

Application Form for Aeromedical Examiner Certification

Application for the issuance of an AME certificate according to Annex IV MED.D.005 - MED.D.030 of Commission Regulation (EU) No 1178/2011 and Annex IV ATCO.MED.C.005 - MED.C.025 of Commission Regulation (EU) 2015/340

Please fill in the framed fields of the form, sign it and send it together with attachments to:

AUSTRO CONTROL GmbH, Aviation Agency, Schnirchgasse 17, 1030 Vienna, Austria

1 Applicant = Aeromedical Examiner (AME)

AME-Number (if available)

Title First Name Last Name

Street Place Postal Country

Telephone Fax E-Mail

Date of birth

2 Request type

2.1 - Application for the initial certification as an aeromedical examiner (Class 2, LAPL and CC)

2.2 - Application for the extension of privileges as an AME

Certification Category

2.3 - Application for the revalidation of the AME certificate

Certification Category

2.4 - Application for the renewal of the AME certificate

Certification Category

2.5 - Application for change of the AME certificate:

Change of aeromedical examiner's practice location or correspondence address (Change of location)

Approval of an additional AME practice location (Second practice location)

2.6 - Approval of an Austrian practice location for an AME certified by another EASA member state

3 Attachments to point 2.1

- Completed training as a general practitioner - *ius practicandi* (Proof of registration at the medical chamber or equivalent)
- Medical specialist diploma (if available)
- Proof of completion of an approved basic training course in aviation medicine (60 hrs)
- Proof of any additional training and qualifications
- Information about the intended aeromedical practice location(s) (application form "FO_LFA_ACW_006_EN" for each practice location)
- Proof of registered practice location(s) (Proof of registration at the medical chamber or equivalent)
- Copy of passport or picture ID
- Applicants for a third-country certification as an aero-medical examiner must prove that they are working in an AeMC (Aeromedical Center) under the supervision of the European Aviation Safety Agency (EASA) by submitting an appropriate agreement.

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4 Attachments to point 2.2

- Proof of having conducted at least 30 examinations for the issuance, revalidation or renewal of Class 2 medical certificates (within the last 3 years; written confirmation with reference to EMPIC is sufficient)
- Proof of completion of an approved advanced training course in aviation medicine (60 hrs).
When applying for the extension of Class 3 privileges, additional proof of completion of specific modules for the aeromedical assessment of air traffic controllers and the specific environment in air traffic control is required.
- Proof of having completed practical training in an aeromedical center or under the direct supervision of the competent authority (min. 2 days)

5 Attachments to point 2.3

- Proof of completion of an approved refresher training course in aviation medicine (within the last 3 years) (Class 1: 30 hrs, 5 thereof under supervision of the authority; Class 2: 20 hrs, 5 thereof under supervision of the authority; Class 3: 20 hrs, 5 thereof under supervision of the authority and 5 hrs of ATCO related content)
- Proof of having conducted at least 30* examinations for the issuance, revalidation or renewal of medical certificates (within the last 3 years) (10 per year; written confirmation with reference to EMPIC is sufficient - *Thereof min. 10 (Cl.1) / 10 (Cl.2) / 5 (Cl.3) in order to be able to revalidate each class applied for.)
- Confirmation that there have been no changes to the conditions relating to the existing AME certification (practice location, medical equipment of practice location, etc. - check box below)

6 Attachments to point 2.4

- Proof of registered practice location(s) (Proof of registration at the medical chamber or equivalent)
- Information about practice location(s) (application form "FO_LFA_ACW_006_EN" for each practice location)
- Proof of completion of an approved refresher training course in aviation medicine (10 hrs within the last year)
- Proof of having completed practical training in an aeromedical center or under the direct supervision of the competent authority (10 examinations of each class applied for)

7 Attachments to point 2.5

- Information about practice location(s) (application form "FO_LFA_ACW_006_EN" for each practice location)
- Proof of registered practice location(s) (Proof of registration at the medical chamber or equivalent)

8 Attachments to point 2.6

- Proof of existing aeromedical examiner certification in any EU member state or EASA associated member state (AME certificate)
- Proof of official registration in Austria as a medical practitioner (Proof of registration at the medical chamber or equivalent)
- Proof of registered practice location(s) in Austria (Proof of registration at the medical chamber or equivalent)
- Information about aeromedical practice location(s) (application form "FO_LFA_ACW_006_EN" for each practice location)
- Completed training as a general practitioner - Ius practicandi (Proof of registration at the medical chamber or equivalent)
- Medical specialist diploma (if available)
- Proof of any additional training and qualifications
- Copy of passport or picture ID

9 Signature

I confirm that:

- I have profound knowledge of the relevant provisions of Reg. (EU) No 1178/2011 and Reg. (EU) 2015/340 as well as the execution of aeromedical examinations and the issuance of aeromedical certificates according to these legally standardised specifications
- I have necessary procedures and conditions in place to ensure medical confidentiality
- I am not holding another AME certificate issued in another EASA member state (except 2.6)
- I have not applied for an AME certificate in another EASA member state
- I have never had an AME certificate revoked or refused in another EASA member state

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ad point 2.2 and 2.3 - applies at revalidation and extension of the privileges as an aeromedical examiner:

- I confirm that there have been no changes to the conditions of my previous AME certification (Registration as a medical practitioner, medical-equipment at the practice location, etc.)

I agree to the publication of the contact details of my aeromedical practice location(s) (as indicated in the application form) on the Austro Control GmbH website.

With my signature I confirm that the information given above is true and correct. I am aware that any incorrect information could disqualify me from being granted an AME certificate.

Place

Date

Signature