below the 15th percentile (threshold: if any T-scores < 40) [age corrected acceptable] iv. Taylor Aviation Factors (threshold: if any T-scores < 40) c. Results of any additional focused testing or a comprehensive test battery **5. Interpretation:** a. The overall neurocognitive status of the airman/FAA ATCS b. Clinical diagnosis (es) suggested or established base on testing (if any). c. Discuss any weaknesses or concerning deficiencies that may potentially affect safe performance of pilot or aviation safety-related duties (if any). d. Discuss rationale and interpretation of any additional focused testing or comprehensive test battery that was performed. e. Any other concerns. **6. Recommendations:** additional testing, follow-up testing, referral for medical evaluation (e.g., neurology evaluation and/or imaging), rehabilitation, etc. **7. Agreement to immediately notify the FAA** (for airmen: 405-954-4821; for FAA ATCS contact the RFS office) **if there are any** changes or deterioration in the airman/FAA ATCS's psychological status or stability. **8. Submit** the CogScreen-AE computerized summary report (approximately 13 pages) and summary score sheet for any additional testing (if performed).

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AIR TRAFFIC MANAGER (ATM) FAA ATCS employees FAA ATCS Applicant for Hire – Not applicable	**Report should address**: **For FAA ATCS:** **1.** Issues related to safety and safe operations. **2.** Interaction with other FAA ATCSs. **3.** Mood and behavioral changes. **4.** Any other concerns. For Pilots: Chief pilot reports no longer required.
REPORTS FROM ADDITIONAL PROVIDERS **OR** **REPORTS REGARDING OTHER CONDITIONS**	**Supplemental reports (if any) that may be related to the condition for which the SSRI is prescribed:** • Any drug testing results • Psychotherapist records and reports • Social worker reports **Special Issuance/ Special Consideration conditions: The airman/FAA ATCS should bring reports and documentation for <u>any other</u> conditions that may require Special Issuance/Special Consideration to the HIMS AME for review.** **CACI conditions (airman only): The airman should bring reports or other documentation listed on the CACI worksheet to the HIMS AME for review.**