

FAA CERTIFICATION AID – Drug and Alcohol INITIAL (Page 1 of 6)

(Updated 03/28/2018)

The following information is to assist your treating physician/provider who may be unfamiliar with FAA medical certification requirements. It lists the ABSOLUTE MINIMUM information required by the FAA to make a determination on an airman medical certificate. You should strongly consider taking a **copy to each evaluator so they understand what specific information is needed in their report to the FAA**. If each item is not addressed by the corresponding provider there may be a **delay** in the processing of your medical certification until that information is submitted. Additional information such as clinic notes or explanations should also be submitted as needed. All reports must be **CURRENT** (within the last 90 days) for FAA purposes.

REPORT FROM	MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (Drug and Alcohol)
AIRMAN Drug and alcohol (D&A) Personal statement	<ol style="list-style-type: none"> 1. Detailed typed personal statement from you that describes the offense(s): <ol style="list-style-type: none"> a. What type of offense occurred? b. What substance(s) were involved? c. State or locality or jurisdiction where the incident occurred d. Date of the arrest, conviction and/or administrative action, e. Description of circumstances surrounding the offense. f. Describe the above for each alcohol incident. If no other incidents, this should be stated. 2. Your past, present and future plans for alcohol or drug use. <ol style="list-style-type: none"> a. When did you start drinking? How much? How often? b. How much, how often were you drinking at the time of the incident(s) c. How much, how often do you drink now? If abstinent, state date. d. Any negative consequences (legal complications, medical complications such as blackouts, pancreatitis or ER visits) e. Include any other alcohol or drug offenses, (arrests, convictions, or administrative actions) even if they were later reduced to a lower sentence. 3. Treatment programs you attended ever in your life (if none, this should be stated) <ol style="list-style-type: none"> a. Dates of treatment b. Inpatient, outpatient other c. Name of treatment facility 4. Current recovery program (if any) If you attend AA or other, please list and frequency. If no recovery program, this should be stated.
BAC Blood Alcohol Content	<ol style="list-style-type: none"> 1. Blood Alcohol Concentration (BAC) from any alcohol offense. It may be listed in a hospital report, a police report or investigative report. <ol style="list-style-type: none"> a. This will be either a breathalyzer test or a blood test. b. Attach copies of any drug testing that was also performed.
Court Records	<ol style="list-style-type: none"> 1. Police/investigative report from dates of incident(s). It should describe the circumstances surrounding the offense and any field sobriety tests that were performed. 2. Court records if applicable. 3. Military records if events occurred while the applicant was a member of the U.S. armed forces. (It should include military court records, records of non-judicial punishment, and military substance abuse records).
Driving record DMV Records (Department of motor vehicles)	<ol style="list-style-type: none"> 1. List every state/principality/location and dates you have held a driver's license in the past 10 years. 2. Submit a complete copy of your driving records from each of these for the past 10 years.
Evidence of treatment	<ol style="list-style-type: none"> 1. Treatment records and Copy of certificate (if any) 2. If no program was recommended or if treatment was started but not completed, that should be stated.
Substance Abuse Evaluation	<p>Not required for all airmen. If one is required, the type of provider required to perform the evaluation should be in the letter sent to the airman from the FAA. This will be either a Substance Abuse Professional (SAP), HIMS AME, Psychiatrist or a HIMS psychiatrist</p> <p>If the evaluation submitted is not adequate or does not meet the specified parameters, a higher level evaluation may be required.</p>

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REPORT FROM	MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING
<p>HIMS trained AME REPORT</p> <p>The airman must establish with a HIMS trained AME if monitoring is required</p>	<ol style="list-style-type: none"> 1. Must be a face-to-face, in-person evaluation performed by the HIMS trained AME. 2. List of the items/documents reviewed. <ol style="list-style-type: none"> a. Verify if you were provided with and reviewed a complete copy of the airman’s FAA Medical file sent to you by the FAA. b. Include list of collateral contact(s) used to verify history, if any. 3. Summarize your aeromedical impression and evaluation as a HIMS AME based on the face-to-face evaluation AND review of the supporting documents. <ol style="list-style-type: none"> a. Any evidence (such as a positive test) or concern the airman has not remained abstinent? b. Any evidence or concern the airman has not been compliant with the recovery program? c. If you do not agree with the supporting documents or if you have additional concerns not noted in the documentation, please discuss your observations or concerns. d. Describe how the airman is doing in the program and if he/she is engaged in recovery. 4. Do you recommend a Special Issuance for this airman? 5. Do you agree to serve as the airman’s HIMS AME and follow this airman per FAA policy? 6. Do you agree to immediately notify the FAA (at 405-954-4821) of any change in condition, deterioration or stability, or if there is any positive drug or alcohol testing? 7. Using the HIMS-Trained AME Checklist – Drug and Alcohol Monitoring INITIAL Certification, comment on any items that fall into the shaded category on the Checklist. <p>Submit the</p> <ul style="list-style-type: none"> <input type="checkbox"/> HIMS-Trained AME Checklist <input type="checkbox"/> HIMS-Trained AME DATA Sheet <input type="checkbox"/> your HIMS trained AME written report, and <input type="checkbox"/> all supporting documentation that you reviewed <p>Submit all of the information as ONE PACKAGE to the WASHINGTON DC address on the HIMS AME CHECKLIST.</p> <p>If items are not sent all as one package or it is sent to any other address, review for certification will be delayed</p>

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REPORT FROM	MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING
<p>SUBSTANCE ABUSE EVALUATION (SAE)</p> <p>Can be performed by: a certified Substance Abuse Professional (SAP), or Addictionologist.</p> <p>If all of the items are not covered, or are insufficient detail to make a decision, additional testing or review may be required.</p>	<p>The report must include <i>at a minimum</i></p> <ol style="list-style-type: none"> 1. List of the items/documents reviewed. <ol style="list-style-type: none"> a. Verify if you were provided with and reviewed a complete copy of the airman’s FAA medical file sent to you by the FAA. b. Include list of collateral contact(s) used to verify history, if any. 2. Summary of the above records. Were the records clear and in sufficient detail to permit a satisfactory evaluation of the nature and extent of any previous mental disorders. <p><u>Clinical interview that covers the following:</u></p> <ol style="list-style-type: none"> 3. Family history of drug and alcohol or mental health issues 4. Developmental history 5. Past medical history and medical problems such as Blackouts, Memory problems; Stomach, liver, cardiovascular problems or sexual dysfunction 6. Psychiatric history, if any. Include diagnosis, treatment, hospitalizations; <ol style="list-style-type: none"> a. Personal history of anxiety, depression, insomnia; b. Suicidal thoughts or attempts 7. Alcohol and/or Drug use history <ol style="list-style-type: none"> a. Include any treatment or hospitalizations; b. the current status of drug or alcohol use. (what used, how often, start/stop dates) 8. Other concerns such as: <ol style="list-style-type: none"> a. Personality changes (argumentative, combative) or Loss of self-esteem or Isolation b. Social Family problems such as Separation or Divorce; c. Irresponsibility or Child/Spousal Abuse c. Legal problems such as Alcohol-related traffic offenses or Public intoxication, Assault and battery d. Occupational problems such as absenteeism or tardiness at work; reduced productivity, demotions or frequent job changes or loss of job e. Economic problems such as frequent financial crises or bankruptcy or loss of home or lack of credit f. Interpersonal Adverse Effects such as separation from family, friends, associates, etc. 9. Any other items per the evaluator 10. Results of any testing that was performed (SASSI, etc) 11. Mental Status Examination results. 12. Summary of your findings. Include if you agree or disagree with previous diagnosis or findings from the records you reviewed and why. 13. DSM diagnosis for Axis I-V (if none, that should be stated) 14. Any evidence of drug or alcohol abuse, or dependence (if not mentioned above) 15. Any additional concerns or comments <p>Note: if the above evaluation is not adequate, an additional evaluation from a psychiatrist or other provider may be required.</p>

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REPORT FROM	MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING
<p>PSYCHIATRIST EVALUATION</p> <p>1st and 2nd class commercial airmen will require a HIMS trained psychiatrist to perform this evaluation in most cases.</p> <p>All others will require a board certified psychiatrist.</p> <p>The airman should refer to their letter to determine what level of evaluation is required.</p> <p>The airman should establish with a HIMS trained AME to find a HIMS psychiatrist.</p>	<p>1. Include all info listed above in Substance Abuse Evaluation (SAE).</p> <p>In addition:</p> <p>2. Summarize clinical findings and status of the airman.</p> <p>3. When appropriate, specific information about the quality of recovery should be provided, including the period of total abstinence.</p> <p>4. List the DSM diagnosis (if any)</p> <p>5. Specifically mention if any of the following regulatory components are present or not:</p> <ul style="list-style-type: none"> a. Increased tolerance b. Manifestation of withdrawal symptoms c. Impaired control of use d. Continued use despite damage to physical health or impairment of social, personal or occupational functioning e. Any evidence of any other personality disorder, neurosis, or mental health condition f. Or use of a substance in a situation in which that use was physically hazardous, if there has been at any other time a situation in which that use was physically hazardous. <p>6. Give recommendations for any additional treatment or monitoring, if applicable.</p> <p>7. Any additional concerns or comments</p>

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<p>NEUROPSYCHOLOGICAL Evaluation</p> <p>CogScreen Results</p> <p>AND</p> <p>Neurocognitive evaluation</p>	<p>For complete details see the Neuropsychological Evaluation section of the Specifications for Psychiatric and Neuropsychological Evaluations for Substance Dependence/Abuse.</p> <p>The neuropsychologist report MUST address:</p> <ol style="list-style-type: none"> 1. Qualifications: State your certifications and pertinent qualifications. 2. Records review: What documents were reviewed, if any? <ol style="list-style-type: none"> a. Specify clinic notes and/or notes from other providers or hospitals. b. Verify if you were provided with and reviewed a complete copy of the airman's FAA medical file. 3. Results of clinical interview: Detailed history regarding psychosocial, or developmental problems; academic and employment performance; family or legal issues; substance use/abuse (including treatment and quality of recovery); aviation background and experience; medical conditions and all medication use; and behavioral observations during the interview and testing. Any other history pertinent to the context of the neuropsychological testing and interpretation. 4. Mental status examination 5. Testing results: <ol style="list-style-type: none"> a. CogScreen-Aeromedical Edition (CogScreen-AE) b. remainder of the core test battery 6. Interpretation: <ol style="list-style-type: none"> a. The overall neurocognitive status of the airman. b. Clinical diagnosis(es) suggested or established based on testing (if any). c. Discuss any weaknesses or concerning deficiencies that may potentially affect safe performance of pilot or aviation-related duties (if any). d. Discuss rationale and interpretation of any additional testing that was performed. e. Any other concerns. 7. Recommendations: additional testing, follow-up testing, referral for medical evaluation (e.g., neurology evaluation and/or imaging), rehabilitation, etc. 8. Submit your report along with the CogScreen computerized summary report (approximately 13 pages) and summary score sheet for all additional testing performed.

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<p>GROUP AFTERCARE COUNSELOR</p>	<p>Progress report should include:</p> <ol style="list-style-type: none"> 1. If the airman is continuing to participate in abstinence-based sobriety. 2. How often the airman attends (weekly or per Authorization Letter). 3. Agreement to immediately notify the HIMS AME if there are any changes or deterioration in the airman's condition.
<p>CHIEF PILOT, FLIGHT OPERATION SUPERVISOR, OR AIRLINE MANAGEMENT DESIGNEE</p> <p>If the airman is 1st or 2nd class and employed by an air carrier</p>	<p>Monthly reports must address:</p> <ol style="list-style-type: none"> 1. The airman's performance and competence. 2. Crew interaction. 3. Mood (if available). 4. Presence or absence of any other concerns.
<p>PEER PILOT</p> <p>(Ex: from employer, ALPA, etc.)</p>	<p>Must attest to the best of their knowledge, the airman's continued total abstinence from drugs or alcohol.</p>
<p>ADDITIONAL PROVIDERS</p> <p>Additional reports</p>	<p>Include any applicable psychotherapy notes, therapist follow up reports, social worker reports, AA sponsor contact, etc.</p> <p>If the airman has other conditions that require a special issuance, those reports should also be submitted according to the Authorization Letter.</p>
<p>DRUG OR ALCOHOL TESTING</p>	<ol style="list-style-type: none"> 1. Must be random, unannounced drug/alcohol testing. (Urine EtG/EtS, PEth testing or a mobile alcohol monitoring system are preferred.) 2. Must state if the testing is performed by: <ul style="list-style-type: none"> <input type="checkbox"/> HIMS AME <input type="checkbox"/> Air Carrier testing program/office. Air Carrier must immediately notify the HIMS AME of any positive test HIMS AME may require additional testing to supplement the testing conducted by the Air Carrier. <input type="checkbox"/> Other, such as return to duty testing from a substance abuse professional or a DOT/FAA drug abatement program. 3. Drug and/or alcohol testing results summarized, how often tested, how many tests performed to date. <ol style="list-style-type: none"> a. Positive test results, the actual report should be submitted. b. Negative test results should be reported in your HIMS AME evaluation