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

ORDER 8520.2F

Effective Date:
10/25/2007

SUBJ: Aviation Medical Examiner System

1. Purpose of This Order. This order provides guidelines for the administration of the Aviation Medical Examiner (AME) System.

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

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

4. What This Order Cancels. FAA Order 8520.2E, Aviation Medical Examiner System, dated February 1, 1999, is canceled.

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

a. Defines vision and principles in compliance with Federal Aviation Administration (FAA) Order VS1100.2.

b. The Aerospace Medical Education Division (AMED) Manager is given discretionary authority to specify content of Basic and Refresher AME Training.

c. Defines RFSs as Selecting/Appointing Officials, as Designee Specialists, as defined in FAA Order VS1100.2.

d. The Aviation Medical Examiner Identification Card (AME ID Card) validity period is now defined as the date listed on the AME ID Card, rather than one year.

e. Discontinues the AMED requirement to return AMEs ID Card and Certificate of Designation, upon termination of designation,

f. Discontinues the requirement for three letters of reference from the AME applicants.

g. Conditions are defined under which AMEs may not be required to electronically transmit FAA Forms 8500-8.

h. Requires AMEs to sign a statement, on initial designation and redesignation, indicating understanding that designation is a privilege not a right, and that they may be terminated at any time, for any reason.

i. Changes the definition of multiple site designations to permit as many sites as the RFS determines to be appropriate for a given AME.

j. Modifies the conditions of designation, to include a requirement for completion of Medical Certification Standards and Procedures Training (MCSPT) and Clinical Aerospace Physiology for AMEs (CAPAME) by a prospective AME prior to attending a Basic AME Seminar.

k. MCSPT is no longer required for AME staff members. If staff members transmit examinations to the Aerospace Medical Certification Division (AMCD), MCSPT is available for their training and its use is encouraged.

l. Clarifies that a score of at least 70% must be attained on seminar examinations for an attendee to be given credit for seminar attendance and successful completion.

m. Defines conditions for obtaining AME Theme Seminar credit.

n. Clarifies that the designation of AMEs who fail to comply with training requirements must be immediately terminated or the RFS must justify an exception.

o. Gives the RFSs the authority to extend an AMEs training due date by up to 6 months, one time only, on a case by case basis.

p. Requires physicians that have not been redesignated to cease performing FAA examinations until they have been officially redesignated.

q. Establishes a minimum of 10 examinations per year for an AME to be considered proficient.

r. Establishes the Official category of AME, which does not require a minimum number of examinations to be performed. However, training requirements must be met.

s. Reduces the period of time within which a new AME must perform examinations or risk termination from 24 months to 12 months.

t. RFS notifications of termination actions must now be made within 14 days of the decision, instead of 15 days, and any AME whose termination is being proposed must be promptly instructed to curtail examination activities.

u. Removes appeal rights for AMEs being terminated or not redesignated due to loss of a required credential, failure to attend training, or lack of need at the geographic location of their medical practice.

v. Establishes a three-person appeal panel to review requests for reversal of AME terminations, and requires AME notification of a decision to be made within 15 days.

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 or other rights unrelated to FAA needs.

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 that utilizes oversight based on differences in the potential impact on safety and the likelihood of error. 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 unless terminated earlier by the FAA or the AME resigns the designation.

10. Managing Designees. This paragraph will provide information for managing designees.

a. Selection. This paragraph will explain the selection process of AMEs.

(1) Criteria for Designation.

(a) Qualifications. Any applicant for designation as an AME shall be a professionally qualified physician in good standing in his or her community. The applicant must be able to read, write, speak, and understand the English language, and possess a license to 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 adverse action against the medical license of the AME past or present is subject to review by the RFS for possible administrative action. 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 applicants being considered must meet International Civil Aviation Organization (ICAO) recommendations for proficiency, unless the RFS sufficiently documents an FAA need for a given AME, despite performance of few examinations. 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 FAA employees seeking designation as an AME outside the FAA, other than those listed in this paragraph. It is expected that all Office of Aerospace Medicine (AAM) physicians will be proactive in seeking qualified AME applicants by using all available forums, such as Aerospace Medical Association meetings, briefings to military flight surgeon and Aerospace Medical Residence groups, and on the AAM website, 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 a completed FAA Form 8520-2, Aviation Medical Examiner Designation Application, and the following documents or copies thereof, translated into English if written in another language:

(1) Medical school diploma.

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

(3) 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.

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

(5) 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 must notify the appropriate FAA Selecting/Appointing Official immediately if there is a change in status of licensure to practice medicine.

(b) Professionalism. The AME must be knowledgeable of the principles of aviation 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. All medical examinations must be personally performed by the AME at an established office address, that has been approved by the appropriate RFS. 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, urine testing, and electrocardiography) under the supervision of the AME. When completing FAA Form 8500-8, the AME shall review and comment in Item 60 on all positive entries and all physical findings; personally perform the general physical examination; sign the FAA forms; and list his/her FAA designation identification number, both in Item 64 of FAA Form 8500-8 and on the medical certificate. In all cases, the AME shall review, certify, and assume responsibility for the accuracy and completeness of the total report of examination. All applications must be transmitted or mailed to the Agency within two calendar weeks. An AME may not perform a self-examination for issuance of a medical certificate, or issue a medical certificate to him/herself or to an immediate family member. 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. The AME applicant must have adequate facilities to perform the required examinations and possess or agree to obtain the following equipment prior to conducting any FAA examinations:

(1) 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.

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

(3) Electrocardiographic equipment: Senior AMEs, except International AMEs, and AMEs contracted 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, because they must electronically transmit first-class electrocardiogram data to the AMCD.

(4) Audiometric equipment: All AMEs must have access to audiometric testing equipment or capability of referring Airmen/ATC applicants and ATC employees for audiometric testing.

(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. Exceptions for AMCS usage can be given by the AMED Manager to International AMEs who have demonstrated the ability to submit examinations by mail, such that they are consistently received in Oklahoma City within 60 days after the date of the examination. Any International AME unable to meet the 60 days requirement will be required to electronically transmit examinations or their designation may be terminated.

(g) Office Address and Telephone Numbers. It is the AME's responsibility to ensure that at least one accurate address and telephone number are on file. The RFS's office will ensure that the Aviation Medical Examiner Information System (AMEIS) is updated. The AME is required to promptly advise the responsible RFS's office of any change in office location, telephone numbers, and any other pertinent contact information. Multiple site designations may be approved by the RFS upon request, as determined to be appropriate by the RFS for the vicinity and for the AME. Movement of the location of practice may lead to termination or non-redesignation, since continuation of designation is contingent upon need.

b. Appointment. This paragraph will explain how an AME is appointed.

(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) Notification. All applicants will be notified of their designations in writing by their RFS and be sent a Certificate of Designation, AME ID Card, and all necessary forms and supplies.

(3) Designation of Military Flight Surgeons. Management of military flight surgeon AMEs is the same as for any other designee with a few exceptions:

(a) Appropriate representatives of the Surgeons General of the United States Army, Air Force, Navy, and the Chief of Health Services of the Coast Guard may request the AMED Manager to designate a flight surgeon of their service as an AME.

(b) 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 and Federal AMEs to support special military and Federal aviation operations after coordination with the appropriate Surgeon General's office.

(c) Active duty military AMEs may not be dual designated. Dual designation applies only to National Guard or Reserve flight surgeons.

(d) The military Surgeons General have requested that military AMEs not be required to attend FAA seminars, due to funding concerns and a prevailing view that their military experiences and training are equivalent to that of the FAA. Therefore, training of individual military AMEs is at the discretion of the AMED Manager, based upon the military AME's performance.

(e) The designation of military AMEs to conduct FAA examinations as AMEs will terminate upon the individual leaving Government service.

(4) Procedures for Dual AME Designations. An active civilian AME who performs part-time duties as a reserve flight surgeon (Air Force, Navy, Army) or as an Air National Guard flight surgeon may request additional designation as a Military AME through the AMED. The applicant shall meet the designation requirements of this order. 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 dual designated AME may hold a Senior AME rating in their capacity as a civilian AME. An AME who holds dual designation shall be assigned two different AME numbers (one as a civilian AME and one as a Military AME) and shall not combine civilian and Military AME duties.

(5) Designations of Physicians in Foreign Countries. International AMEs require the completion of a professional background check by U.S. embassies and consulates. Requests for professional background checks are submitted by the International Program Analyst to the appropriate U.S. embassy or consulate.

(6) 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 acceptable prior performance as an AME authorized to perform second- and third-class examinations for an acceptable observation period, typically 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; 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 oversees and who require first-class certificates.

c. Oversight. This paragraph will explain the oversight process for AMEs.

(1) AME Performance Reports. The AMED Manager shall generate a consolidated AME Performance Report at a frequency determined by the Federal Air Surgeon's Management Team (FASMT) covering the preceding year, for use by each RFS, to monitor the performance of all AMEs in each region. A regional AME Performance Report will also be generated for the Federal Air Surgeon (FAS) and Deputy FAS to use in monitoring the performance of RFSs' compliance with the oversight provisions of this Order. The content of these reports will be determined by the AMED Manager in consultation with the RFSs, as part of the AMED and RFS Quality Management System. A representative sample of AMEs will be submitted to the Federation of State Medical Boards for state medical license investigations each year, and the results reported to RFSs.

(2) RFS Monitoring of AME Performance. The FAA continually evaluates the performance of each AME. The AMED Manager is responsible for developing and administering evaluation procedures to supply RFSs with data to assist them in redesignating only those physicians who have demonstrated satisfactory performance in the past and who continue to show an interest in the AME program. In addition, the AMCD Manager shall identify those AMEs committing serious certification errors and notify the appropriate RFS, so that appropriate action may be taken. The AMED Quality Management System (QMS) will detail the information to be collected for AME performance reports. In addition, AMED 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. The RFS shall send appropriate reports to AAM-400 for filing in the AME's master file.

(3) 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.

d. Training. This paragraph will provide the training requirement for AMEs.

(1) AME Applicant Initial Training. An AME applicant must complete the distance learning courses, 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 both MCSPT

and CAPAME have been completed and passed with a score of at least 70% in each. 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.

(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. Any staff member who will be transmitting examinations is required to first obtain a unique username and password, just like for the AME. Under no circumstances should 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 Training. An AME must attend an AME Seminar, or equivalent training as determined by the AMED Manager, every 3 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 6 years (72 months) elapse between AME seminar attendance, or more than 3 years (36 months) pass between seminar attendance and MAMERC completion. A passing score of at least 70% must be obtained for any refresher training to be completed. If an AME fails to comply with training requirements, the RFS shall propose termination of the AME designation. Exceptions to seminar attendance policy shall be based upon an AME's individual circumstances; RFSs may grant a single extension of up to six months to a given AME for an episode of training delinquency. The Appointing Official 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 AMED Manager, 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) International and Military AME Training. The AMED Manager may waive attendance at FAA seminars for International and Military AMEs on a case-by-case basis, if there has been satisfactory performance as an AME; the AME has participated in comparable Aviation Medicine education activities, as determined by the AMED Manager; and the AME demonstrates understanding of current FAA policies and procedures by obtaining a passing score on an AME seminar test administered by AMED.

e. Redesignation. This paragraph will provide the details for redesignating an AME.

(1) Conditions for Redesignation.

(a) The AME must sign the statements on the AME ID Card (FAA Form 8520-4) needed for designation outlined above. This may be accomplished by an original signature or electronically, before being redesignated.

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

(c) In the event of office relocation or change in practice, an AME must obtain written approval by the RFS authorizing the change of the location to perform FAA physical examinations. If a relocation results in a move to a different region, the designation shall terminate and may be reissued, on request, by the gaining RFS, 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 Redesignation. AMEs who do not wish to be redesignated shall notify AMED. The AMED shall notify the RFS of those physicians who decline to be redesignated within 30 days.

(3) Failure to Redesignate on Time. An AME must have a valid current AME ID CARD in order to perform FAA aviation medical examinations. An AME whose redesignation has not been completed by the date of expiration of their previous designation shall not perform FAA examinations until officially redesignated.

f. Termination. This paragraph will provide information on terminating an AME.

(1) Basis for Termination of AME Designation. A RFS may terminate or not renew an AME designation. Termination or non-redesignation may be based in whole or in part on the following criteria:

(a) No examinations performed after 12 months of initial designation.

(b) 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 RFS 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.

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

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

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

(f) Movement of the location of practice not previously approved in writing by the RFS.

(g) Unprofessional office maintenance and appearance.

(h) Unprofessional performance of examinations.

(i) Failure to promptly mail medical examination reports to the FAA as required to the FAA.

(j) Loss, restriction, or limitation of a license to practice medicine.

(k) Any action that compromises public trust or interferes with the AME's ability to carry out the designation responsibilities.

(l) Any illness, medical condition or inability to meet FAA aeromedical training requirements that may affect the physician's sound professional judgment or ability to perform examinations.

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

(n) Failure to promptly transmit examinations using AMCS in accordance with this Order.

(o) 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 RFS.

(p) Request by the physician for termination of designation.

(q) Any other reason the FAS or the RFSs deems appropriate.

(2) Procedures for Termination or Non-redesignation of AMEs. The RFS will determine when an AME's designation should be terminated or not renewed, the following procedures apply:

(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.

(b) Within 14 days of the date on which the RFS proposes either the termination or non-redesignation of the AME, the AME must be notified in writing of the reason(s) for the proposed action. The reasons shall be specific and shall cite applicable regulations, policies, and orders. The reasons shall be supported by objective evidence, but the evidence need not be included in the letter. The written notification shall give the AME the option to respond to the RFS, in writing or to request a meeting within 14 days from the receipt of the letter. The notification should advise the AME that he/she may be accompanied by counsel if choosing to respond in person. The notification shall also inform the AME that a summary record will be made of any meeting held. If the AME does not respond within 14 days after receipt of the notice, then the reason(s) set forth in the letter will be deemed admitted.

(c) The decision regarding the proposed action shall be in writing from the RFS. It shall be sent by certified mail, with return receipt requested. When the decision is made to not renew or to terminate a designation, the reasons shall be stated. The decision letter shall also inform the AME that he/she may appeal the decision by the FAS, if the reason for termination is subject to appeal, and inform the AME that such an appeal must be made within 60 days of receipt of notification of a termination decision.

(d) In cases where an AME is suspected of fraud or any other activity for which immediate action is necessary, the RFS will direct the AME in writing, by certified mail, with return receipt requested, to cease all further examinations pending further FAA investigation, and the AME must comply. The investigation shall be conducted expeditiously. Upon investigation of the matter, the RFS will initiate termination action if such action is warranted.

(e) If a letter of proposed termination is returned as undeliverable no further attempts to contact the AME by mail are needed and termination actions in AMEIS may proceed.

g. Appeal. This paragraph will explain the appeals process for AMEs.

(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 will consist of the 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 determination.

(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 AMED Manager is the individual who has been delegated responsibility by the FAS to:

(1) Act as the Designee Specialist 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. Designations of military flight surgeons and Federal medical officers are subject to the general procedures and guidelines stated in this Order, except as otherwise provided.

(2) Plan, develop, administer, and evaluate medical education programs for training AMEs. The AMED Manager 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 incorporate appropriate metrics to the FAS and RFSs.

(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 Designee Specialist for AMEs who are performing FAA medical examinations within the geographical boundaries of their regions or by agreement with another RFS when an AME has been designated in more than one region.

(2) Select candidates for possible designation as AMEs, designate those candidates who successfully complete the application process as AMEs, renew designations of AMEs, and terminate designations of AMEs.

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

(4) 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. Designee Specialist. FAA employee with the primary interface and oversight responsibility for designees and who makes selection, redesignation, and termination decisions; for AAM these are the RFSs. Selection criteria for RFS positions will include an assessment of interpersonal skills, as dictated by FAA Order VS1100.2, and this assessment will be a routine part of each RFS's performance evaluations.

d. Selecting/Appointing Official. Regional Flight Surgeons are responsible for selecting and appointing AMEs within the geographic location in which the AME will practice. The Appointing Official has the authority to issue the Certificate of Designation to designees.

e. Approving Official. The individual authorized to sign FAA Form 8520-4, Aviation Medical Examination Identification Card. For the AME Program, only the AMED Manager and an alternate backup are delegated the responsibility by the FAS to sign these cards.

f. Physician. A doctor of medicine or doctor of osteopathy.

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

h. 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.

i. 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.

j. 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.

k. Dual Designation. Simultaneous designation of a physician as a civilian AME under the jurisdiction of a RFS, and as a National Guard or Reserve Military AME (Air Force, Navy, Army, Coast Guard) under the jurisdiction of the AMED Manager.

l. Redesignation. 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. Official AME. A physician designated as an AME to support special Federal activities unique to the National Airspace System and to the FAA and it's mission. This physician is not expected to perform examinations, but is expected to train at the normal routine intervals.

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-redesignation, 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.

(1) 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.

(2) 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. This paragraph provides a list of related references to this order.

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 VS1100.2, 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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