

HIMS AME Checklist - Drug and Alcohol Monitoring Recertification

(Updated 01/31/2024)

Pilot Name _____

PI# _____

Instructions to the HIMS AME:

- Address the following items based on your in-office exam and documentation review;
- **Submit this Checklist** (it must be signed and dated by the HIMS AME); **AND**
- **Include supporting documentation reviewed to complete this checklist** (including your HIMS AME report) **within 14 days to:**

Federal Aviation Administration
Civil Aerospace Medical Institute, Building 13
Aerospace Medical Certification Division, AAM-313
PO Box 25082
Oklahoma City, OK 73125-9867

Date of the INITIAL SI Authorization for Substance Dependence*: _____

*If there is a relapse or withdrawal of authorization at any time, the Time-in-Phase date is re-set to the date of the most recent Authorization Letter.

1. HIMS AME FACE-TO-FACE, IN OFFICE EVALUATION: Required EVERY 6 months for ALL CLASSES

Any concerns that the airman is not successfully engaged in a continued abstinence-based recovery program or is not working a good program based on your clinical interview/evaluation and review of reports?

- Interval evaluations (every 3 months or as required by Authorization Letter) were unfavorable?.....
- Any evidence or concern the airman has not remained abstinent?
- Any positive drug or alcohol tests since last HIMS evaluation?
- Any evidence of noncompliance or concern the airman is not working a good recovery program....
- Any NEW condition(s) that would require Special Issuance? (Do not include any new CACI qualified condition.).....

	No	Yes

2. TREATING PSYCHIATRIST REPORT or HIMS PSYCHIATRIST REPORT: Required EVERY 12 months for ALL CLASSES unless a different time interval is specifically stated in the Authorization Letter.

- Report(s) is/are favorable (no anticipated or interim treatment changes)
- The psychiatrist recommends no additional treatment or monitoring.....

	Not Due	Yes	No

Items 3 - 5: The AME should review. Do not submit these items (3-5) to the FAA unless concerns are noted.

3. AFTERCARE COUNSELOR REPORTS: For 1st and 2nd class: Required every 3 months; 3rd class: Per Authorization Letter
Show continued participation and abstinence-based sobriety?

	N/A	Yes	No

4. CHIEF PILOT REPORT(S): Required monthly for commercial pilots holding first- or second-class certificates (N/A for third-class):

- Report(s) is/are favorable?

	N/A	Yes	No

5. PEER PILOT REPORTS: Required monthly for commercial pilots holding first- or second-class certificates (N/A for third-class):

- Report(s) is/are favorable with continued total abstinence?

	N/A	Yes	No

6. ADDITIONAL REPORTS: Required ONLY when specified by the Authorization letter

- HIMS related (AA attendance, therapy reports, etc.) are favorable and meet authorization requirements.....
- Reports required for other **non-HIMS** conditions all meet Authorization requirements.....

	N/A	Yes	No

7. I have no concerns about this airman and recommend re-certification for Special Issuance.

	Yes	No

I have transitioned this pilot to the next Step Down Phase: 2 to 3 _____ 3 to 4 _____ N/A _____

HIMS AME Signature

Date of Evaluation

If ALL items fall into the clear column, the AME may issue with the time limitation specified in the Authorization letter.

If ANY SINGLE ITEM falls into the SHADED COLUMN, the AME MUST DEFER or contact the FAA for guidance AND EXPLAIN in the HIMS evaluation report.