## B. INITIAL CERTIFICATE CONSIDERATION REQUIREMENTS (Updated 08/30/2023)

For consideration for first- or second-class medical certification, the applicant must submit Continuous Glucose Monitoring (CGM) data. Requirements are below. For information on the specific information needed for each requirement/report (items #1-5), see the <u>CGM –</u> Certification Aid.

The individual must demonstrate stability and adequate control, verified by CGM data, for a **minimum of 6 months**. If a new diagnosis of Insulin-treated Diabetes Mellitus (ITDM) or any concerns regarding adequacy of control may require a longer stability period.

Additional information may be required on a case-by-case basis. For information on how to send documents to the FAA, see <u>How to Submit Documents for Initial or</u> <u>Recertification/Renewal</u>.

Submit the following **performed within the past 90 days**:

- ITEM # 1 Initial Comprehensive clinical consultation from your treating board-certified endocrinologist (M.D. or D.O.), not a mid-level practitioner. This may be labeled progress note, consultation note, or history and physical. Note: for initial evaluations, the former "Diabetes on Insulin Re-Certification Status Report" (now called "Diabetes on Insulin Re-Certification Status Report NON CGM – Third Class Option") will **NOT** be accepted. The Initial Comprehensive report contains significant additional information.
- **ITEM # 2** Lab Initial/Annual comprehensive panel. (See Certification Aid for required list.)
- **ITEM # 3 Monthly** CGM data with a device that meets FAA requirements for the preceding 6 months (up to 12 months when available).

CGM data should demonstrate consistent, effective ongoing use; time-in-range (70–180 mg/dL); and for excursions below 54, below 70 and above 180, and above 250 mg/dL. (See chart on next page.)

When providing CGM Data reports, for each month of data, include the following reports based on your device. Submit the original digital reports **in color** (when possible):

### DEXCOM

- Overview Report
- □ Ambulatory Glucose Profile (AGP) Report
- □ Alert Settings
- □ Weekly Overlays/Graphs (for each week of the month)

#### MEDTRONIC

- □ Assessment & Progress Report
- □ Weekly Overlays/Graphs (for each week of the month)

### **OTHER DEVICES**

- The data report should include estimated A1c (and/or GMI glucose management indicator), average glucose, coefficient of variation, standard deviation, time in range, sensor usage, and weekly overlays/graphs.
- □ A list of acceptable CGM devices can be found the <u>CGM Option</u> <u>Certification Aid</u>.

# ITEM # 3 Settings: Alarm Settings and Repeat Alarm Settings should be turned ON

(Continued)

**CGM Goals:** See table below for parameters and target range. While it is important that the CGM data meets the FAA CGM goals noted below, it is also essential that the weekly graphs/overlays demonstrate **consistent glycemic control with minimal excursions below 70mg/dl and/or above 250mg/dl**.

if the CGM data meets the CGM goals but glycemic control is inconsistent on the weekly graphs/overlays, this will be considered unacceptable and may jeopardize medical certification eligibility.

Parameter	Target Range for Certification Consideration
Auto Mode	Greater than 90%
Coefficient of Variance	Less than or equal to 33% (May consider up to 36%)
Glucose Management Indicator (GMI)	Less than 6.5%
Glucose readings - less than 54 mg/dl	less than 1%
Glucose readings - less than 70 mg/dl	less than 4%
Glucose readings - greater than 250 mg/dl	less than 5%
Overall glucose readings - 70-250 mg/dl	90% or greater
Sensor wear	90% of the time or greater
Time in Range (TIR) of 70*-180 mg/dl	70% or greater

\*Note: TIR 70 per ADA guidance.

- **ITEM # 5** Cardiac Risk Evaluation from a **board-certified cardiologist** (M.D. or D.O.), not a mid-level practitioner.
  - □ Evaluation must include lab and ECG;
  - □ Age 40 and above must also include an initial exercise stress test (EST)

### **IMPORTANT NOTE:**

While your exam is under review: **Continue to submit your endocrinologist report and monthly CGM printouts EVERY 3 MONTHS.** This will ensure the FAA has the most current information. If current information is not submitted, the FAA will then have to requested it, which will delay the certification review.

**ITEM # 4** Eye evaluation from a board-certified ophthalmologist (M.D. or D.O). An exam by an optometrist (O.D.) is **NOT** acceptable; AND