



U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION
Aerospace Policy

ORDER
8520.2G

Effective Date:
05/19/11

SUBJ: Aviation Medical Examiner System

1. Purpose of This Order. This order supplements VS 1100.2, Managing AVS Delegation Programs, by providing specific guidance for the administration of the Aviation Medical Examiner (AME) System not otherwise given in detail in the VS 1100.2.

2. Audience. All Regional Flight Surgeons (RFSs), AME Program Analysts, AME Surveillance Program Analysts, and AMEs.

3. Where Can I Find This Order. You can find this order on the MyFAA Employee web site: https://employees.faa.gov/tools_resources/orders_notices/.

4. What This Order Cancels. Federal Aviation Administration (FAA) Order 8520.2F, Aviation Medical Examiner System, dated October 25, 2007, is canceled.

5. Explanation of Policy Changes. The following policy changes apply to this order.

- a. Designation of AMEs is effective for three years.
- b. Establishes on line application process.
- c. Credentials must be translated, if not in English.
- d. AMEs must conduct the FAA examination in English.
- e. Aerospace Medical Certification Subsystem (AMCS) Staff Validation Requirement.
- f. AMEs must perform at least ten FAA examinations per year to maintain proficiency.
- g. Electronic transmission is required for all FAA examinations, except with the express written approval of the RFS on a case by case basis.
- h. AMEs who transmit more than 60 days after the date of the examination will be considered for termination.
- i. Civilian AMEs may be granted permission to perform AME duties at their military location from the appropriate RFS.
- j. New oversight procedures are established.

k. Conditions are defined under which a six-month extension may be granted for AME Refresher Training.

l. Suspension of AME's designation for failure to update training. No FAA examinations will be allowed until the suspension is lifted.

m. Provides guidelines for the Office of Aviation Medicine (AAM) Employee Training.

n. Automatic electronic renewal process.

o. No right of appeal for loss of a credential, failure to train, or lack of FAA need.

p. Introduces the term "Medical Assessor", as required by the International Civil Aviation Organization (ICAO).

q. Introduces the terms "Selecting/Appointing Official" and "Managing Specialist."

r. Limitation on not being able to perform examinations on immediate family members.

6. Delegation Vision. The vision of the FAA delegation system is that of a robust and forward looking system that increasingly leverages agency resources; responds to changes in workloads and aviation industry needs; demands the highest technical and ethical standards from its designees; and ensures public, governmental, and industry confidence in aviation safety.

7. Delegation Principles. The following principles on which the delegation vision is based should be implicit in the day-to-day management of the delegation programs:

a. Delegation programs. Delegation programs are necessary for aviation safety, and the integrity of the delegation system must be maintained. Therefore, management of delegation programs is inherently governmental and must be a top priority within the FAA Aviation Safety (AVS) organization.

b. Designation is a Privilege. Designees serve the needs of the FAA in fulfilling its safety mission, allowing the FAA to leverage its resources. Designation is a privilege that conveys responsibilities, but does not imply employment. Appointment as a designee is within the exclusive discretion of the FAA.

c. Designees Must be Knowledgeable, Qualified and Competent. All designee qualifications must be defined in objective standards that guide selection, oversight, training, and termination decisions; designees have the primary responsibility for maintaining their knowledge and qualifications. FAA must evaluate designee competence at the time of selection and, if appointed, on an on-going basis.

d. Administration of Delegation Programs Must Employ a Risk Management Approach. Effective use and oversight of designees requires a risk management approach. Sufficient resources must be allocated to ensure effective management and efficient oversight of designees. Resources

include, but are not limited to clear policy, appropriate databases and surveillance tools, and focused training of oversight personnel and designees.

e. Delegation Program Evaluations are Essential. Regular evaluations of each delegation program are required to improve designee and oversight staff performance. These evaluations will be accomplished at all levels of the organization to assess program effectiveness and efficiency.

8. General. AMEs assume certain responsibilities directly related to the FAA aviation safety program. They serve as aviation safety experts within their communities, advising on aeromedical issues. They have the responsibility to ensure that medical certificates are issued only to applicants who meet the FAA's standards for medical certification. AMEs shall maintain familiarity with general medical knowledge applicable to aviation, so they can properly discharge the duties associated with these responsibilities. They also shall have detailed knowledge and understanding of FAA rules, regulations, policies, and procedures related to the medical certification of airmen, and they must also use acceptable equipment and adequate facilities necessary to carry out the prescribed examinations.

9. Duration of Designation. Designations of physicians as AMEs are effective for the period of time indicated on the AME ID Card, usually for three years, unless terminated earlier by the FAA or the AME's resignation.

10. Managing Designees.

a. Application.

(1) All potential AME applicants are advised to contact the appropriate Regional Flight Surgeon (RFS) for a preliminary determination of their need for an AME in the location of interest. Contact information for RFSs can be found at http://www.faa.gov/licenses_certificates/medical_certification/rfs/

(2) If the appropriate RFS determines there is a need for an AME in the applicant's location, the applicant will be directed to a website to make an online application.

(3) All AME applicants are advised to read the selection information in paragraph 10 (b) to ensure they meet all selection criteria, before contacting a Region.

b. Selection.

(1) Criteria for Designation.

(a) Qualifications. Any applicant for designation as an AME shall be a qualified physician in good standing in his or her community. The applicant must be able to read, write, speak, and understand the English language. AMEs must assess the English language proficiency of applicants for an airman medical certificate by conducting the entire examination in English. Applicants must 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. Any past or present

adverse action against the medical license of the AME is subject to review by the RFS for suitability of selection. The applicant's past professional performance and personal conduct must be suitable for a position of responsibility and trust.

(b) Need. Since designation as an AME is a privilege, not a right, the RFS shall determine whether a need exists for an AME in a particular geographic area in which they will practice, based on adequacy of coverage related to the pilot population or other factors. Other variables, such as rural vs. urban geographic locations and aviation activity levels, shall be considered when assessing the local needs for designation of additional AMEs. However, all AMEs being considered must meet proficiency standards of performing at least ten FAA examinations per year. If there is a need for a given AME, despite an expectation of low volume of examinations, the RFS must sufficiently document the FAA need. Special consideration for designation may be given by RFSs to those applicants who are pilots, who have been military flight surgeons, who have special training or expertise in aviation medicine, or who were previously designated but have relocated to a new geographical area. No special consideration will be given to those former FAA employees seeking designation as an AME outside the FAA, other than those listed in this paragraph. It is expected that all AAM physicians will be proactive in seeking qualified AME applicants by using all available forums: Aerospace Medical Association meetings; briefings to military flight surgeons and Aerospace Medicine residency groups; the AAM website; and other appropriate means to advertise our needs, requirements, and application processes.

(c) Credentials. At the time of initial application for designation, the physician shall submit to the appropriate FAA Selecting Official the following documents or copies thereof, translated into English if written in another language:

(i) Medical school diploma.

(ii) Certificate of any postgraduate professional training (e.g., internship, residency, fellowship).

(iii) Certification of good standing by all medical licensing bodies from which the applicant has active medical licenses, proving there are no restrictions or limitations to practice medicine; these may be obtained by the regional office in written form or electronically, or the regional office may request the applicant to instruct the licensing body to send such certifications to the regional office. Under no circumstances should such a certification be accepted directly from the applicant.

(iv) Notice of certification by any American specialty board, if applicable.

(v) A current curriculum vitae.

(2) Policies Pertaining to Designation. Each AME and prospective AME must agree to comply with the following policies, as a condition of designation:

(a) Credentials. The AME or prospective AME must immediately notify the appropriate Regional Office or the Manager, Aerospace Medical Education Division (AMED), if there is a change

in status of licensure to practice medicine or any adverse action or warning issued by a state licensing authority.

(b) Professionalism. The AME or prospective AME must be knowledgeable of the principles of aerospace medicine; be thoroughly familiar with instructions as to techniques of examination, medical assessment, and certification of airmen; and abide by the policies, rules, and regulations of the FAA.

(c) Examinations. Prospective AMEs must understand the following:

(i) Medical examinations must be personally performed by an AME at an established office address that has been approved by the appropriate RFS or the Manager, AMED.

(ii) Paraprofessional medical personnel (e.g., nurses, nurse practitioners, physician assistants) may perform limited parts of the examinations (measure visual acuity, hearing, phorias, blood pressure, pulse, weight, urine testing, and electrocardiography) under the supervision of the AME. Under no circumstance are these individuals permitted to review the clinical history or perform the physical examination required by the FAA.

(iii) When completing FAA Form 8500-8, either on paper or electronically, the AME shall personally review and provide definitive (not just “no change” or “previously reported” comments in Item 60 on all positive entries and all physical findings; and sign the FAA forms in ink or electronically as appropriate.

(iv) In all cases, the AME shall review, certify, and assume responsibility for the accuracy and completeness of the total report of examination, even if data entry was performed by someone else.

(v) All applications must be electronically transmitted to the Agency within two calendar weeks. Mailing of applications may be permitted for a very limited time to cover some extenuating circumstance that does not permit electronic transmission.

(vi) An AME may not perform a self-examination for issuance of a medical certificate to him/herself, or issue a medical certificate to themselves or to an immediate family member.

(vii) In connection with completion of the FAA Form 8500-8, AMEs are subject to 18 U.S. Code, Sections 1001; 3571, which indicate that whoever in any matter within the jurisdiction of any department or agency of the U.S. knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both.

(d) Examination Fees. Fees charged by AMEs should be those that are reasonable and customary for a comparable medical examination service in the geographical area where the AME is located. The AME should not perform tests not required by the Guide for Aviation Medical Examiners or not medically indicated by history or physical findings.

(e) Facilities and Equipment. The applicant must be engaged in the practice of medicine at an established office address that has been approved by his/her RFS or the Manager, AMED. The AME applicant must have adequate facilities to perform the required examinations and possess the following equipment prior to conducting any FAA examinations:

(i) Vision testing equipment: The required equipment is listed in the current *Guide for Aviation Medical Examiners*. This on-line Guide may be viewed through the FAA website: www.faa.gov by typing *Guide for Aviation Medical Examiners* in the search box and selecting the appropriate link.

(ii) Medical diagnostic instruments: Equipment and aids necessary to conduct a physical examination, including strips to test urine for sugar and protein.

(iii) Electrocardiographic equipment: Senior AMEs and AMEs authorized by Regions to perform FAA Air Traffic Controller (ATC) examinations, must have access to digital electrocardiographic equipment with electronic transmission capability compatible with AMCD requirements. EKGs on first-class airmen must be transmitted digitally to the AMCD. International AMEs are exempted from this requirement.

(iv) Audiometric equipment: All AMEs must have access to audiometric testing equipment or a referral source for audiometric testing. All AMEs who perform ATC examinations or ATC applicant examinations must have audiometric testing equipment in their offices. All audiometric testing equipment used for any FAA examinations must be calibrated according to FAA guidelines.

(f) Aerospace Medical Certification Subsystem (AMCS) Usage. All AMEs are required to use AMCS for the recording, validation, and transmission of airman medical certification data. Regions may consider corrective action for AMEs who are unable to consistently transmit examination information within the 14 calendar days of the day the examination was initiated by the AME. An AME who transmits more than 60 days after the examination date will be considered for termination of designation by the RFS.

(g) It is the AME's responsibility to notify the AMCS Online Support Desk, if staff changes have occurred for individuals with AMCS privileges and if their employment status no longer requires AMCS access. The FAA will take an adverse action against an AME's designation, if he or she should fail to comply with this staff validation requirement.

(h) Office Address, Telephone Numbers, and Electronic Mail Address. It is the AME's responsibility to ensure that at least one accurate address and telephone number where they can be promptly reached are on file. The RFS's office will update the Aviation Medical Examiner Information System (AMEIS). The AME is required to promptly advise the responsible Regional office of any change in office location, telephone numbers, electronic mail addresses and any other pertinent contact information. The Regional Office is responsible to notify AMED of any contact information changes by their AMEs. Multiple site designations within reasonable proximity of one another and within the same region may be approved by the RFS or Manager, AMED upon request, as appropriate. Movement of the location of practice without notification may lead to termination or non-redesignation, since continuation of designation is contingent upon geographic need.

(3) Training. A key part of selection is to determine what training a prospective AME will require prior to appointment. The regional office will follow the guidance in paragraph e. (1) below to determine the initial training requirement and notify the applicant of these requirements.

c. Appointment.

(1) Procedures for Initial Designation. Prior to designation, each AME applicant will provide a signed statement that:

(a) It is understood that designation is a privilege, not a right, and acknowledging designations may be terminated any time the FAA determines it is in the agency's best interest.

(b) There are no past or current restrictions of medical practice, and there are no adverse actions proposed or pending that would limit medical practice by any state licensing board, the Drug Enforcement Administration, any medical society, any hospital staff, or by any other local, state, or Federal organization that may have licensing or certification authority.

(c) There are no known investigations, charged indictments, or pending actions in any local, state, or Federal court.

(2) Training Requirement Prior to Appointment. All applicants must have satisfactorily completed the initial training specified in paragraph e. (1) below prior to being appointed as an AME.

(3) Notification. All applicants will be notified of the status of their designations by e-mail or in writing. A Certificate of Designation, AME ID Card, and all necessary forms and supplies will be provided.

(4) Designation of Military Flight Surgeons. Management of military flight surgeon AMEs is the same as for any other designee with a few exceptions: the military Surgeons General have requested that military AMEs perform only second- and third-class examinations; however, limited authority to perform first-class examinations may be granted to certain military or other Federal operations after coordination with the appropriate Surgeon General's office. All administrative functions pertaining to active military AMEs will be handled by the Manager, AMED.

(5) Procedures for Dual AME Designations in civilian and governmental capacities. A civilian AME who functions as a reserve component flight surgeon (Air Force, Navy, and Army), may request permission to perform AME duties at their military location from the appropriate civilian RFS. A civilian AME is likely to perform more examinations in their civilian practice than in a military setting; therefore, the civilian RFS will perform all oversight activity, and performance information from both practices will be combined for reporting purposes. If a guard or reserve AME is seeking civilian designation, and is approved by the civilian RFS, oversight of all their activity will be transferred from the military RFS to the gaining civilian region. An AME who has been designated to function as civilian and military capacity shall only be assigned a single AME number, normally retaining the number of their initial designation. The same principle of single regional management shall apply if an AME seeks dual designation as a civilian and Federal (i.e., other than the military or FAA) AME. At

the request of the military Surgeons General, no military AME will be designated as a Senior AME for performance of FAA examinations while in a military status; however, a dually designated AME may hold a Senior AME rating in their capacity as a civilian AME.

(6) Designations of Physicians in Foreign Countries. Many foreign countries do not have a medical licensing system similar to that of the United States, so it is often difficult to obtain reliable information about their status as a physician. If a country does not have a “Certificate of Good Standing” or equivalent, like those of Canada and the United Kingdom, completion of a professional background check is required to be performed by the appropriate U.S. embassy or consulate, as requested by the International managing specialist.

(7) Authority to Perform First-Class Examinations. To be designated as a Senior AME, the physician shall demonstrate compliance with the requirements for continued service as an AME and have an acceptable record performing second- and third-class examinations for at least three years. Exceptions to this three-year expectation may be granted by the RFS, based on the AME’s prior military experience as a flight surgeon, residency training in Aerospace Medicine, previous AME experience, or an immediate exceptional need in particular locality. International AMEs are always immediately designated as senior AMEs, since their designation is in response to the need for AMEs to be conveniently located to examine U.S. certified pilots who are based overseas and who require first-class certificates.

d. Oversight. The FAA continually evaluates the performance of each AME. Risk Management principles will be used by RFSs to determine which AMEs deserve a higher level of monitoring or counseling after analysis of all performance factors.

(1) Aerospace Medical Education Division (AMED) Role in AME Oversight.

(a) The AMED Manager is responsible for developing and administering evaluation procedures to supply RFSs with data to assist them in renewing only those physicians who have demonstrated satisfactory performance and continue to show an interest in the AME program.

(b) The AMED Quality Management System (QMS) will detail the information to be collected for AME performance reports for use by each RFS to monitor the performance of all AMEs. The content of these reports will be determined by the Manager, AMED in consultation with the RFSs, as part of the AMED and RFS Quality Management Systems.

(c) The AMED staff will generate a Consolidated AME Summary Performance Report on a quarterly basis for use by AAM-1 and AAM-2 to compare regional oversight performance.

(d) In addition, AMED staff will provide the appropriate RFS any reports from the aviation community concerning the AME’s professional performance and personal conduct, as it may reflect on the FAA, and any information from local, state and Federal law enforcement agencies and court systems.

(e) The AMED staff will request that all AMEs’ medical licenses be investigated by the Federation of State Medical Boards each year and the results reported to the RFSs

(f) Periodic metrics will be provided to regional offices by AMED on the outcomes of Surveillance Program Analysts' reviews of issued rejected medical examinations.

(g) The Senior RFS will provide quarterly site visit results to AMED staff for central review to assist in policy development.

(2) Regional Role in AME Oversight.

(a) Each Regional Flight Surgeon will establish a mentoring program for all newly designated AMEs in their region. Under this program, the RFS will provide certification review and direct mentorship for each new AME for up to two years, based on the judgment of performance by the RFS.

(b) The Regions are responsible for updating AME information contained in AMEIS and should take appropriate disciplinary action against AMEs who do not provide timely notification of changes of this data to the regions.

(c) The Senior RFS, through the Regional Flight Surgeon Working Group (RFSWG), ensures the establishment of an appropriate QMS Program for the regions to use monitor AME performance. In part, this will be facilitated through the use of performance reports generated in AMED.

(d) New AME offices shall be evaluated by regional Surveillance Program Analysts within one year of designation. Problem AME offices will also be visited as soon as practical after a deficiency necessitating a site visit has been determined to exist. The national site visit goal is to survey every AME's office at least once every five years. Virtual site visits (VSV) using remote means are acceptable to inspect the office site and may be followed by standard live site visits as determined by the regional flight surgeon. Regional site visit outcomes will be given in detailed fashion to AMED for analysis and reporting.

(e) Surveillance Program Analysts in the FAA Aerospace Medicine Divisions are required to review issued rejected airman medical application examinations. This administrative process judges the adequacy of the medical documentation and the decision making of the Aviation Medical Examiner that issued the airman medical certificate. Any airman medical examination that the Surveillance Program Analysts determines has a questionable medical history and/or medical condition may require additional administrative medical review by the AMCD reviewer, Surveillance physician or Regional Flight Surgeon. The determination by the Surveillance Program Analyst to forward the medical airman application examination for review should only be made as it related to the issuance of the current airman medical application examination under consideration, not on documentation existing in past examinations. If evidence of medical decision making by the Aviation Medical Examiner is not in conformance with current Aerospace Medical Guidance or inadequate medical documentation exists, the Surveillance Program Analyst must send these administrative findings to the appropriate Airman Medical Certification Program Analyst in the AMCD or the Regional Airman Medical Certification Analyst in the appropriate Regional Flight Surgeon's office. The Airman Medical Certification Analyst in the AMCD or Regional Airman Medical Certification Analyst upon review of the medical case may

refer the case back to the Surveillance physician at AMCD or the appropriate Regional Flight Surgeon for administrative action which may include disciplinary action of the Aviation Medical Examiner.

(3) The Manager, AMCD shall identify AMEs committing serious certification errors and notify the appropriate RFS or the Manager, AMED, so that appropriate action may be taken.

e. Training.

(1) AME Applicant Initial Training. An AME applicant must complete the distance learning courses: Medical Certification Standards and Procedures Training (MCSPT) and Clinical Aerospace Physiology Review for AMEs (CAPAME) before initial designation, and prior to attending a Basic AME Seminar. An AME applicant must also attend a Basic AME Seminar, unless the applicant has had prior Aerospace Medicine training and has received approval from the appropriate Selecting Official to substitute a refresher AME Seminar for a Basic AME Seminar. Authorization to attend a Basic AME Seminar will not be given until MCSPT and CAPAME have been completed and passed with a score of at least 70% or better in each. Should an applicant fail one of these courses, the RFS may still invite the applicant to attend the Basic AME Seminar. If the applicant successfully completes the seminar, the RFS may proceed with the designation unless there are other concerns regarding the suitability of the applicant. If the applicant fails both courses, the RFS should stop the designation process and determine if the applicant is suitable. After initial designation, the AME is not required to repeat the MCSPT or attend another Basic AME Seminar, unless an RFS determines a need for remedial training or the AME chooses to attend a Basic AME Seminar again.

(2) AME Staff Member Training. It is the AME's responsibility to ensure that staff members processing FAA forms are knowledgeable in FAA policies and procedures related to the use of these materials. It is recommended that any staff member who assists with the electronic transmission of FAA examinations into AMCS complete MCSPT. The AME is accountable for the quality and content of any examination transmitted on his/her behalf, regardless of who does the actual transmitting. Just like the AME, any staff member who will be transmitting examinations is required to first obtain a unique username and password. Under no circumstances shall an AME or staff member allow anyone else to use his/her username and password to transmit examinations, since these are the equivalent of an electronic signature.

(3) AME Refresher Training. An AME must attend an AME Refresher Seminar, or equivalent training as determined by the AMED Manager, every three years, as a requirement for continued designation. As an option, an AME may alternate Multimedia Aviation Medical Examiner Refresher Course (MAMERC) in lieu of attending an FAA seminar, but under no circumstances should more than six years (72 months) elapse between AME seminar attendance, or more than three years (36 months) pass between seminar attendance and MAMERC completion. A RFS or the Manager, AMED may grant a single extension of up to six months to a given AME for an episode of training delinquency; however, an extension is not possible if the AME is eligible to complete MAMERC. A passing score of at least 70% or better must be obtained on all refresher training. If an AME fails to comply with training requirements, suspension of the AME's designation will be automatically imposed and no examinations performed will be accepted until the suspension is lifted. Exceptions to seminar attendance policy when MAMERC is not an option shall be based upon an AME's individual circumstances. The Managing Specialist must ensure that all training extensions and suspension actions

are fully documented in the notes section of the AMEIS. All AME seminar sessions defined as required by AMED must be attended in their entirety, and seminar tests must be completed and passed, for seminar credit to be given. Continuing Medical Education (CME) credit may be given, when appropriate, at the discretion of the Manager, AMED on an hour per hour basis, for classes attended at a seminar, irrespective of whether or not sufficient sessions were attended to receive seminar credit. It is the AME's responsibility to ensure all travel arrangements permit complete seminar attendance.

(4) Office of Aerospace Medicine (AAM) Employee Training.

(a) Medical Assessors which include Regional Flight Surgeons (Appointing Officials/Selecting Officials) and AAM Medical Officers are technically not AMEs because they are not designees, but they are still expected to attend AME training at the same frequency as AMEs.

(b) AME Program Analysts (Managing Specialists) will attend the first Basic AME Seminar taught after their employment has begun and will be expected to participate in any other AME seminars taught within their region.

(c) Surveillance Program Analysts, in addition to the AME Program Analysts' training, must attend a one-week familiarization course at CAMI to learn the fundamentals and processing procedures necessary to do issued rejected examination reviews, before beginning to do these reviews. Surveillance Program Analysts will also receive annual refresher training conducted by AMCD. The regional offices are responsible for training Surveillance Program Analysts to do site visits before having them visit AMEs' offices.

f. Renewal of Designation. The normal interval between designations is three years for AMEs. The renewal process is automatically handled electronically unless the designation has lapsed or an AME's designation has been terminated. Lapses in designation of more than one year will require reapplication. Renewal of designation after a lapse is defined as a reinstatement.

(1) Conditions for Renewal of Designation.

(a) The AME must satisfactorily respond to statements required for electronic renewal when prompted to do so by AMCS, and electronically affirm their answers, before designation can be renewed. Failure to accomplish this task before expiration of the current designation will result in an automatic suspension of AME privileges.

(b) The AME must maintain all necessary medical credentials, including the appropriate state medical license.

(c) In the event of office relocation or change in practice, an AME must obtain written approval by the RFS or the Manager, AMED authorizing the change of the location to perform FAA physical examinations. If a relocation results in a move to a different region, the present designation will end and the designation may be renewed by the gaining regional office, if it has been determined there is a need for an AME at the new location. New statements from the physician's local or state medical society, osteopathic association or state, Federal, and foreign licensing authority may be required following practice relocation.

(2) Declination of AME Renewal. AMEs who do not wish to remain designated shall notify the appropriate regional office or decline renewal when given the opportunity by AMCS.

g. Termination of Designation. There are two classes of termination of designation: Voluntary Surrender and FAA Decision to Terminate the Designation. Suspension of designation, while not a termination action, is a related activity.

(1) Voluntary Surrender of Designation. An AME may voluntarily resign his/her designation, due to a decision to resign or because of retirement. The AME who has decided to "Voluntarily Surrender" a designation must notify the regional office in writing or electronically. Under no circumstances should a RFS or the Manager, AMED permit voluntary surrender in lieu of an "FAA Decision to Terminate a Designation", if a termination decision has already been made.

(2) Termination by FAA Decision. A RFS or the Manager, AMED can make a decision to involuntarily terminate an AME's designation either For Cause or Not For Cause.

(3) The following reasons are "For Cause":

(a) Substandard Performance. This includes:

(i) Disregard of or failure to demonstrate knowledge of FAA rules, regulations, policies, and procedures.

(ii) Careless or incomplete reporting of the results of medical certification examinations.

(iii) Unprofessional performance of examinations.

(iv) Failure to promptly mail medical examination reports to the FAA.

(v) Failure to promptly transmit FAA examinations using AMCS.

(vi) Failure by a Senior AME to electronically transmit digital electrocardiogram data for first-class medical certification examinations to AMCD, unless approval has first been obtained from the AMCD or the responsible regional office.

(vii) Any other performance based reason the FAA deems appropriate.

(viii) Unprofessional office maintenance and appearance.

(ix) Movement of the location of practice and/or an addition of a practice location without prior approval in writing from the regional office.

(x) Failure to personally perform FAA physical examinations.

(xi) Failure to notify the RFS of a substantial change in practice availability.

(xii) Performance of FAA physical examinations at an unapproved or non-designated location.

(xiii) Failure to respond to RFS or AMCD communications within 15 working days.

(b) Integrity, Misconduct, or Inability to work constructively with the FAA or the public.

(i) Any action that comprises public trust or interferes with the AMEs ability to carry out the designation responsibilities.

(ii) Arrest, indictment, or conviction for violation of a law.

(iii) Misrepresentation of the information submitted in a medical certification examination.

(iv) Improper Representation of the FAA.

(4) The following reasons are “Not For Cause”:

(a) Lack of FAA need for an AME in the requested location.

(b) Lack of FAA ability to manage.

(c) No longer meets minimum qualifications. This includes:

(i) No examinations performed within 12 months of initial designation

(ii) Performance of an insufficient number of examinations to maintain proficiency. The number of examinations considered sufficient is 10 per year; however, a RFS may accept fewer examinations as evidence of proficiency for experienced AMEs or when geographic coverage dictates. Any decision by a regional office to permit an AME performing fewer than 10 examinations per year to remain designated must be fully documented in AMEIS. The documentation in AMEIS is unnecessary if the AME has been classified as Official by the AMED Manager; the Official category is to be reserved for those AMEs whose value to the FAA is determined to supersede a need to demonstrate proficiency by the number of examinations performed.

(iii) Loss restriction or limitation of a license or equivalent to practice medicine.

(iv) Failure to comply with the mandatory AME training requirements.

(v) Any illness, medical condition, or other disability that may affect the physician’s sound professional judgment or ability to adequately perform examinations.

(vi) Death.

(5) Suspension of Designation. There are a few conditions that for which suspension of designation, rather than termination of designation, can be considered. These include:

(a) A lapse in minimum qualifications, when it is anticipated the condition can be rectified in a reasonable period of time, such as a lapse in state medical license or overdue training.

(b) Circumstances in which an AME is under investigation for criminal activity, fraud, or any other activity for which immediate action is necessary, but where there is not enough evidence to base an outright termination action. In these cases, the AME will be notified electronically and by certified mail with return receipt requested for both, in the same way as they would for termination actions, informing them of the reason(s) for the suspension and instructed to cease all examinations pending FAA investigation. The investigation shall be conducted expeditiously and termination action or removal of suspension will be done immediately, as indicated by the results of the investigation.

(c) Suspensions should not be permitted to last more than 180 days without definitive action being taken.

(6) Procedures for Termination or Non-renewal of AME designations. The following procedures apply when a determination has been made that an AME's designation should be terminated or not renewed:

(a) As soon as a proposed action to terminate or not renew has been made, the AME will be notified promptly to suspend exercising their AME privileges and no longer perform FAA medical certification examinations.

(b) The AME must be notified in writing or electronically within 14 days of the reason(s) for the termination or non-renewal action. The reason(s) shall be specific and shall cite applicable regulations, policies, and orders. The AME should be informed that they have appeal rights and inform the AME that such an appeal must be made within 60 days of receipt of notification of a termination decision; however, if the termination action is being taken for loss of a credential, failure to train, or lack of FAA need or ability to manage the AME, the letter must state that there is no right of appeal. In addition to electronic notification of a termination action, notification will also be made by certified mail; both electronic and mail notifications will be made with return receipt requested

(7) If notifications of termination or suspension by letter and electronic means are both returned undelivered, no further attempts to contact the AME are needed and termination action in AMEIS may proceed.

h. Appeal.

(1) Appeals to the FAS must be made within 60 days of receipt of notification of a termination decision. Appeals must be in writing and should be mailed to the Federal Air Surgeon, Federal Aviation Administration, 800 Independence Avenue, SW, Washington, DC, 20591. The appeal should address the reasons the AME feels that he/she should not be terminated or not redesignated. Supporting documentation may be included if the AME deems appropriate.

(2) Upon receipt of the appeal request, the FAS must promptly convene a three-physician panel to consider and make a recommendation on the merits of the appeal. The panel may consist of the Deputy Federal Air Surgeon (DFAS), a RFS from a region other than the region of residence of the AME and one additional FAA physician selected by the FAS. In the absence of the DFAS, the Manager, Medical Specialties will serve on the panel. In the absence of the FAS the DFAS will convene the panel and make the determination. Within 45 days of the FAS having received the appeal, the panel must render their recommendation to the FAS. However, the final decision on the appeal rests with the FAS, and said decision must be conveyed to the AME within 15 days of receipt of the appeal panel's recommendation.

(3) A decision by the RFS based on the loss or restriction of a state medical license, failure to attend training at the required frequency, or the determination of a lack of need for an AME is not subject to review on appeal.

11. Distribution. This Order is distributed to the division level within AAM, including the Civil Aerospace Medical Institute (CAMI), Regional Flight Surgeons (RFS), Office of the Chief Counsel, and to AMEs.

12. Delegation of Authority. The Office of Aerospace Medicine is the organizational element within the FAA responsible for oversight and management of the AME System. As the Director of the Office, the FAS develops and establishes policies, plans, procedures, standards, and regulations governing the AME System.

a. The Manager, AMED is the individual who has been delegated responsibility by the FAS to:

(1) Act as the Selecting/Appointing Official for AMEs who are U.S. military flight surgeons, medical officers at Federal agencies and AMEs who are located in foreign countries or areas not under the jurisdiction of one of the domestic regional medical offices; in this capacity (s)he functions as the RFS for the International/Military/Federal/Official AMEs. Selecting Official responsibilities may be delegated by the Manager, AMED to the International/Military/Federal/Official AME Program Analyst (Managing Specialist). This delegation only authorizes the selecting official to make a recommendation.

(2) Plan, develop, administer, and evaluate medical education programs for training AMEs. The Manager, AMED is granted discretionary authority with the RFSs' input to determine standards for initial and refresher training and to develop special courses to meet training needs on a case-by-case basis.

(3) Monitor the AME System, oversee AME performance, and prepare appropriate reports for the FAS and RFSs to evaluate the performance of their AMEs.

(4) Provide administrative support for the AME system.

b. Regional Flight Surgeons are the individuals who have been delegated responsibility by the FAS to:

(1) Act as the Selecting/Appointing Official for AMEs who are performing FAA medical examinations within the geographical boundaries of their regions; in this capacity (s)he functions as the RFS for these AMEs. Selecting Official responsibilities may be delegated by the RFS to the Program Analyst(s) (Managing Specialist(s)). This delegation only authorizes the selecting official to make a recommendation.

(2) Assist in the planning, development, administration, and evaluation of medical education programs for training of AMEs.

(3) Monitor the AME system within their geographical areas of responsibility and oversee AME performance to ensure that AMEs properly perform their duties and meet all requirements and conditions of their designations.

13. Authority Delegated to an AME. An AME is delegated the authority, in accordance with 14CFR67, to:

- a. Accept applications for physical examinations necessary for issuing medical certificates.
- b. Issue or deny FAA airman medical certificates and FAA combined Airman Medical/Student Pilot Certificates, following the policies and procedures in the *Guide for Aviation Medical Examiners*, subject to reconsideration by responsible FAA official(s).
- c. Defer a medical certification decision to the FAA when the AME does not have sufficient information, is unsure of whether he/she should issue a medical certificate, or if deferral is recommended by agency policy or the *Guide for Aviation Medical Examiners*.

14. Definitions. This paragraph defines various terms used in this order.

a. Aviation Medical Examiner. A civilian or military physician designated by the FAA (a designee), who has been delegated the authority by the FAS to accept applications and perform physical examinations necessary to determine qualifications for the issuance of second- and third-class FAA airman medical certificates under 14CFR67. The AME conducts these physical examinations; issues, defers, or denies airman medical certificates in accordance with 14CFR67 and the *Guide for Aviation Medical Examiners*; and issues combined medical/student pilot certificates in accordance with 14CFR61.

b. Senior Aviation Medical Examiner. An AME delegated the additional authority to accept applications and perform physical examinations necessary to determine qualifications for the issuance of first-class FAA Airman Medical Certificates under 14CFR67.

c. Medical Assessors. Includes Regional Flight Surgeons (Appointing Officials/Selecting Officials) and AAM Medical Officers, who are technically not AMEs because they are not designees, but they are still expected to attend AME training at the same frequency as AMEs. Medical Assessors have been delegated the authority to manage aviation medical certificates in 14 CFR Part 67.

d. Managing Specialist. FAA employee with the primary interface and oversight responsibility for designees and who makes selection, redesignation, and termination recommendations to the Selecting/Appointing Official. Normally this will be an AME Program Analyst.

e. Surveillance Program Analyst. These analysts perform duties necessary to accomplish quality assurance monitoring of AMEs designated by the FAA. This is accomplished by the review of specific areas of a non-priority issued airman's medical examination to determine whether or not the issuance was appropriate. These analysts also conduct an adequate number of site visits in the geographic area of responsibility of the RFS to meet national goals.

f. Selecting/Appointing Official. Regional Flight Surgeons and the Manager, AMED are responsible for selecting and appointing AMEs within the geographic location in which the AME will practice; however, any RFS may choose to delegate Selecting Official responsibilities to a Managing Specialist. The Appointing Official has the authority to issue the Certificate of Designation to designees; this responsibility may not be delegated and must always be a Regional Flight Surgeon or the Federal Air Surgeon...

g. Physician. A doctor of medicine or doctor of osteopathy. An AME is defined by 14CFR Part 183, section 183.11 as a physician, and therefore, precludes other medical disciplines from performing AME functions. Duties and responsibilities of the AME are further defined in 14CFR Part 183, section 183.21.

h. Military Flight Surgeon. A physician who is a commissioned officer in the U.S. Armed Forces (Air Force, Navy, Army, Coast Guard and commissioned officers of the Public Health Service) who has completed the appropriate military aviation medicine training and has been awarded the title of Flight Surgeon.

i. Delegation. The process by which an organization or individual is delegated on behalf of the FAA Administrator. Delegation programs are necessary for aviation safety, and the integrity of the delegation system must be maintained. Therefore, management of delegation programs is inherently governmental and is a priority within AVS.

j. Designee. A private person or organization delegated to act as a representative of the Administrator. Designees serve the needs of the FAA in fulfilling its safety mission, allowing the FAA to leverage its resources.

k. Designation. Designation is a privilege that conveys responsibilities to perform activities on behalf of the FAA Administrator, but does not imply employment or other rights unrelated to FAA needs.

l. Renewal. Process of renewing the designation of AMEs at specified intervals before expiration of the prior period of validity.

m. Reinstatement. Process of designating former AMEs.

n. Termination of Designation. Termination is the action by the FAA as a result of a decision to not renew or to rescind a designation at any time for any reason the Administrator considers appropriate.

o. Federal AME. A physician designated as an AME to support special Federal activities unique to the National Airspace System and to the FAA and its mission. These physicians are not required to perform examinations to demonstrate proficiency, but are expected to train at the same intervals as all other AMEs.

15. Forms and Supplies. FAA and FAA Aeronautical Center (AC) forms and supplies may be obtained from the AMED. Only those forms authorized by the FAA are permitted. The use of any locally designed forms or certificates in lieu of official FAA forms and certificates is prohibited.

a. FAA Forms 8500-8, Application for Airman Medical Certificate or Airman Medical and Student Pilot Certificate, are controlled documents, assigned to specific AMEs who are responsible for their safe-guarding. Upon termination or non-renewal of designation, the AME shall return all unused FAA examination forms. The RFS shall be informed by AMED if materials are not returned within a reasonable period of time, so further action may be taken.

b. FAA Form 8520-4, the Aviation Medical Examiner Identification Card (AME ID Card), is a controlled document governed by FAA Order 1600.25, FAA Identification Media. The need to assure the integrity of the AME ID Card system necessitates that strict controls be instituted to prevent fraudulent issuance, improper use, or alteration of the AME ID cards. FAA Order 1600.25 governs safe-guarding the mass printed, not an electronically generated,

(1) Identification card. Electronic issuance of AME ID Cards obviates the need for physical control of identification media.

(2) Responsibility. The AMED Manager and RFSs assure the proper issuance and control of FAA Form 8520-4, in accordance with the general provisions of FAA Order 1600.25, FAA Identification Media.

(3) Authorizing Officials. To prevent any possible fraudulent issuance of an AME ID Card, the Federal Air Surgeon will designate, by letter, those personnel authorized to sign FAA Form 8520-4 as "Authorizing Official."

16. References.

a. Title 14 of the Code of Federal Regulations, Part 61 (14CFR61). Part 61 establishes the duration of medical certificates, and describes the procedure for the issuance of student pilot certificates.

b. Title 14 of the Code of Federal Regulations, Part 67 (14CFR67). Part 67 prescribes the airman medical certification standards and certification procedures.

c. Title 14 of the Code of Federal Regulations, Part 183 (14CFR183). Part 183 prescribes the requirements for designating AMEs.

d. FAA Order VS 1100.2, Managing AVS Delegation Programs, outlines the responsibilities for managing all designee programs.

e. FAA Order 1600.25, Control of Identification Media, defines control processes for FAA Form 8520-4 and sets FAA policy with respect to the administrative controls required for an authorized identification system, including counterfeiting, misuse, or alteration; loss or theft; destruction; surrender of identification media; and storage, transmittal, and accountability.

f. The Guide for Aviation Medical Examiners outlines medical standards, policies, and procedures for determining the medical qualifications of airmen.



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