Anxiety, Depression, and Related Conditions Status Summary - Recertification

(Updated 11/18/2026)

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

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

If your Authorization letter places you in the AASI 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 upload into your FAA file.

Section 1. Treating clinician. Answer questions 1-3, sign, and return to the patient or Aviation Medical Examiner (AME). See the DCPN criteria, as a letter to the FAA may not contain all needed information. Elaborate on any YES answers by attaching documentation. For medication or dose change, include date of most recent change.

In the past 12 months, did the individual have:

1. Any persistent clinically significant adverse changes in symptoms (to include but not limited to cognition, judgment, emotional stability, insight, or function)? Or have a change in or receive a new/additional mental health diagnosis?	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*
3. Dose change (due to symptom worsening) that has **NOT** achieved sustained clinical stability for at least 30 days? Date of change _____ Medication change _____	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 they experience a significant clinical deterioration in cognition, judgment, emotional stability, or insight and lack awareness to ground themselves, please notify the FAA Aeromedical Certification Division (405-954-4821) or their AME.

_____

Treating Provider Printed Name | Office Phone Number | Date of Evaluation

_____ _____

Signature | MD, DO, PA-C, NP

Section 2. AME Actions. Review Section 1 and all documents. Complete #4 and #5, and sign. Upload this page (as "Beh Hlth – Anxiety, Depression and Related Status Summary-Recertification") and all interim detailed clinical progress notes. Explain any "Yes*" answers or other concerns (attach any supporting documents).

4. Any evidence of symptom exacerbation, functional decline, or clinical deterioration concerning for impaired ability to safely operate in the National Airspace?	No	Yes*
5. **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*

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.**