

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.

Electronic submission: First and second class HIMS cases **ONLY** - USE [HUDDLE](#)

<p><input type="checkbox"/> All others, mail to: 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</p>	<p>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</p>
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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.....
2. [HIMS AME Data Sheet](#)
(N/A for third class airmen).....
3. Drug and /or alcohol **TREATMENT RECORDS:**
 - Include any applicable psychotherapy notes and pre-treatment psychiatrist reports.....
4. **PSYCHIATRIST EVALUATION:**
 - HIMS-trained psychiatrist for most first and second class airmen.....
 - Most third class will require a board-certified psychiatrist.
5. **NEUROPSYCHOLOGIST EVALUATION and RAW TESTING DATA**.....
 - CogScreen results
6. **ADDITIONAL RECORDS:**
 - Aftercare Report (Group).....
 - Airline Reports: Chief Pilot Report and Peer Pilot Letter (for commercial pilots 1st or 2nd-class; 3rd 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**).....

NA	Yes	No
N/A	Yes	No
N/A	Yes	No
N/A	Yes	No
N/A	Yes	No
N/A	Yes	No
N/A	Yes	No
N/A	Yes	No

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.**