

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 - ATCO.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 medical@austrocontrol.at, or via FAX to +43 1206 198501, or by post to:

AUSTRO CONTROL GmbH, Aviation Agency - Aeromedical Section (ACW), 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 OR (Proof of registration at the medical chamber or equivalent)
- Medical specialist diploma in anaesthesia and intensive care medicine OR
- Medical specialist diploma in internal medicine OR
- Specialist diploma incl. completed + valid emergency medical training (according to § 31 in conjunction with § 40 ÄG),
- Proof of completion of an approved basic training course in aviation medicine
- 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.
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)
(*Thereof at least: Class 1: 10 class 1 examinations; Class 2: 10 class 2 examinations; Class 3: 5 class 3 or class 1 examinations; written confirmation with reference to EMPIC is sufficient)
- Confirmation that there have been no changes to the conditions relating to the existing AME certification
(practice location, medical equipment of practice location, etc.) -Confirmation is made with the signature of the application form.

6 Attachments to point 2.4

- Proof of registered practice locations(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 OR (Proof of registration at the medical chamber or equivalent)
- Medical Specialist diploma in anaesthesia and intensive care medicine OR (if available)
- Medical specialist diploma in internal medicine OR
- Specialist diploma incl. completed + valid emergency medical training (according to § 31 in conjunction with § 40 ÄG),
- 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)

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- I have never had an AME certificate revoked or refused in another EASA member state
(If your AME certificate has been revoked or refused, you will be asked to add a corresponding explanation to this application.)
- I have not applied for an AME certificate in another EASA member state

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.

I acknowledge that fees are to be charged for the official acts of Austro Control GmbH in accordance with the Austro Control Fee Ordinance (ACGV, BGBl. II No. 2/1994, as amended) and the Fees Act 1957 (GebG).

Place	Date	Signature
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