

AME Assisted - All Classes – Obstructive Sleep Apnea (OSA) (Updated 06/29/2022)

AMEs may re-issue an airman medical certificate to airmen currently on an AASI for OSA **if the airman provides the following:**

- An Authorization granted by the FAA;
- Signed Airman Compliance with Treatment Sheet or equivalent from the airman attesting to absence of OSA symptoms and continued daily use of prescribed therapy; and
- A current status report from the treating physician indicating that OSA treatment is still effective.
 - **For CPAP/ BIPAP/ APAP:**
 - A copy of the cumulative annual PAP device report which shows **actual time used** (rather than a report typically generated for insurance providers which only shows if use is greater or less than 4 hours). Target goal should show use for at least 75% of sleep periods and an average minimum of 6 hours use per sleep period.
 - For persons with an established diagnosis of OSA who do not have a recording CPAP, a one year exception will be allowed to provide a personal statement that they regularly use CPAP and before each shift when performing flight or safety duties.
 - **For Dental Devices and/or for Positional Devices:**

No conditions known to be co-morbid with OSA (e.g., diabetes mellitus, hypertension treated with more than two medications, atrial fibrillation, etc.). Once Dental Devices with recording / monitoring capability are available, reports must be submitted.
 - **For Surgery:**

For successfully treated surgical patients, a statement attesting to the continued absence of OSA symptoms is required.

Defer to the AMCD or the Region for further review if:

- Concerns about adequacy of therapy or non-compliance;
- Significant weight gain or development of conditions known to be co-morbid with OSA (e.g., diabetes mellitus, hypertension treated with more than two medications, atrial fibrillation, etc.).

Note: The AME may request AMCD review to discontinue the AASI if there are indications that the airman no longer has OSA (e.g., significant weight loss and a negative study or surgical intervention followed by 3 years of symptom abatement and absence of significant weight gain or co-morbid conditions). **In most cases, a follow-up sleep study will be required to remove the AASI.**