PATH Status Summary
Anxiety, Depression, and Related Conditions

(Updated 07/29/2026)

Name: _____ Birthdate: _____
Applicant ID: _____ PI#: _____

Pilots/ATCS (Air Traffic Control Specialists**). If you do not have a Special Issuance (SI) /Special Consideration (SC), STOP. Do not use this page**.

If your SI/SC letter places you in the PATH program, have your treating clinician complete Section 1, then bring this signed page and all interim detailed clinical progress notes (DCPN) to your AME for review and upload them into your FAA file.

Section 1. Treating clinician. Please answer questions 1 and 2, sign, and return this form to the patient or their Aviation Medical Examiner (AME). See the DCPN criteria, as a letter to the FAA may not contain all the needed information.

In the past 12 months, did the individual have:

1. Any prolonged, clinically significant worsening in cognition, judgment, emotional stability, insight, or function?	No	Yes*
2. Any newly disclosed arrests, convictions, incarcerations, or significant episodes of intense anger or affect, hostility, threats, coercive/controlling behavior, stalking, domestic violence, significant impulsivity or risk-taking, assault, restraining orders, or other interpersonal violence?	No	Yes*

Your patient should self-report and abstain from safety-related duties (pilot/ATCS) when they have a medical deficiency (e.g., worsening of condition, symptoms, etc). However, if your patient experiences a significant clinical deterioration in cognition, judgment, emotional stability, or insight and lacks the awareness to ground themselves, please notify the FAA Aeromedical Certification Division (405-954-4821) or their AME.

_____
Treating Clinician Printed Name Office Phone Number Date of Evaluation

_____ _____
Signature MD, DO, PA-C, NP

Section 2. AME Actions. Review Section 1 and all detailed clinical progress notes. Complete #3 and #4, and sign. Upload this page (as "Beh Hlth - PATH Status Summary") and all interim detailed clinical progress notes.

3. Any evidence of symptom exacerbation, functional decline, or clinical deterioration concerning for impaired ability to safely operate in the National Airspace?	No	Yes*
4. **I HAVE CONCERNS** regarding their status [e.g., identified concerns in the progress notes or performed a standard screening tool for their condition(s) and identified concern(s)].	No	Yes*

Explain any "Yes*" answers or other concerns (attach any supporting documents).

I will notify the FAA Aeromedical Certification Division (405-954-4821) if there is a significant clinical deterioration in this individual's cognition, judgment, emotional stability, or insight.

_____ _____
AME signature Date of Evaluation

IF ANY** ANSWER FALLS IN THE **YES COLUMN, **OR THERE HAS BEEN SIGNIFICANT INTERVAL HISTORY WORSENING OR ANY CONCERNS, THE AME MUST DEFER.**