AME-DMS Designee Registration & Application Process

Federal Aviation Administration

Job Aid Contents

Job Aid Contents 1
Designee Management System 1
DMS Registration & Login 1
Designee: Create Application 4
Technical Support 13

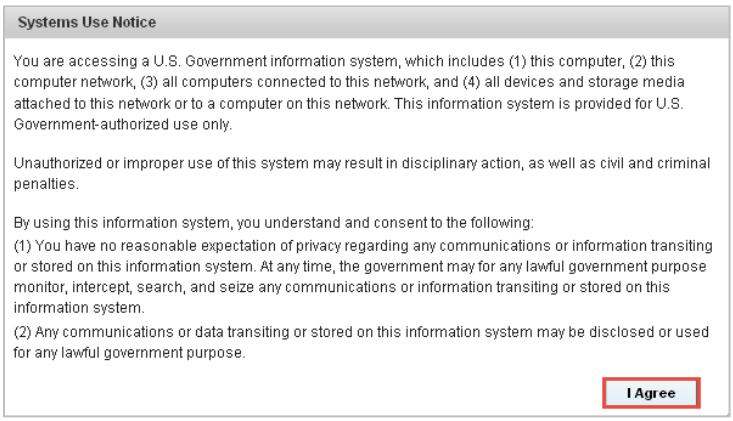
Designee Management System

The Designee Management System (DMS) is a web-based tool designed to standardize the management of Designees. **Designee:** Private persons (i.e., individuals) or organizations delegated to act as representatives of the Administrator. DMS will collect, store, and process data and information associated with designees and the designee management processes in accordance with FAA recordkeeping requirements. DMS may utilize information from other FAA systems where appropriate and other FAA systems may utilize information from DMS where appropriate.

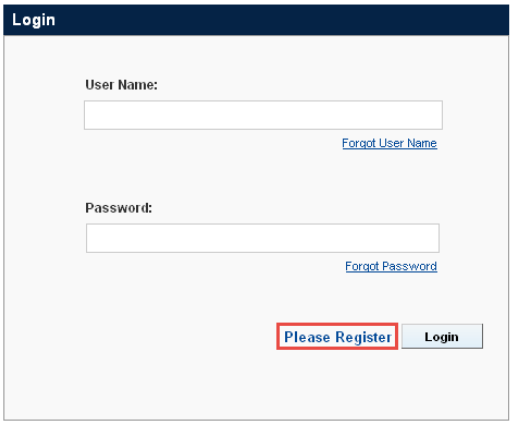
DMS Registration & Login

You must Register before logging into the Designee Management System (DMS) for the first time.

1. Access DMS using the following link: https://designee.faa.gov/
2. When the Systems Use Notice appears click **I Agree**.

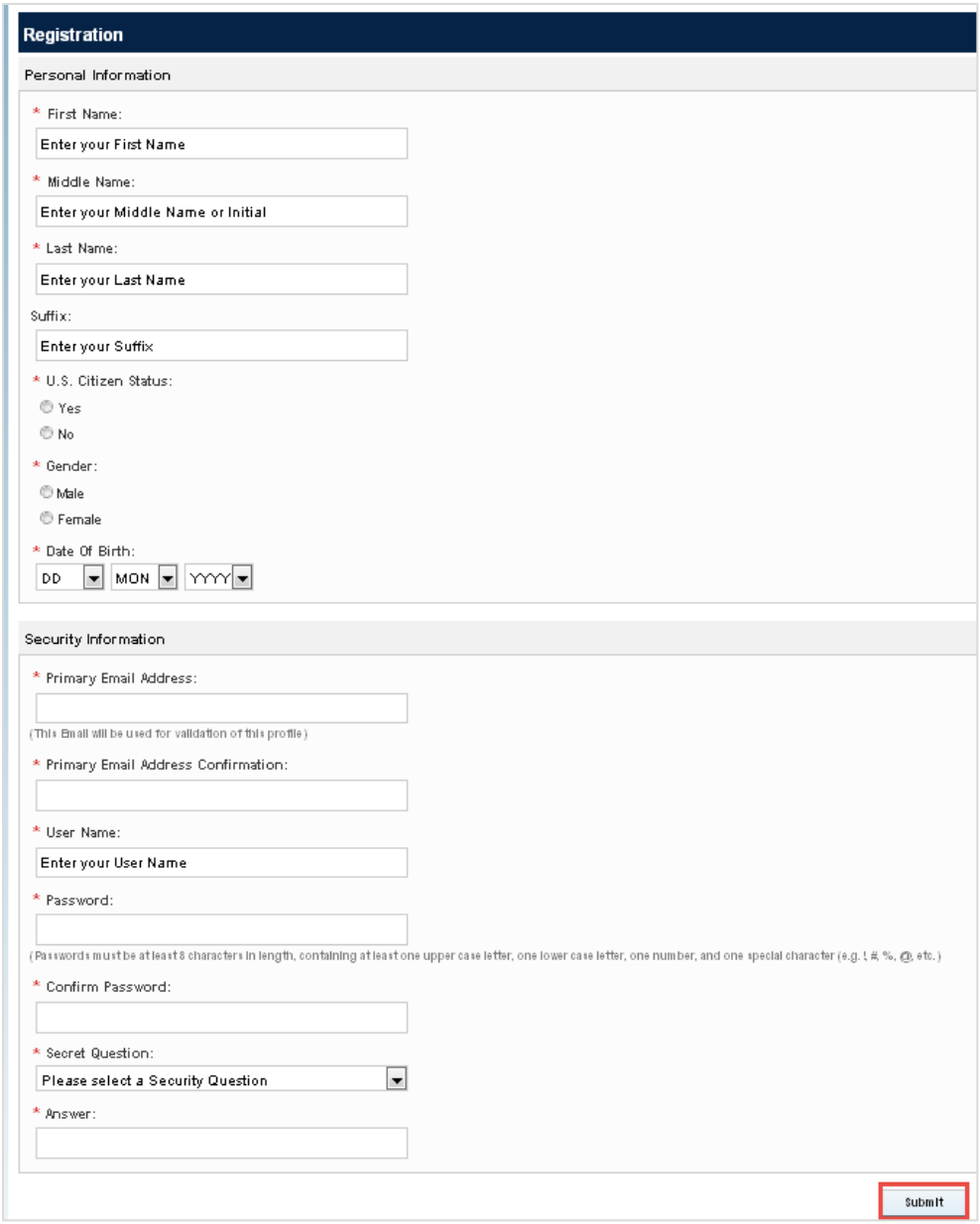


3. From the Login Page, click **Please Register**.

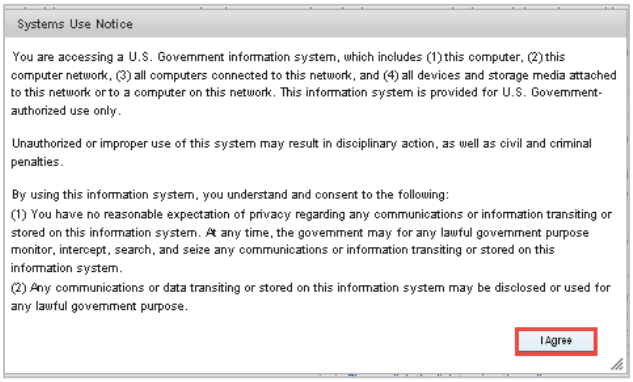


4. The DMS Registration screen appears. All of the fields that have a red asterisk (*) are required fields. You must enter:
    a. First Name
    b. Middle Name or Initial
    c. Last Name
    d. Citizen Status
    e. Gender
    f. Date of Birth
    g. Primary Email Address
    h. Confirm the Email Address
    i. Create a Username
    j. Create a Password
    k. Select a Security Question
    l. Type a Security Answer

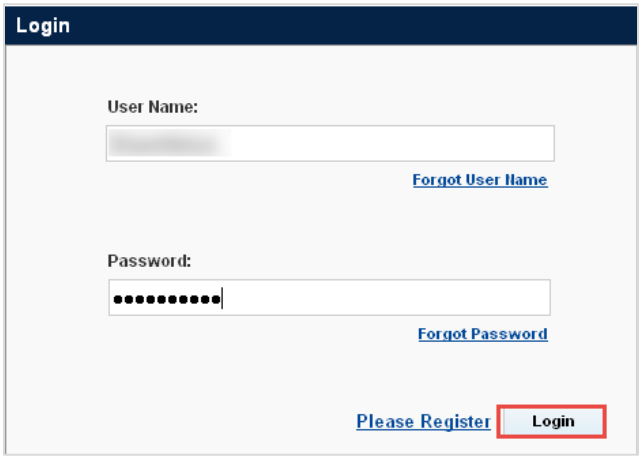
5. Click the **Submit** button.



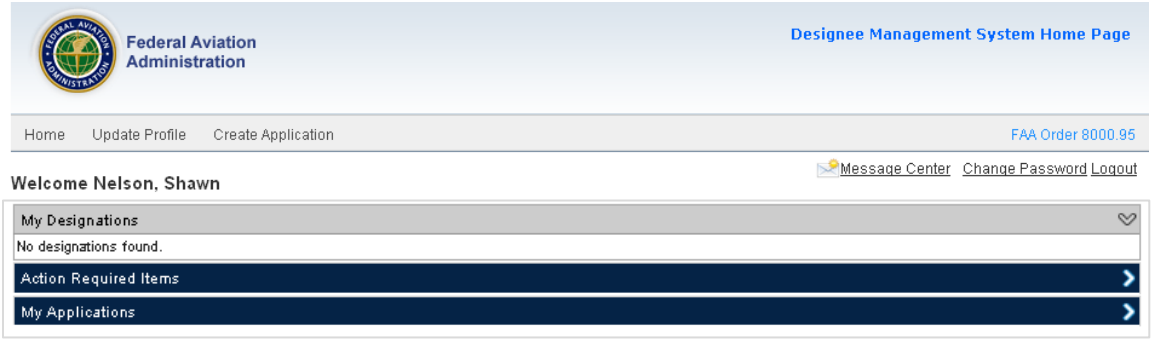
6. When the "*Systems Use Notice*" appears, click **I agree**.



7. When the **DMS Login Prompt** appears, enter the **User Name** and **Password** (created during registration), and click **Login**.



The DMS Home page opens.

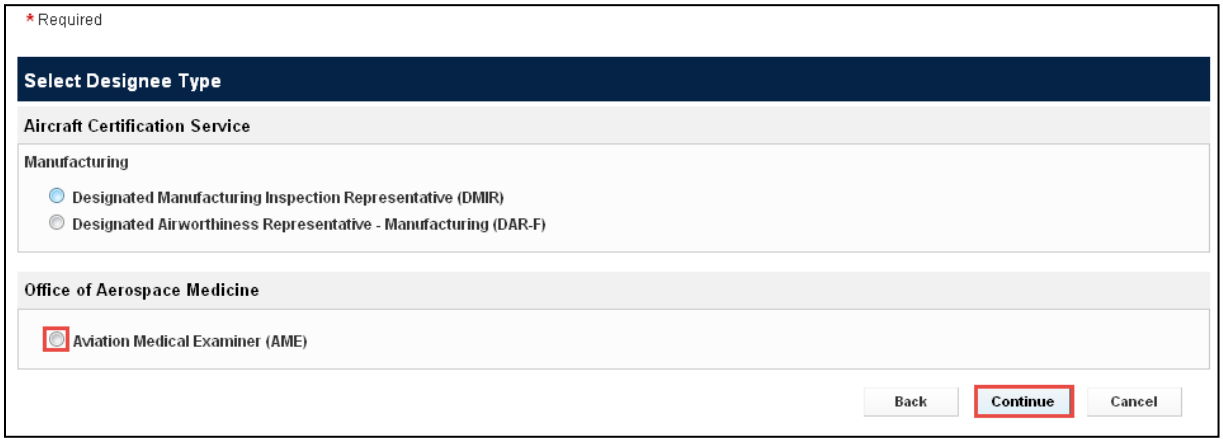


Create Application:

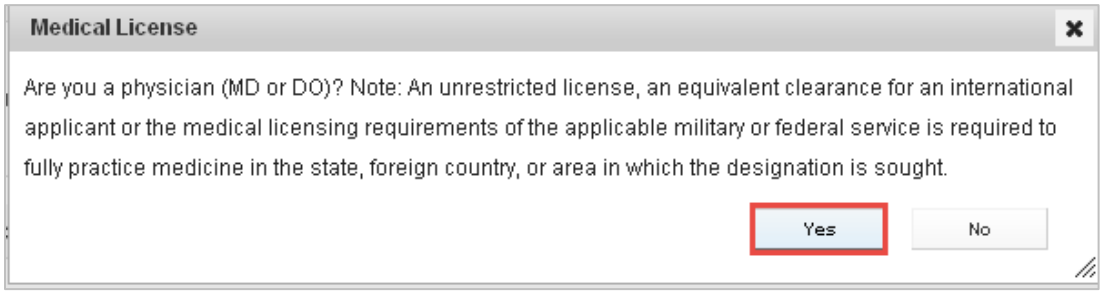
1. From the **Designee Home Page** Welcome Screen, select **Create Application**.

2. The **Designee Acknowledgement Statement** screen opens. Read the statement, and then click **Accept**.

3. Select **Designee Type** under **Office of Aerospace Medicine**, select **Aviation Medical Examiner (AME),** and click **Continue**.



4. When the **Medical License** window appears, answer **Yes** or **No** to the Medical License question.



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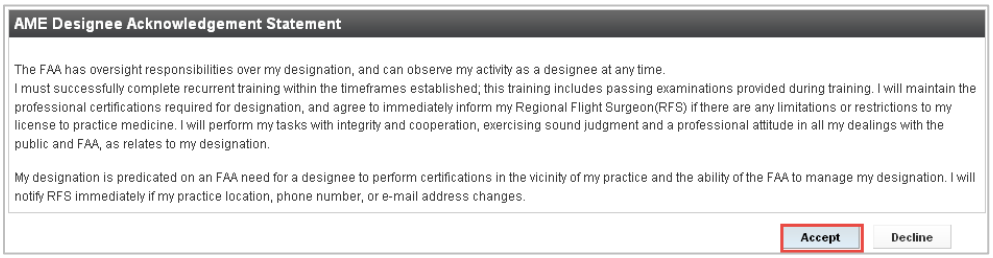
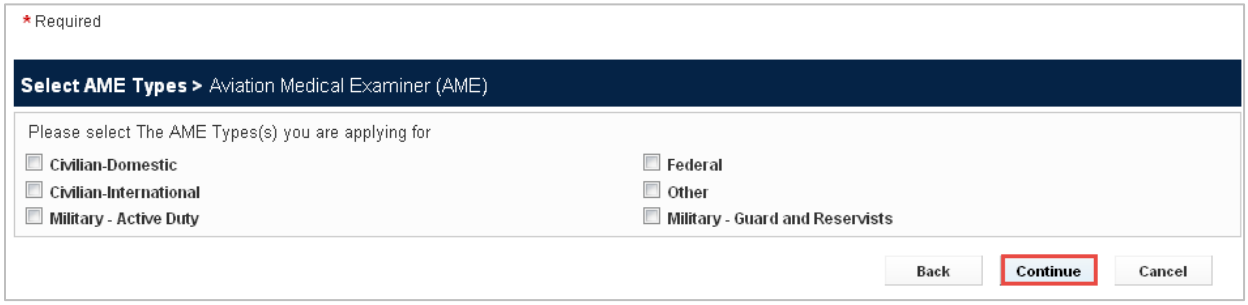
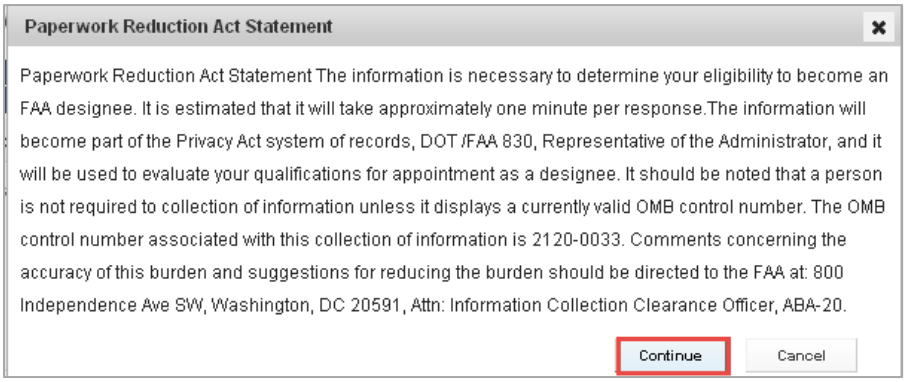
5. When the **AME Designee Acknowledgement Statement** appears, read the statement and then click the **Accept** button**.**



6. When the **Select AME Type** appears, select the **AME Type(s)** and click **Continue**.



7. When the *Paperwork Reduction Act Statement* screen appears, click **Continue**.



A message "Application has been saved" appears.

<u>Contact Information</u>:

<u>Note</u>: The **Save** button is located at the end of each page. If you get timed out of the application for any reason, once logged back into the form, the field data will be lost if you haven't clicked the **Save** button.

A red asterisk (*) next to a field requires data.

8. Enter the **Contact Information** into the form. If you have additional contact information to include in the form, click **Add another physical work address, Add another mailing address, or Add Phone Information.**

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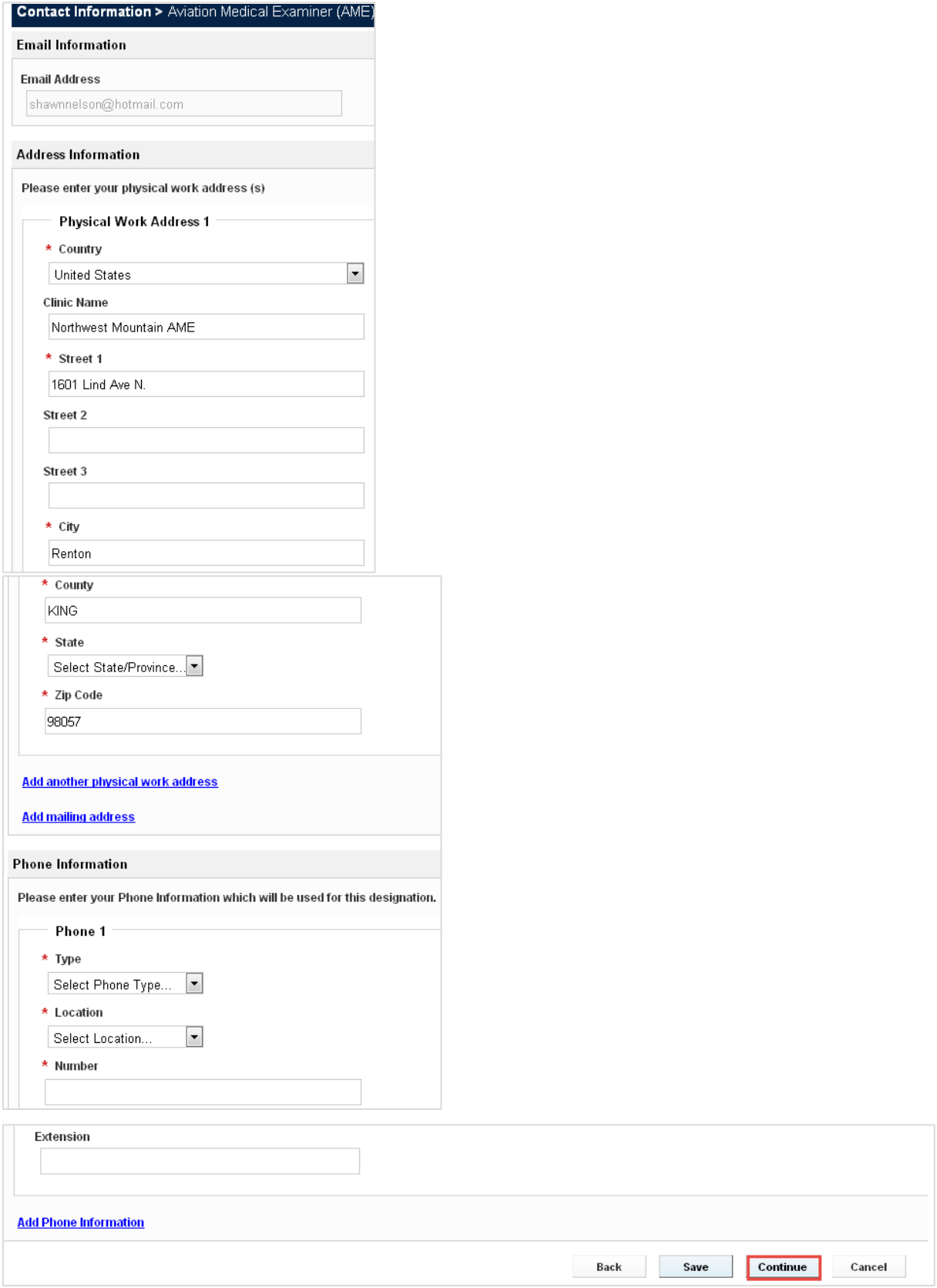
9. Click **Continue**.



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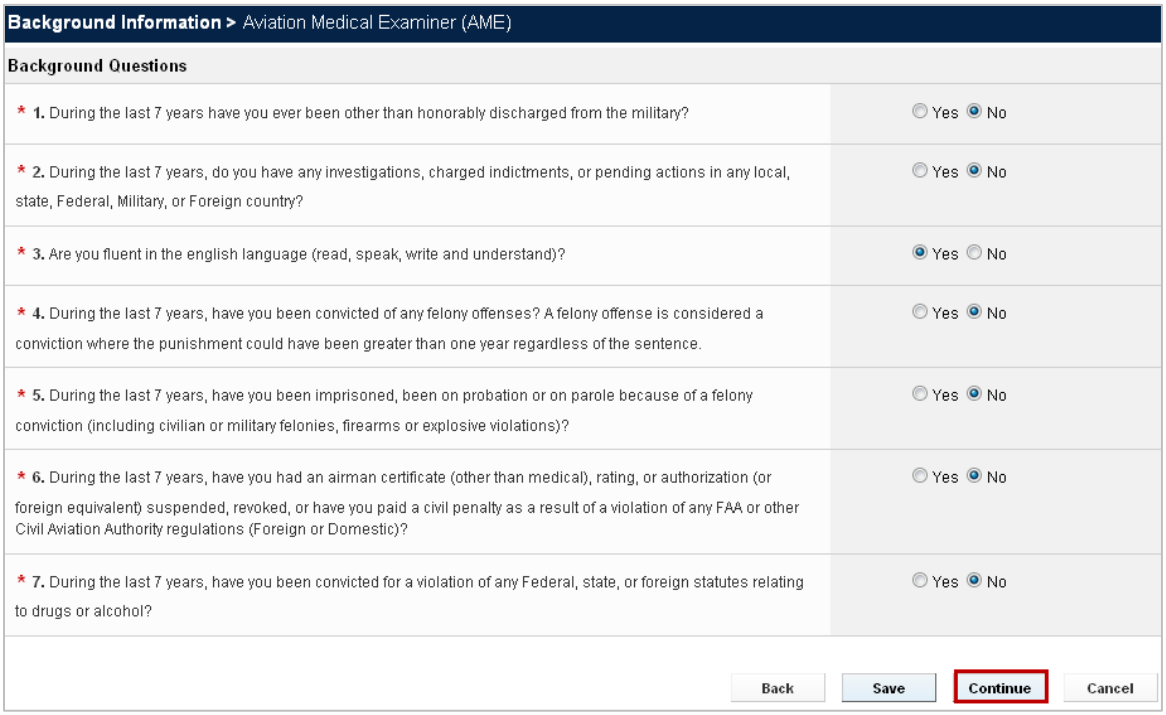
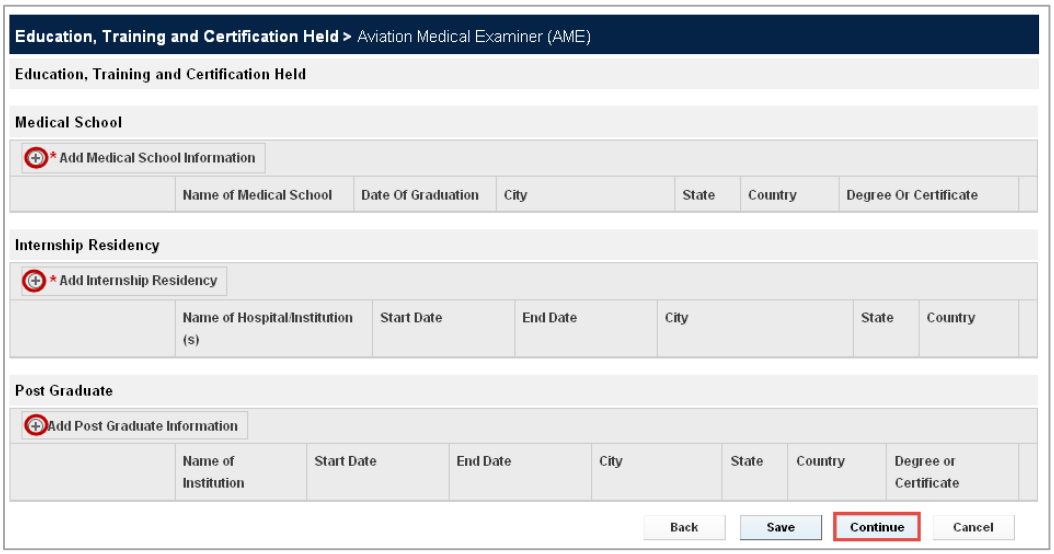
Background Information>Aviation Medical Examiner (AME)

10. Answer the **Background Questions** with a **Yes, or No**, and then click **Continue**.

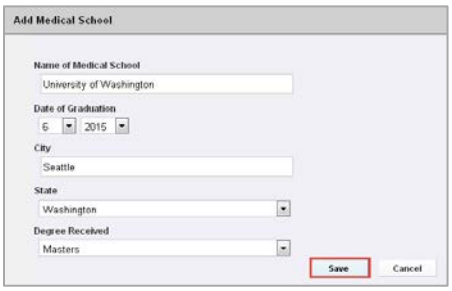


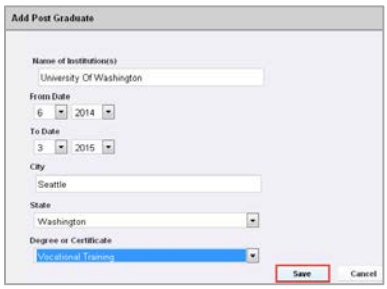
Education, Training and Certification Held> Aviation Medical Examiner (AME)

11. Click the **circle plus** buttons to add **Medical School**, **Internship**, and **Post Graduate** information.



Individual forms that appear after clicking the circle plus icon in the above form.





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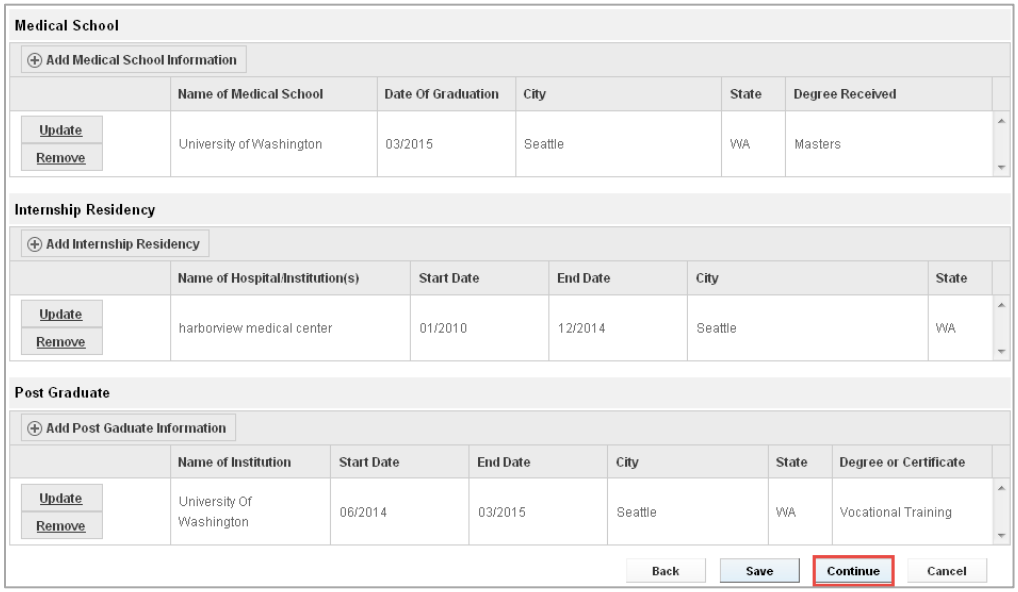
12. When **Education, Training and Certification** areas have been completed, click **Continue**.



Medical School

Add Medical School Information

	Name of Medical School	Date Of Graduation	City	State	Degree Received
Update / Remove	University of Washington	03/2015	Seattle	WA	Masters

Internship Residency

Add Internship Residency

	Name of Hospital/Institution(s)	Start Date	End Date	City	State
Update / Remove	harborview medical center	01/2010	12/2014	Seattle	WA

Post Graduate

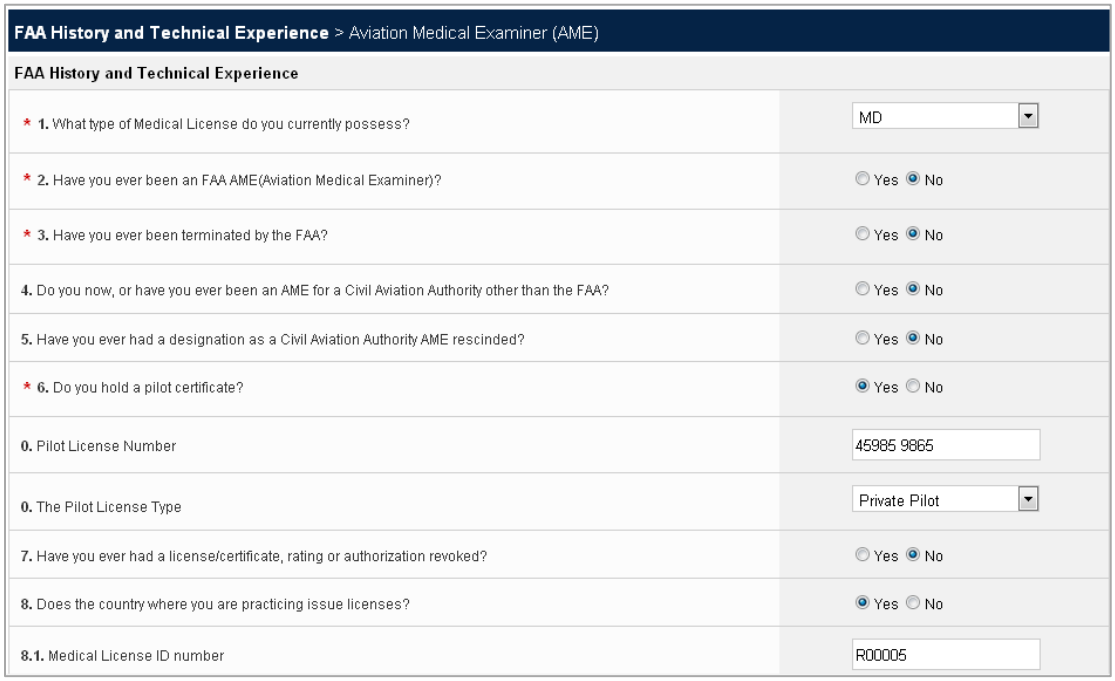
Add Post Gaduate Information

	Name of Institution	Start Date	End Date	City	State	Degree or Certificate
Update / Remove	University Of Washington	06/2014	03/2015	Seattle	WA	Vocational Training

Back | Save | Continue | Cancel

FAA History and Technical Experience> Aviation Medical Examiner (AME)

13. Answer the **FAA History and Technical Experience** questions, and then click **Continue**.



FAA History and Technical Experience > Aviation Medical Examiner (AME)

FAA History and Technical Experience

* 1. What type of Medical License do you currently possess?	MD
* 2. Have you ever been an FAA AME(Aviation Medical Examiner)?	Yes No
* 3. Have you ever been terminated by the FAA?	Yes No
4. Do you now, or have you ever been an AME for a Civil Aviation Authority other than the FAA?	Yes No
5. Have you ever had a designation as a Civil Aviation Authority AME rescinded?	Yes No
* 6. Do you hold a pilot certificate?	Yes No
0. Pilot License Number	45985 9865
0. The Pilot License Type	Private Pilot
7. Have you ever had a license/certificate, rating or authorization revoked?	Yes No
8. Does the country where you are practicing issue licenses?	Yes No
8.1. Medical License ID number	R00005

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FAA History and Technical Experience> Aviation Medical Examiner (AME)-Continued

9. Has any license of yours to practice medicine/surgery ever been restricted, suspended, revoked or denied?	Yes ◉ No
10. Has the Drug Enforcement Administration ever proposed or taken any action against you that would restrict your ability to practice medicine/surgery?	Yes ◉ No
11. Has any action ever been taken to restrict your privilege to practice medicine/surgery by a hospital or specialty board?	Yes ◉ No
* **12.** Have you ever been a Military Flight Surgeon?	Yes ◉ No
13. Are you currently on Active Duty?	Yes ◉ No
14. Are you Guard or Reservist?	Yes ◉ No
* **15.** Are you board certified in Aerospace Medicine?	◉ Yes No
* **16.** Have you completed an Aerospace Medicine Residency?	◉ Yes No
17. Are you a member of any Specialty Boards/Medical Societies?	◉ Yes No
17.1. If yes, which one(s)? Internal Medicine Society	
* **18.** Please select your Medical Specialty:	Internal Medicine
* **19.** Do you possess an unrestricted license, or an equivalent clearance for international applicants, to fully practice medicine in the state, foreign country, or area in which the designation is sought; or meet the medical licensing requirements of the applicable military or federal service to which they belong?	◉ Yes No
* **20.** Are you a qualified physician in good standing in your community?	◉ Yes No
Equipment Information: Please respond with yes or no for possessing the following equipment.	
* **1.** Standard Snellen Test: Types for visual acuity (both near and distant) and appropriate eye lane. FAA Form 8500-1, Near Vision Acuity Test Card may be used for near and intermediate vision testing. Metal, opaque plastic, or cardboard occluder	◉ Yes No
* **2.** Eye Muscle Test-Light:	◉ Yes No
2.1. If Yes, select one of the following options	A spot of light 0.5cm in
* **3.** Maddox Rod (May be Hand Type):	◉ Yes No
* **4.** Horizontal Prism Bar (Risley or hand prism are acceptable alternatives.):	◉ Yes No
* **5.** Other vision test equipment:	Yes ◉ No
* **6.** Color Vision Test Apparatus	◉ Yes No
6.1. If yes, please select:	Keystone Orthoscope
* **7.** A Wall Target:	◉ Yes No
* **8.** Standard physician diagnostic instruments and aids:	◉ Yes No
* **9.** Do you have access to Electrocardiograph equipment?	◉ Yes No
* **10.** Do you have access to Audiometric equipment?	◉ Yes No

Back | Save | Continue | Cancel

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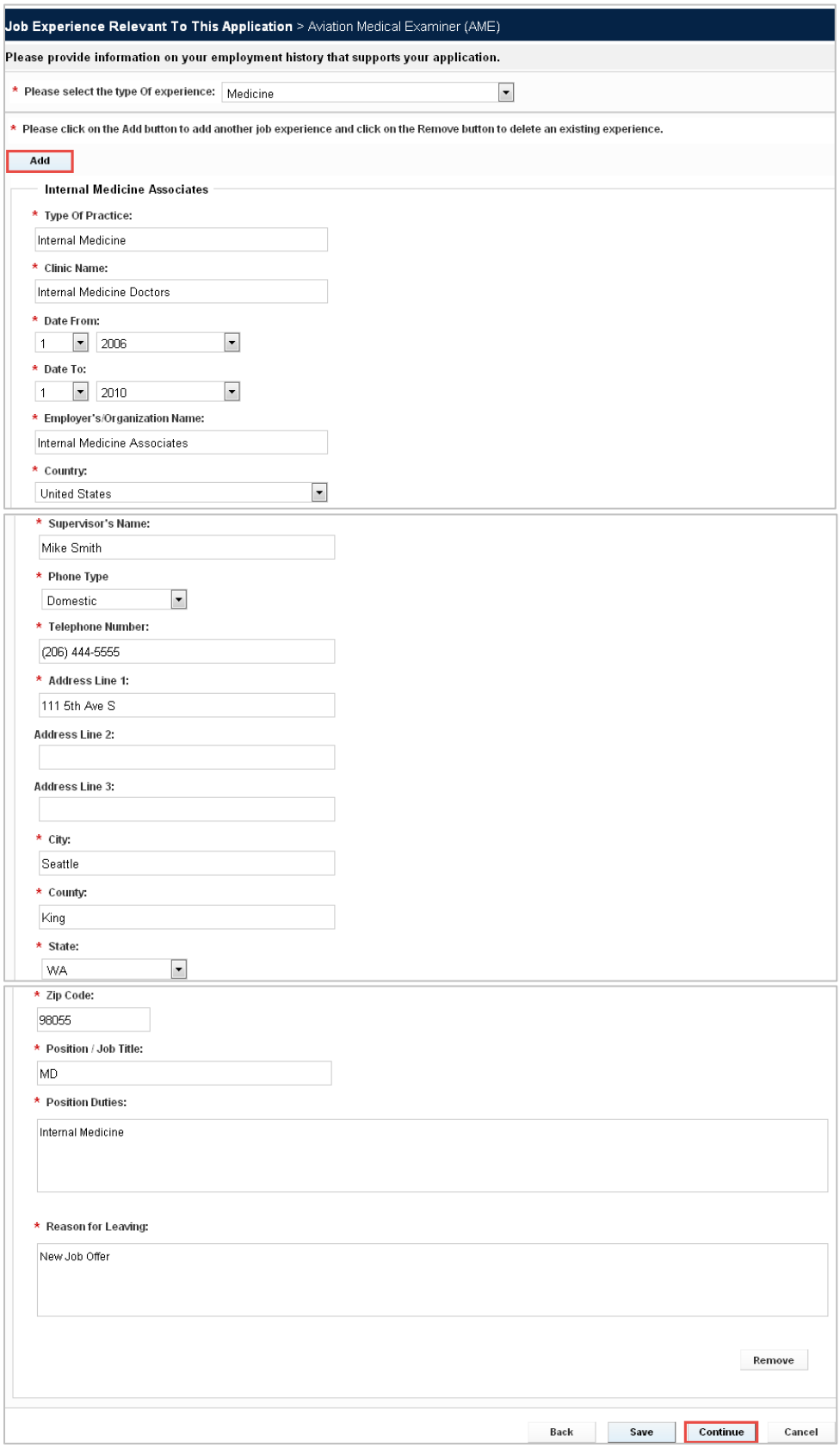
Job Experience Relevant To This Application> Aviation Medical Examiner (AME)

14. Use the drop down menu to select the **Type of experience**, and click **Add** to enter at least one previous job experience. Click **Continue**.



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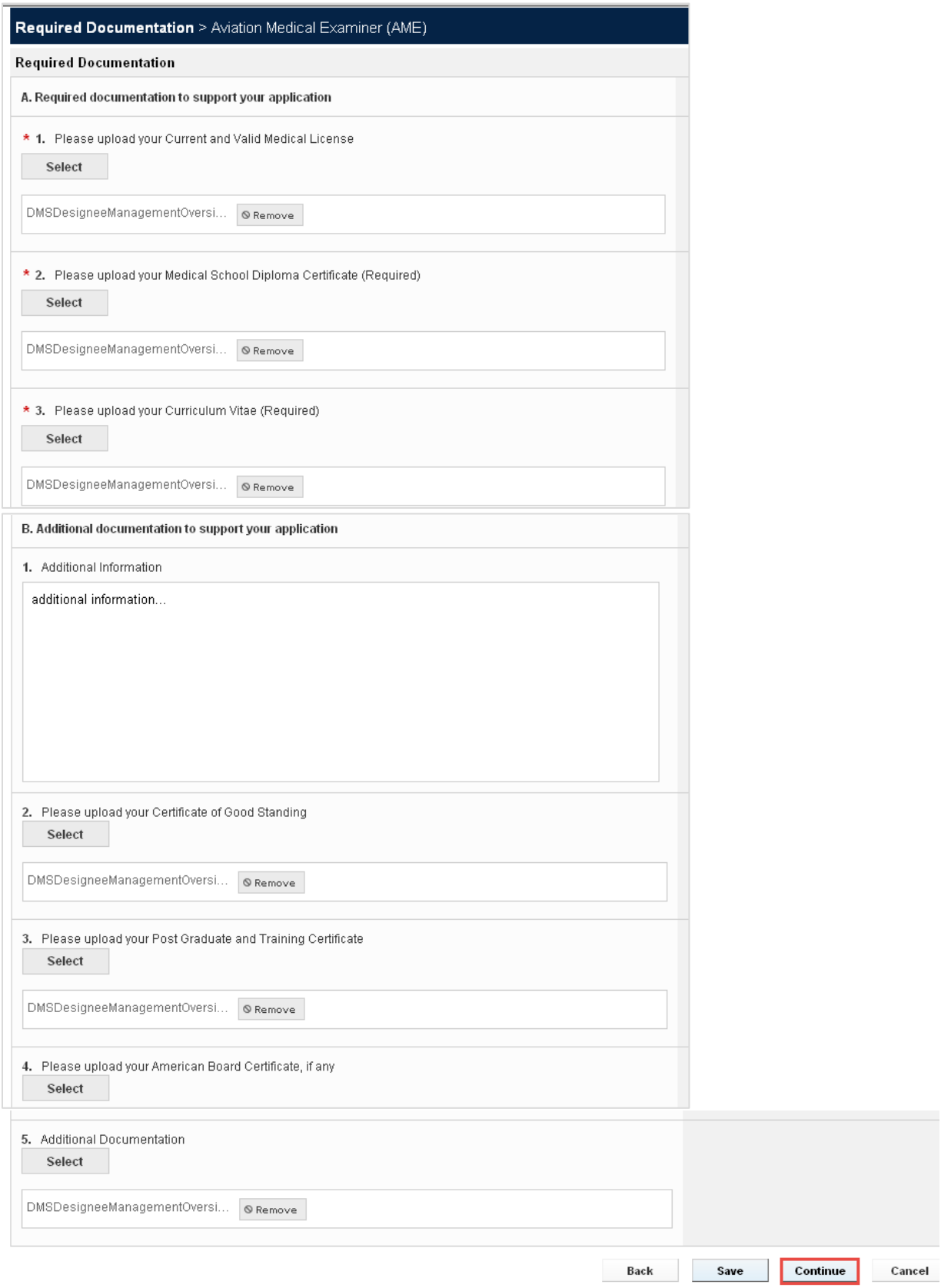
Required Documentation> Aviation Medical Examiner (AME)

15. Click **Select** for each question and upload the required documentation. Click Continue.

    A red asterisk (*) next to a field requires data.

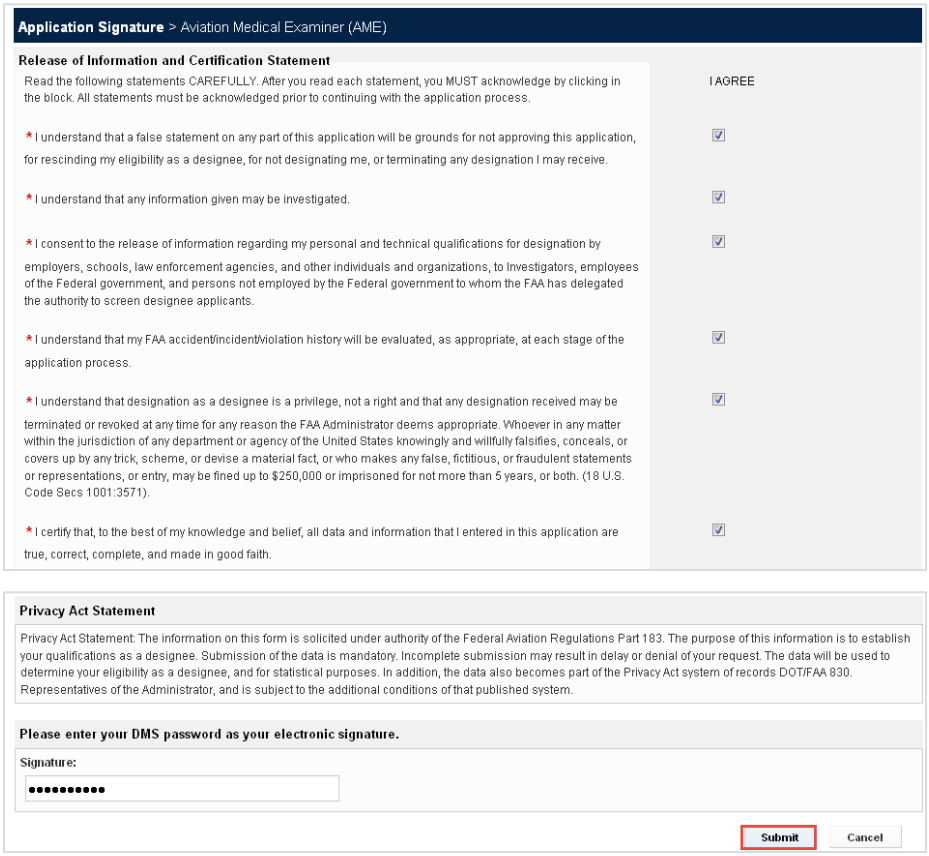


The Application Summary Appears.

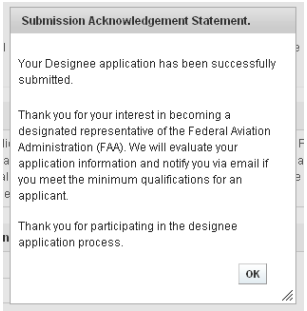
Note: If you need to go back and make changes to any section, click the **Edit** button that appears next to that section.

16. Review the completed application, and then click **Continue**.

17. Check the **I AGREE** boxes for each statement.
18. Type in your **Signature (DMS Password)**.
19. Click **Submit**.



20. When the **Submission Acknowledgement Statement** appears, click **OK**.



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*The **Home Page** opens, and the Application Status will show, "**Qualified Applicant.**"*

Technical Support

For technical assistance, please contact:

FSC
FAA IT SERVICE CENTER
Email: helpdesk@faa.gov
Phone: (844) FAA-MYIT

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