Application Form for UK CAA Aeromedical Examiner Initial Certification

Personal Details:

Full Name Underline Surname	
Date of Birth	
Correspondence Address	
Current Principal Business Address	
Telephone Number(s)	
Email Address	
Website	
Languages spoken	
Emergency contact: (Name and details)	

Medical Registration and Licensing:

Country of Medical Registration	Medical Registration Number	Date gained Full Medical Registration	Date of expiry of Current Medical Registration

Primary Medical Qualification:

Primary Medical Degree	Awarding Body	Date Awarded

Postgraduate Qualifications:

Postgraduate Qualification	Awarding Body	Date Awarded

Certificate of Completion of GP or Specialist Training:

Date Certificate of Completion of Specialist Training Awarded	Awarding Body	Specialty

Current Employment: Please provide details of your current employment with a brief summary of responsibilities.

Job Title	Employer	Brief Summary of clinical activities	Dates of employment

Previous Employment: Please list your previous four employments in chronological order. If there are any significant gaps in your employment history, please provide details on a separate sheet.

Job Title	Employer Name	Dates of employment

Aviation Medicine Training Courses e.g. Basic and Advanced Courses:

Course Name	Organisation	Date completed	Grade achieved

Aviation Medicine Qualifications e.g. Diploma or MSc in Aviation Medicine:

Qualification	Awarding Body	Date awarded

Flying Experience i.e. Private/Commercial Pilot Licences, Instrument Ratings:

Pilot Licences Held	Country of Licence Issue	Date of Issue	Date of expiry	Total pilot flying hours

Aviation Medicine Experience:

Please provide details e.g. nature, duration and frequency of work, exact dates undertaken and with which organisation. If you have performed Aeromedical examination for another Regulator, please state Class/type and number of Medicals performed within the last 5 years. If you have any practical experience within an Aeromedical Centre, please detail activities undertaken, give number of hours and attach a programme of training received. A signed letter of verification of all declared aviation medicine experience is required from a medical referee who should include their job title, organisation, national medical registration number and AME number if applicable.

Other relevant Aviation Affiliations:

Aviation Organisation/ Professional Aviation Bodies	Dates of membership	Activity/Role

AME Certifications Held with Other Aviation Regulatory Authorities e.g. FAA, Transport Canada, CASA etc:

Aviation Authority and Country	Date of Initial Issue	Do you hold current certification?	If expired, give expiry date

If you have been an AME for another aviation regulatory authority, have you ever been subject to an investigation by the authority or has your AME certification ever been suspended or revoked by the authority?

YES/NO If YES, please provide details on a separate sheet.

Do you hold current, valid medical registration, without any conditions or restrictions?

YES/NO If NO, please provide details on separate sheet.

Professional History: Please answer ALL of the following questions where applicable:

If UK General Medical Council (GMC) Registered, do you hold a GMC Licence to Practise?

YES/NO If NO, please provide details on separate sheet.

If UK General Medical Council (GMC) Registered, please provide the following:

Name and Address of Designated Body:

Name, Position, Organisation Address, Contact Telephone Number and email of your Responsible Officer:

UK GMC Revalidation Date:

Have you ever been the subject of disciplinary action arising from your professional practice**?**

YES/NO If YES, please provide details on a separate sheet.

Have you ever been subject to any inquiry, investigation or hearing by a registration body or had any conditions imposed on your practice, been suspended or erased from the medical register in any country?

YES/NO If YES, please provide details on a separate sheet.

Have you ever been convicted of any criminal offence?

YES/NO If YES, please provide details on a separate sheet.

Are you aware of any circumstance or situation, relating to professional matters, in which you have been involved or may become involved in the future, that the CAA should be made aware of?

YES/NO If YES, please provide details on a separate sheet.

"Please read the statement below in relation to disclosure of information. The CAA takes the security of your personal information very seriously. Information is only disclosed to persons who are subject to a duty of confidentiality and where there are sufficient security measures in place to protect personal data. If you do not consent to the disclosure of information as described below, you may make representations to medicalweb@caa.co.uk.

DECLARATION

In returning this form I am consenting to the disclosure to third parties of all information which I have provided to the CAA and that relates to me. I understand that information would only be disclosed to third parties by the CAA for regulatory purposes. This may include providing information to other medical professionals, administrative workers and/or IT workers who are assisting the CAA with its regulatory functions and may also be given access to personal information in the course of their professional duties.

My attention has been drawn to the CAA Medical Department's Fair Processing Notice which is published on the CAA's website. ☐ (*Please tick)*

I confirm that the information provided in this form is complete and accurate. ☐ *(Please tick)*

I am in good standing as a medical practitioner and I am fit to practise. ☐ *(Please tick)*

Signature:..... Date:.....

N.B. Please be aware that any false declaration can result in the permanent revocation of AME certification and referral to the relevant authorities.

Please use the Checklist below to ensure **ALL** required documents are attached, in order to expedite the processing of your application. **Photocopies only,** should be sent with your application. Originals may be requested later, if required.

A Curriculum Vitae (CV) is optional.

	Enclosed (Tick)	**CAA Use Only**
Completed and signed Application Form	☐	
Copy of Photo Id *(Passport/Driving Licence)*	☐	
Passport sized colour photograph	☐	
Copy of valid current Medical Registration Document	☐	
Copies of Primary Medical Degree and Postgraduate Degrees	☐	
Copy of Certificate of Completion of Specialist Training	☐	
Copies of Certificates of Aviation Medicine Courses Passed	☐	
Copies of Aviation Medicine Degrees	☐	
Copies of Pilot Flying Licence	☐	
Signed Verification of Aviation Medicine Experience from Medical Referee	☐	
Completed Premises form	☐	

Your completed application form and copies of supporting documents should be sent to:

Julie Carey, AME Oversight Manager
Medical Department
Civil Aviation Authority
Aviation House
Gatwick Airport South
West Sussex RH6 0YR
United Kingdom
julie.carey@caa.co.uk

Please note that if your application for AME initial certification is successful, you will be required to attend a one day AME Administration Course at CAA Gatwick (plus a Practical training day in the Aeromedical Centre for Class 1 Approval) **and** to confirm that you have the required facilities/equipment to practice as an AME, by completion of an AME New Premises Form, **before AME certification is complete.** In addition, an Audit Visit to your AME premises may be necessary.

All AMEs are required to comply with the Terms and Conditions of an AME and are responsible for payment of AME Certification Fees and AME Online Fees. Further information is available from the CAA website www.caa.co.uk/medical in the AME Information area.