AME ASSESSMENT STATEMENT – OSA (Updated 06/29/2022)

AMEs who elect to perform an OSA assessment and find that the applicant does not meet the American Academy of Sleep Medicine (AASM) diagnostic criteria for OSA, must submit this statement to the FAA.

Airman/ Patient Name _____ DOB: _____

Reference Number (PI, MID, or App ID): _____

_____ (initial) I have performed an OSA assessment in accordance with AASM guidelines and have determined that there is no evidence of OSA requiring treatment at this time. (If a sleep study was performed it must be attached).

_____

_____

PHYSICIAN NAME _____

Address: _____

Office Telephone Number: _____

PHYSICIAN
SIGNATURE_____DATE_____

Mail this statement to:

Using Regular Mail (US Postal Service)
Federal Aviation Administration
Aerospace Medical Certification Division
AAM-300
Civil Aerospace Medical Institute
PO BOX 25082
Oklahoma City, OK 73125-9867

or

Using Special Mail (FedEx, UPS, etc.)
Federal Aviation Administration
Aerospace Medical Certification Division
AAM-300
Civil Aerospace Medical Institute, Bldg. 13
6700 S. MacArthur Blvd., Room 308
Oklahoma City, OK 73169