A. AME Guide Draft Changes

1. Item 47. Psychiatric Conditions - Use of Antidepressant Medications
   a. SSRI Decision Path - 1

2. Initial Certification/Clearance
   a. SSRI Decision Path - II – (HIMS AME – Initial Certification)
   b. Airman Information – SSRI Initial Certification
   c. FAA ATCS HOW TO GUIDE – SSRI
   d. HIMS AME Checklist - SSRI INITIAL Certification/Clearance
   e. FAA CERTIFICATION AID – SSRI INITIAL Certification/Clearance
   f. Specifications for Neuropsychological Evaluations for Treatment with SSRI Medications

3. Recertification/Follow Up Clearance
   a. Airman SSRI Follow Up Path for the HIMS AME
   b. FAA ATCS SSRI Follow Up Path for the HIMS AME
   c. HIMS AME Checklist - SSRI Recertification/Follow Up Clearance
   d. FAA CERTIFICATION AID – SSRI Recertification/ Follow Up Clearance

B. FAA ATCS Letters
   1. SSRI – Less than 6 Months
   2. SSRI – Special Consideration Letter

C. Appendix C – Selective Serotonin Re-uptake Inhibitor Medication (SSRI) 3930.3C

D. SSRI-Treated FAA ATCS Agreement

E. FAA ATCS Release of Medical Information
ITEM 47. PSYCHIATRIC CONDITIONS –
USE OF ANTIDEPRESSANT MEDICATIONS
USE OF ANTIDEPRESSANT MEDICATIONS

The FAA has determined that airmen or FAA Air Traffic Control Specialists (FAA ATCS) requesting medical certificates or a medical clearance while being treated with one of four specific selective serotonin reuptake inhibitors (SSRIs) may be considered for a Special Issuance (SI) or Special Consideration (SC). The Authorization decision is made on a case-by-case basis. The Examiner may not issue.

If the airman/FAA ATCS has discontinued the SSRI, see SSRI Decision Path I

If an airman continues on an SSRI, their file will be reviewed on a case-by-case basis for the SSRI program. In general, individuals are more likely to receive a Special Issuance (SI) or Special Consideration (SC) if the following are true:

1.) The applicant has one of the following diagnoses:
   - Major depressive disorder (mild to moderate) either single episode or recurrent episode;
   - Dysthymic disorder;
   - Adjustment disorder with depressed mood; or
   - Any non-depression related condition for which the SSRI is used.

2.) For a minimum of 6 continuous months prior, the applicant has been clinically stable as well as on a stable dose of medication without any aeromedically significant side effects and/or an increase in symptoms. If the applicant has been on the medication under 6 months, the Examiner must advise that 6 months of continuous use is required before SI/SC consideration.

3.) The SSRI used is one the following (single use only):
   - Fluoxetine (Prozac)
   - Sertraline (Zoloft)
   - Citalopram (Celexa)
   - Escitalopram (Lexapro)

If the applicant is on a SSRI that is not listed above, the Examiner must advise that the medication is not acceptable for SI/SC consideration.

4.) The applicant DOES NOT have symptoms or history of:
   - Psychosis.
   - Suicidal ideation.
   - Electro convulsive therapy.
   - Treatment with multiple SSRIs concurrently.
   - Multi-agent drug protocol use (prior use of other psychiatric drugs in conjunction with SSRIs.).

If applicant wishes to be considered for the SSRI program, advise the applicant that he/she must be further evaluated by a Human Intervention Motivation Study (HIMS) AME and follow the instructions listed in the Airman Information –SSRI Initial Certification or FAA ATCS HOW TO GUIDE - SSRI
(The following links will appear as part of Item 47. Psychiatric Conditions – Use of Antidepressant Medications and are provided here for illustration purposes.)

**Off Medication for 60 Days:**

SSRI Decision Path I

**Initial Certification/ Clearance:**

1. SSRI Decision Path II (HIMS AME - Initial Certification/Clearance)
2. Airman Information - SSRI INITIAL Certification
3. FAA ATCS HOW TO GUIDE - SSRI
4. HIMS AME Checklist - SSRI Certification/Clearance
5. FAA Certification Aid - SSRI Initial Certification/Clearance
6. Specifications for Neuropsychological Evaluations for Treatment with SSRI Medications

**Recertification/ Follow Up Clearance:**

1. Airman SSRI Follow Up Path for the HIMS AME
2. FAA ATCS SSRI Follow Up Path for the HIMS AME
3. HIMS AME Checklist - SSRI Recertification/ Follow Up Clearance
4. FAA Certification Aid - SSRI Recertification/ Follow Up Clearance
5. Specifications for Neuropsychological Evaluations for Treatment with SSRI Medications
SSRI Decision Path - I
(Updated on 03/08/2017)

Airmen/FAA ATCS is on SSRI

Elects to discontinue use of SSRI

AME notes in Block 60 and defers issuance

After 60 days off SSRI with favorable report from treating physician of stable mood, Airmen/FAA ATCS may apply for regular issuance

Is SSRI Fluoxetine (Prozac) or Escitalopram (Lexapro) or Sertraline (Zoloft) or Citalopram (Celexa)?

Elects to continue use of SSRI

Advise NOT Acceptable

See SSRI Decision Path - II

Yes

No
INITIAL CERTIFICATION/CLEARANCE
SSRI Decision Path – II (HIMS AME – INITIAL Certification/ Clearance)
(Updated 03/08/2017)

Airman/ FAA ATCS is on:
- Fluoxetine (Prozac) or Escitalopram (Lexapro) orSertraline (Zoloft) or Citalopram (Celexa)

Airman/ FAA ATCS must contact HIMS AME

On SSRI more than 6 months?
Yes
- Advise must be on SSRI at least 6 months, with a stable dosage, before consideration.
- If airman/ FAA ATCS elects to discontinue use of SSRI at this point, see SSRI Decision Path I.

No
- History of or currently on multiple psychiatric medications and/or history of unacceptable diagnosis or symptoms

Advise NOT Acceptable and DEFER Requires FAA decision:
- Send airman material and exam to AAM-240 Washington, DC (address listed on the checklist).
- Send FAA ATCS material and exam to the referring RFS office.

Nature of underlying diagnosis and the treatment

Acceptable diagnosis and treatment

- Airman MUST follow all the steps of the Airman Information – SSRI Initial Certification sheet.
- FAA ATCS MUST follow all the steps of the FAA ATCS HOW TO GUIDE – SSRI.

HIMS AME should Review all material, conduct detailed evaluation, and follow the HIMS AME Checklist – SSRI INITIAL Certification sheet.

Send all documents for INITIAL review to the FAA:
- Send airman information to AAM-240 Washington, DC (address listed on the checklist).
- Send FAA ATCS information to the referring RFS office.

8500-8 Exam: For airmen, the AME must defer, not issue. For FAA ATCS, the HIMS AME does not perform the exam.

FAA Decision

See:
Airman Information - SSRI Initial Certification
FAA ATCS HOW TO GUIDE - SSRI
FAA Certification Aid - SSRI Initial Certification/Clearance
Airman Information - SSRI INITIAL Certification

If you are an FAA ATCS: See the FAA ATCS HOW TO GUIDE – SSRI and contact your RFS

If you are an AIRMAN:

1. See your treating physician/therapist and/or psychiatrist and get healthy.

2. Do not fly in accordance with 14 CFR 61.53 until you have an Authorization from the FAA.

3. Select and contact a Human Intervention Motivation Study Aviation Medical Examiner (HIMS AME) to work with you through the FAA process.
   a. Provide the HIMS AME with a copy of ALL of your treatment records (no matter how many years have passed) from the time you:
      1. Sought treatment for any condition that required an SSRI or psychiatric medication or
      2. Had symptoms but were NOT on an SSRI
   b. Have a copy of your complete FAA file sent to the HIMS AME AND to a board certified psychiatrist if your treating physician is not a board certified psychiatrist. See Release of Information on how to request a copy of your file.
   c. At this time, make sure you also tell your HIMS AME about any other medical conditions you may have. They should be able to help you identify and collect the information that will be needed for a CACI/Special Issuance for these other conditions.

4. Print a copy of the FAA CERTIFICATION AID – SSRI INITIAL Certification/Clearance
   a. Review what reports, providers, or testing will be required.
   b. Take the correct CERTIFICATION AID page to each of the required physicians or providers so they understand what their report must include for FAA purposes. (This should save time and decrease the letters asking for more information.)
   c. Make sure the providers specifically address in their report the “FAA SSRI “Rule-Outs.”

5. When you have been stable with no symptoms or side effects and on the same dose of medication for **6 months** (this must be documented), you should meet with your HIMS AME to determine if it is appropriate to submit an INITIAL SSRI Special Issuance packet for FAA review.

   ***Remember to bring all documents to this evaluation, including information on any other condition you may have that requires a CACI or Special Issuance. ***

6. When your HIMS AME determines you are ready to submit a Special Issuance package they will:
   a. Review and complete the HIMS AME checklist;
   b. Complete a new 8500-8 exam;
   c. Place notes in Block 60 stating that the SSRI evaluation is complete;
   d. Place notes in Block 60 regarding any other conditions the airman may have (Special Issuance/CACI);
   e. Submit the SSRI information and information on any other condition that may require a Special Issuance to the FAA.

7. When submitting information:
   - The AME must submit your exam as DEFERRED.
   - Coordinate with your AME to make sure that ALL ITEMS LISTED on the AME Checklist and a COMPLETE package is sent to the FAA at the address below WITHIN 14 DAYS.
   - Partial or incomplete packages WILL NOT BE REVIEWED and will cause a DELAY IN CERTIFICATION.

AIRMAN - Initial Certification
Federal Aviation Administration
Medical Appeals Branch -- AAM-240
800 Independence Ave SW, Building 10A, Room 801
Washington DC 20591

For **RECERTIFICATION**, see the [HIMS AME Checklist – SSRI Recertification/ Follow up Clearance](#).
1. Notify Regional Flight Surgeon (RFS) of your diagnosis and treatment with a Selective Serotonin Reuptake Inhibitor (SSRI).
   • In conjunction with the Regional Flight Surgeon’s office (RFS), select a Human Intervention Motivation Study Aviation Medical Examiner (HIMS AME).
   • **Sign a medical release form and** send a copy to your HIMS AME for the FAA to release your medical file to the HIMS AME.
   • Your medical status will be changed to Incapacitated.
   • Any fees involved in obtaining medical tests and/or documentation to support a Special Consideration are the responsibility of the employee/applicant.
   • You must sign and return the FAA ATCS OBSERVATION AGREEMENT to the RFS for the special consideration clearance to be issued.

2. Contact the HIMS AME who will assist you in locating an acceptable psychiatrist and neuropsychologist for the required evaluations.
   • You must be on one of the approved SSRIs for six months, on a stable dose, with no symptoms or side effects.
   • Your condition must be well controlled before review for a Special Consideration.
   • Provide your HIMS AME with all the items listed on the FAA Certification Aid – SSRI INITIAL Certification/Clearance.
   • **Sign a medical release form** for the FAA to release your medical file to each provider. Before your visit send a copy to the psychiatrist and psychologist you selected with your HIMS AME.

3. When the above criteria have been met, you should meet with your HIMS AME for a face-to-face, in-office evaluation. The HIMS AME will prepare a report, recommendation, and submit an INITIAL SSRI Special Consideration packet to the RFS for determination.

4. The RFS will process the packet within the Office of Aerospace Medicine.

5. If Special Consideration is granted, the RFS will issue a time-limited clearance with Special Consideration for six (6) months. If your annual/biennial examination lapses during the time you are incapacitated, it will not be renewed until all issues are resolved. This may require resynchronization of the periodic examination to your birth month.

6. For follow up Clearance, you must provide all items listed on the FAA Certification Aid – SSRI Recertification/ Follow Up Clearance. The RFS will extend the medical clearance for 30 days, if the ATCS completes the recertification process with the HIMS AME before their clearance expires in the 6th month and notifies the RFS. This is to avoid a lapse of the medical clearance due to paperwork delay from the HIMS AME.
HIMS AME Checklist - SSRI INITIAL Certification/Clearance

Submit information for INITIAL SSRI consideration within 14 days of deferred exam to:

**AIRMAN**  
Federal Aviation Administration  
Medical Appeals Branch -- AAM-240  
800 Independence Ave SW, Building 10A, Room 801  
Washington DC 20591

**FAA ATCS**  
Regional Flight Surgeon (RFS) office

All numbered (#) items below refer to the corresponding section of the FAA CERTIFICATION AID - SSRI INITIAL Certification/Clearance.

1. Airman/FAA ATCS statement and records
   - Addresses/describes ALL items in FAA Certification Aid……………………………………………………
   - Is signed and dated……………………………………………………
   - Provides all medical/treatment records related to mental health history………………………………

2. HIMS AME FACE-TO-FACE, IN-OFFICE EVALUATION:
   - Describes ALL items in #1-7 of “HIMS AME” checklist………………………………………………
   - Verifies the airman/ FAA ATCS has been on the same medication at the same dose for a minimum of 6 months……………………………………………………………………
   - Is signed and dated…………………………………………………………………………………………
   - Copies of all reports have been submitted to the FAA or are enclosed with this checklist……………
   - Any other condition(s) that would require Special Issuance (SI)/Special Consideration (SC). Do not include CACI qualified condition(s)…………………………
      - List conditions:

3. TREATING PHYSICIAN (non-psychiatrist) REPORT (If the treating physician is a Board Certified Psychiatrist, check N/A and skip to #4.):
   - Verifies the airman/FAA ATCS has been on the same medication at the same dose for a minimum of 6 months……………………………………………………
   - Is signed and dated…………………………………………………………………………………………

4. Board Certified PSYCHIATRIST REPORT:
   - Describes ALL items in #1-8 of PSYCHIATRIST requirements (including FAA SSRI “Rule-Outs.”)………………………………
   - Verifies the airman/FAA ATCS has been on the same medication at the same dose for a minimum of 6 months……………………………………………………
   - Is signed and dated…………………………………………………………………………………………

5. NEUROPSYCHOLOGIST REPORT:
   - Describes ALL items in #1-8 of the NEUROPSYCHOLOGIST requirements…………………………
   - CogScreen-AE computerized report is attached…………………………………………………………
   - Additional neuropsychological testing (if performed or required) score summary sheet is attached……
   - Is signed and dated…………………………………………………………………………………………

6. ADDITIONAL REPORTS
   - Chief Pilot Report (for Commercial pilots requesting 1st or 2nd-class certificates; 3rd class N/A) or Air Traffic Manager (ATM) for FAA ATCS…………………………………………………………
   - SSRI related (drug testing, therapy reports, etc.)…………………………………………………………
   - Reports from other providers or for non-SSRI conditions that may require SI or SC……………………

_________________________________________                ________________
HIMS AME Signature                 Date of Evaluation

IF ANY ITEMS ARE MISSING OR ARE INCOMPLETE, CERTIFICATION WILL BE DELAYED.
The following information is to assist your treating physician/provider who may be unfamiliar with FAA medical certification/clearance requirements. It lists the ABSOLUTE MINIMUM information required by the FAA to make a determination on a medical certificate for airmen or clearance for FAA ATCS. 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 or clearance 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 30 days) for FAA purposes.

<table>
<thead>
<tr>
<th>REPORT FROM</th>
<th>MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (SSRI INITIAL Certification/Clearance Evaluation)</th>
</tr>
</thead>
</table>
| AIRMAN or FAA ATCS | 1. A typed statement, in your own words, describing your mental health history, antidepressant use, and any other treatment.  
   At a minimum, you must include the following information:  
   b. List all medications you have seen for any mental health condition(s) and dates.  
   c. List all medications you have taken, dates they were started and stopped, whether they helped or not.  
   d. List any other treatment(s) you have utilized, dates they were started and stopped, if they helped or not.  
   e. List dates and locations of any hospitalizations due to any mental health condition. If you have not had any, that must be stated.  
   f. Describe your current status: current medication dose, how long you have been on it, and how you function both on and off the medication.  
2. Sign and date your statement.  
3. Provide copies of all of your medical/treatment records related to your mental health history (to include any treatment records for past related symptoms where you were NOT on SSRI as well as from the date you began treatment to the present) and a sign two release forms* for the FAA to release a complete copy of your FAA medical file to your HIMS AME and to a board certified psychiatrist (if your treating physician is not a psychiatrist). *For ATCS release form information, contact your RFS office. |

| HIMS AME | 1. Evaluation MUST be a face-to-face, in person, and this must be noted in your report.  
2. Record review verification: Verify that you have reviewed (a) complete copy of the airman/FAA ATCS’s Agency medical file, (b) the treating physician and/or/psychiatrist reports (as required), and (c) neuropsychologist report (see below). If you reviewed additional clinical and/or mental health records provided by the airman/FAA ATCS, the reports should be noted as reviewed and submitted to the FAA.  
3. Medication verification  
   a. Verify the current medication name, dose, and how long has the airman/ FAA ATCS been on this medication at this dosage.  
   b. When was the most recent change in medication (discontinuation, dose, or change in medication type)?  
   c. Are additional changes in dose or medication recommended or anticipated?  
4. Summarize your aeromedical impression and evaluation as a HIMS AME based on the face-to-face evaluation AND review of the supporting documents.  
   a. 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.  
   b. Review and specifically comment on whether or not the airman/FAA ATCS has any of the FAA SSRI “Rule-Outs” (e.g., suicide attempt, etc. See the table on page 3 of this document).  
5. Special Issuance/Consideration Recommendation  
   a. Do you recommend Special Issuance (SI)/Special Consideration (SC) for this airman/FAA ATCS?  
   b. Do you have any clinical concerns or recommend a change in the treatment plan?  
   c. Will you agree to continue to follow the airman/FAA ATCS as his/her HIMS AME per FAA policy? If so, at what interval?  
6. Agreement to immediately notify the FAA (for Airmen: 405-954-4821; for FAA ATCS contact the RFS office) if there is:  
   a. Change in condition;  
   b. Deterioration in psychiatric status or stability;  
   c. Change in the medication dosage; or  
   d. Plan to reduce or discontinue any medication.  
7. Additional conditions  
   a. Does this airman/FAA ATCS have ANY other medical conditions that are potentially disqualifying or required a special issuance/consideration?  
   b. Is all documentation present for those other conditions? |
The following information is to assist your treating physician/provider who may be unfamiliar with FAA medical certification/clearance requirements. It lists the ABSOLUTE MINIMUM information required by the FAA to make a determination on a medical certificate for airmen or clearance for FAA ATCS. 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 or clearance 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.

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<tbody>
<tr>
<td>TREATING PHYSICIAN</td>
<td>A Current detailed evaluation report that summarizes clinical findings and status of how the airman/FAA ATCS is doing. At a minimum, it must include the following:</td>
</tr>
<tr>
<td>Use this section if the person prescribing your medication is NOT a board certified psychiatrist. (You will also have to submit an evaluation from a board certified psychiatrist - see next section.)</td>
<td>1. <strong>Qualifications:</strong> State your board certifications and specialty.</td>
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<tr>
<td></td>
<td>2. <strong>History:</strong></td>
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<tr>
<td></td>
<td>a. Review the overall symptom and treatment history, with a timeline of evaluations and treatments (including start and stop dates).</td>
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<tr>
<td></td>
<td>b. Discuss the severity of the condition and any relapse/recurrence.</td>
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<td></td>
<td>3. <strong>Medication</strong></td>
</tr>
<tr>
<td></td>
<td>a. <strong>Current name and dose of medication.</strong></td>
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<tr>
<td></td>
<td>b. How long has the airman/FAA ATCS been on this medication at this dosage?</td>
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<td></td>
<td>c. Any side effects from the current medications? (If none, that should be stated.)</td>
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<td>d. When was the most recent change in medication? (Dose, medication type, or discontinuation of medication)</td>
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<td>e. Previous medications that have been tried. List name, dosage, dates of use, and presence or absence of any side effects and outcomes.</td>
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<td></td>
<td>f. Are additional changes in dose or medication recommended or anticipated?</td>
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<td>4. <strong>Diagnosis:</strong></td>
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<td>a. Specify the current diagnosis (es).</td>
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<td>b. Discuss the severity of the condition</td>
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<td>5. <strong>Summary, Treatment and follow-up recommendations:</strong></td>
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<tr>
<td></td>
<td>a. Discuss the airman/FAA ATCS’s overall psychiatric and behavioral status and risk of recurrence.</td>
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<tr>
<td></td>
<td>b. How will this airman/FAA ATCS be followed? At what interval?</td>
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<td></td>
<td>c. Do you have any clinical concerns or recommend a change in treatment plan?</td>
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<td>6. <strong>Agreement to immediately notify the FAA</strong> (for airmen: 405-954-4821; for FAA ATCS, contact the RFS office) if there are any: changes in the airman/FAA ATCS’s condition, dosage, change in medication or if the medication is stopped.</td>
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**REPORT FROM**

**MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING**

(SSRI INITIAL Certification/Clearance Evaluation)

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<tr>
<th>PSYCHIATRIST</th>
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<td><strong>1. Qualifications:</strong> State your board certifications, specialty, and any other pertinent qualifications.</td>
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<td></td>
<td><strong>2. Records review:</strong> What documents were reviewed?</td>
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<td>a. Specify if using your own clinic notes and/or notes from other providers or hospitals.</td>
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<td></td>
<td>b. Verify if you were provided with and reviewed a complete copy of the airman/FAA ATCS’s FAA medical file.</td>
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<td>b. Discuss the severity of the condition and any relapse/recurrence.</td>
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<td>c. Each of the FAA SSRI “Rule-Outs” below MUST be individually addressed. The report must specifically detail if there have been any symptoms or any history of the following:</td>
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<tr>
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<td><strong>FAA SSRI “RULE-OUTS”</strong></td>
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<td>Any prior SYMPTOMS? Any prior HISTORY?</td>
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<tr>
<td>I</td>
<td>Affective instability</td>
</tr>
<tr>
<td>ii</td>
<td>Bipolar spectrum disorders</td>
</tr>
<tr>
<td>iii</td>
<td>Electroconvulsive therapy (ECT)</td>
</tr>
<tr>
<td>iv</td>
<td>Psychiatric hospitalization</td>
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<tr>
<td>V</td>
<td>Psychosis</td>
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<tr>
<td>VI</td>
<td>Suicidal ideation or attempts</td>
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<tr>
<td>VII</td>
<td>Treatment with multiple antidepressants concurrently</td>
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<tr>
<td>VIII</td>
<td>Treatment with multi-agent drug protocol use (prior use of other psychiatric drugs in conjunction with antidepressant medications)</td>
</tr>
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<td>ix</td>
<td>Any additional symptoms not listed above</td>
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<td>a. Specify the current diagnosis (es).</td>
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<td>b. Discuss any prior diagnostic questions or issues and explain why/how these are no longer under consideration or have been ruled-out.</td>
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<td>c. Discuss the severity of the condition, both current and historically.</td>
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<tr>
<td></td>
<td><strong>8. Submit</strong> copies of all treatment records such as clinic or hospital notes for any period of time which the airman/FAA ATCS has sought treatment or taken medication. (You do not need to submit any records received from the FAA.)</td>
</tr>
</tbody>
</table>
The following information is to assist your treating physician/provider who may be unfamiliar with FAA medical certification/medical clearance requirements. It lists the ABSOLUTE MINIMUM information required by the FAA to make a determination on a medical certificate for airmen or medical clearance for FAA ATCS. 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 or clearance 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.

<table>
<thead>
<tr>
<th>REPORT FROM</th>
<th>MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (SSRI INITIAL Certification/Clearance Evaluation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEUROPSYCHOLOGIST</td>
<td>The neuropsychologist report MUST address:</td>
</tr>
<tr>
<td>CogScreen Results</td>
<td>1. Qualifications: State your certifications and pertinent qualifications.</td>
</tr>
<tr>
<td>AND</td>
<td>2. Records review: What documents were reviewed, if any?</td>
</tr>
<tr>
<td>Neurocognitive evaluation</td>
<td>a. Specify clinic notes and/or notes from other providers or hospitals.</td>
</tr>
<tr>
<td></td>
<td>b. Verify if you were provided with and reviewed a complete copy of the airman/FAA ATCS’s FAA medical file.</td>
</tr>
<tr>
<td></td>
<td>3. History: Items from the clinical, educational, training, social, family, legal, medical, or other history pertinent to the context of the neuropsychological testing and interpretation.</td>
</tr>
<tr>
<td></td>
<td>4. Testing results:</td>
</tr>
<tr>
<td></td>
<td>a. CogScreen-AE information:</td>
</tr>
<tr>
<td></td>
<td>i. Date(s) of evaluation</td>
</tr>
<tr>
<td></td>
<td>ii. CogScreen-AE Session number. (Note: Session 1 should be for initial test only; retests should be Session 2 or incrementally higher.)</td>
</tr>
<tr>
<td></td>
<td>iii. Normative group used for comparison:</td>
</tr>
<tr>
<td></td>
<td>• Major Carrier (age-corrected); or</td>
</tr>
<tr>
<td></td>
<td>• Regional Carrier (NOT age-corrected) [also acceptable for GA pilots]; or</td>
</tr>
<tr>
<td></td>
<td>• General Aviation Pilot Norms (age-corrected)</td>
</tr>
<tr>
<td></td>
<td>b. CogScreen-AE results with specific review of and discussion when any threshold values exceeded:</td>
</tr>
<tr>
<td></td>
<td>i. LRPV (threshold: if score &gt; 0.80)</td>
</tr>
<tr>
<td></td>
<td>ii. Base Rate for scores at-or-below the 5th percentile (threshold: if any T-scores &lt; 40) [age corrected acceptable]</td>
</tr>
<tr>
<td></td>
<td>iii. Base Rate for scores at-or-below the 15th percentile (threshold: if any T-scores &lt; 40) [age corrected acceptable]</td>
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<tr>
<td></td>
<td>iv. Taylor Aviation Factors (threshold: if any T-scores &lt; 40)</td>
</tr>
<tr>
<td></td>
<td>c. Results of any additional focused testing or a comprehensive test battery</td>
</tr>
<tr>
<td></td>
<td>5. Interpretation:</td>
</tr>
<tr>
<td></td>
<td>a. The overall neurocognitive status of the airman/FAA ATCS</td>
</tr>
<tr>
<td></td>
<td>b. Clinical diagnosis(es) suggested or established based on testing (if any).</td>
</tr>
<tr>
<td></td>
<td>c. Discuss any weaknesses or concerning deficiencies that may potentially affect safe performance of pilot or aviation safety-related duties (if any).</td>
</tr>
<tr>
<td></td>
<td>d. Discuss rationale and interpretation of any additional focused testing or comprehensive test battery that was performed.</td>
</tr>
<tr>
<td></td>
<td>e. Any other concerns.</td>
</tr>
<tr>
<td></td>
<td>6. Recommendations: additional testing, follow-up testing, referral for medical evaluation (e.g., neurology evaluation and/or imaging), rehabilitation, etc.</td>
</tr>
<tr>
<td></td>
<td>7. Agreement to immediately notify the FAA (for airmen: 405-954-4821; for FAA ATCS contact the RFS office) if there are any changes or deterioration in the airman/FAA ATCS's psychological status or stability.</td>
</tr>
<tr>
<td></td>
<td>8. Submit the CogScreen computerized summary report (approximately 13 pages) and summary score sheet for any additional testing (if performed).</td>
</tr>
</tbody>
</table>
The following information is to assist your treating physician/ provider who may be unfamiliar with FAA medical certification/medical clearance requirements. It lists the ABSOLUTE MINIMUM information required by the FAA to make a determination on a medical certificate for airmen or medical clearance for FAA ATCS. 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 or clearance 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.

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<tr>
<td>CHIEF PILOT</td>
<td>Report should address:</td>
</tr>
<tr>
<td>AIRLINE</td>
<td>For Airman:</td>
</tr>
<tr>
<td>MANAGEMENT</td>
<td>1. The airman’s performance and competence.</td>
</tr>
<tr>
<td>DESIGNEE</td>
<td>2. Crew interaction.</td>
</tr>
<tr>
<td>OR</td>
<td>3. Mood and behavioral changes.</td>
</tr>
<tr>
<td>AIR TRAFFIC</td>
<td>4. Any other concerns.</td>
</tr>
<tr>
<td>MANAGER (ATM)</td>
<td>For FAA ATCS:</td>
</tr>
<tr>
<td>1st and 2nd</td>
<td>1. Issues related to safety and safe operations.</td>
</tr>
<tr>
<td>class pilots</td>
<td>2. Interaction with other FAA ATCSs.</td>
</tr>
<tr>
<td>who have been</td>
<td>3. Mood and behavioral changes.</td>
</tr>
<tr>
<td>employed by an</td>
<td>4. Any other concerns.</td>
</tr>
<tr>
<td>air carrier within the last 2 years or FAA ATCS employees</td>
<td></td>
</tr>
<tr>
<td>3rd class pilots or FAA ATCS Applicant for Hire – Not applicable</td>
<td></td>
</tr>
</tbody>
</table>

Supplemental reports (if any) that may be related to the condition for which the SSRI is prescribed:

- Any drug testing results
- Psychotherapist records and reports
- Social worker reports

Special Issuance/ Special Consideration conditions: The airman/FAA ATCS should bring reports and documentation for any other conditions that may require Special Issuance/Special Consideration to the HIMS AME for review.

CACI conditions (airman only): The airman should bring reports or other documentation listed on the CACI worksheet to the HIMS AME for review.
SPECIFICATIONS FOR NEUROPSYCHOLOGICAL EVALUATIONS FOR TREATMENT WITH SSRI MEDICATIONS

Depressive disorders and medications used to treat depression are medically disqualifying for pilots and FAA Air Traffic Control Specialists. However, the Federal Air Surgeon has established a policy for Authorizations for Special Issuance (SI) of medical certificates for pilots and Special Consideration (SC) clearance for FAA ATCS treated with selective serotonin reuptake inhibitor (SSRI) medications who meet specific criteria.

- **Where can I find the policy?** The policy is published in the Guide for Aviation Medical Examiners at Item 47. Psychiatric Conditions - Use of Antidepressant Medications.

- **What will be required if special issuance/ special Consideration is authorized?** Airmen found eligible for SI and FAA ATCS found eligible for SC will be required to undergo periodic re-evaluations. Requirements for re-evaluation testing will be specified in the letter authorizing SI/SC, and may be limited to the CogScreen-AE or expanded to include additional tests.

**Why is a neuropsychological evaluation required?** Depression and other conditions treated with selective serotonin reuptake inhibitor (SSRI) medications, as well as the SSRIs themselves, may produce cognitive deficits that would make an airman unsafe to perform pilot duties. This guideline outlines the requirements for a neuropsychological evaluation.

**Who may perform a neuropsychological evaluation?** Neuropsychological evaluations must be conducted by a licensed clinical psychologist who is either board certified or “board eligible” in clinical neuropsychology. “Board eligible” means that the clinical neuropsychologist has the education, training, and clinical practice experience that would qualify him or her to sit for board certification with the American Board of Clinical Neuropsychology, the American Board of Professional Neuropsychology, and/or the American Board of Pediatric Neuropsychology.

**Will I need to provide any of my medical records?** You should make records available to the neuropsychologist prior to the evaluation, to include:

- Copies of all records regarding prior psychiatric/substance-related hospitalizations, observations or treatment not previously submitted to the FAA.
- Have a copy of your complete FAA file sent to the HIMS AME AND to a board certified psychiatrist if your treating physician is not a board certified psychiatrist.
  - For airmen, see Release of Information on how to request a copy of your file or call (405) 954-4821 and select the option for “duplicate medical certificate or copies of medical records,” then select the option for “certified copies of medical records.”
  - For FAA ATCS information on this process, contact your Regional Flight Surgeon’s office.

**What must the neuropsychological evaluation report include?** At a minimum:

- A review of all available records, including academic records, records of prior psychiatric hospitalizations, and records of periods of observation or treatment (e.g., psychiatrist, psychologist, or pediatric neuropsychiatrist treatment notes).
must be in sufficient detail to permit a clear evaluation of the nature and extent of any previous mental disorders.

- A thorough clinical interview to include a detailed history regarding: psychosocial or developmental problems; academic and employment performance; 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.

- A mental status examination.

- Interpretation of testing including, but not limited to, the tests as specified below.

- An integrated summary of findings with an explicit diagnostic statement, and the neuropsychologist’s opinion(s) and recommendation(s) regarding clinically or aeromedically significant findings and the potential impact on aviation safety consistent with the Federal Aviation Regulations.

**What is required for testing?**

- CogScreen-AE (a brief test battery developed specifically for use with pilots to assess the neurocognitive domains most critical to flight performance). If the neuropsychologist interprets the clinical interview and CogScreen-AE results to show no evidence of neuropsychological impairment or deficiencies, then no further neurocognitive testing needs to be conducted at that time as part of the evaluation.

- If the neuropsychologist interprets the clinical interview and CogScreen-AE results as raising concerns about or showing neuropsychological impairment or deficiencies, then the neuropsychologist should perform a full battery of testing. The required testing must include:
  - The Wechsler Adult Intelligence Scales (Processing Speed and Working Memory Indexes must be scored)
  - Trail Making Test, Parts A and B (Reitan Trails A & B should be used since aviation norms are available for the original Reitan Trails A & B, but not for similar tests [e.g., Color Trails; Trails from Kaplan-Delis Executive Function, etc.])
  - Executive function tests to include:
    - (1) Category Test or Wisconsin Card Sorting Test; and
    - (2) Stroop Color-Word Test
  - Paced Auditory Serial Addition Test (PASAT).
  - A continuous performance test (i.e., Test of Variables of Attention [TOVA], Conners’ Continuous Performance Test [CPT-II], or Integrated Visual and Auditory Continuous Performance Test [IVA+]), or Gordon Diagnostic System [GDS].
  - Test of verbal memory (WMS-IV subtests, Rey Auditory Verbal Learning Test, or California Verbal Learning Test-II).
  - Test of visual memory (WMS-IV subtests, Brief Visuospatial Memory Test-Revised, or Rey Complex Figure Test.)
  - Tests of Language, to include the Boston Naming Test and testing for verbal fluency (i.e., the COWAT and a semantic fluency task).
  - Psychomotor testing, to include Finger Tapping and either Grooved Pegboard or Purdue Pegboard.
  - Personality testing to include Minnesota Multiphasic Personality Inventory (MMPI-2). (The MMPI-2-RF is not an approved substitute. All scales, subscales, content, and supplementary scales must be scored and provided. Computer scoring is required. Abbreviated administrations are not acceptable.)
NOTES: (1) All tests administered must be the most current edition of the test unless specified otherwise; (2) At the discretion of the examiner, additional tests may be clinically necessary to assure a complete assessment.

What must be submitted? The neuropsychologist’s report as noted above, plus the supporting documentation below:

- Copies of all computer score reports (e.g., Pearson MMPI-2 Extended Score Report, CogScreen-AE Report).
- An appended score summary sheet that includes all scores for all tests administered. When available, pilot norms must be used. If pilot norms are not available for a particular test, then the normative comparison group (e.g., general population, age/education-corrected) must be specified. Also, when available, percentile scores must be included.

Recommendations should be strictly limited to the psychologist’s area of expertise. Psychologists with questions are encouraged to call Chris Front, Psy.D, FAA Psychologist, at (202) 267-3767.

What else does the neuropsychologist need to know?

- The FAA will not proceed with a review of the test findings without the above data.
- The data and clinical findings will be carefully safeguarded in accordance with the APA Ethical Principles of Psychologists and Code of Conduct (2002) as well as applicable federal law.
- Raw psychological testing data may be required at a future date for expert review by one of the FAA’s consulting clinical psychologists. In that event, the airman/FAA ATCS will need to provide an authorization for release of the data to the expert reviewer. Contact your RFS office for more information.

Useful references for the neuropsychologist:

RECERTIFICATION/ FOLLOW UP CLEARANCE
Airman SSRI Follow Up Path for the HIMS AME
(Updated 03/03/2017)

HIMS AME must see the airman in person every 6 months and review ALL the documents required on the HIMS AME Checklist – SSRI Recertification/ Follow Up Clearance

Review by HIMS AME

- Treating Psychiatrist report or HIMS psychiatrist report plus prescribing physician report
  - All classes: Every 6 months

- Neuropsychologist report and neurocognitive testing (CogScreen AE)
  - 1st and 2nd class: Every 12 months
  - 3rd class: Every 24 months

- Chief Pilot Report
  - 1st and 2nd class: Every 3 months
  - (for those flying under FAR Part 121 or 135)
  - 3rd class: Not applicable

- Additional Reports Required by the Authorization Letter (e.g. other SSRI reports, CACI conditions, or any SI/AASI conditions)

Write Summary Report (due every 6 months)

Must contain ALL elements listed in the HIMS AME section of the FAA Certification AID – SSRI Recertification/ Follow Up Clearance

If ALL sections fall in the clear columns of the HIMS AME Checklist – SSRI Recertification/ Follow Up Clearance, HIMS AME may re-issue a 6-month, time-limited certificate. Mail all documentation within 14 days to the FAA.

If ANY SINGLE ITEM falls into the shaded column of the HIMS AME Checklist – SSRI Recertification/ Follow Up Clearance, DEFER and submit the documents to the FAA for review.

FAA ATCS SSRI Follow Up Path for the HIMS AME
(Updated 03/08/2017)

HIMS AME must see the FAA ATCS in person every 6 months and review ALL the documents required on the HIMS AME Checklist – SSRI Recertification/ Follow Up Clearance

Review by HIMS AME

- Treating psychiatrist report or HIMS psychiatrist report plus prescribing physician report
  - Every 6 months

- Neuropsychologist report and neurocognitive testing (CogScreen AE)
  - Every 12 months

- Air Traffic Manager Report
  - Every 3 months
  - If favorable send only to the HIMS AME
  - If unfavorable at any time, immediately notify the Regional Flight Surgeon(s) as well as the HIMS AME

- Additional Reports Required by the Special Consideration Letter (e.g. other SSRI reports, current status reports, etc.)

Write Summary Report (due every 6 months)

Must contain ALL elements listed in the HIMS AME section of the FAA Certification AID – SSRI Recertification/ Follow Up Clearance

When checklist is complete, immediately contact the RFS office with result and submit All documents within 14 days to the RFS.
HIMS AME Checklist - SSRI Recertification/Follow Up Clearance

Name ____________________________  Airman PI# ______________________________

Instructions to the HIMS AME:
• Address the following items based on your in office exam and documentation review;
• Submit this Checklist (signed and dated by the HIMS AME); AND
• Include supporting documentation reviewed to complete this Checklist (including your HIMS AME report) within 14 days to:

AIRMAN
Federal Aviation Administration
Aerospace Medical Certification Division – AAM 300
P.O. Box 26080
Oklahoma City, OK 73125-9914

FAA ATCS
Regional Flight Surgeon (RFS) office

I reviewed the airman’s SSRI Authorization or the FAA ATCS’s Special Consideration Letter dated: ________________

1. HIMS AME FACE-TO-FACE, IN OFFICE EVALUATION: Required EVERY 6 months for ALL CLASSES
• Interval visit summaries (if any) are unfavorable or reflect concerns……………………
• Any concerns about the airman/FAA ATCS’s current psychiatric status based on your clinical interview, evaluation, and review of reports? ……………………………………….
• Any new psychiatric conditions identified or change in medication or dose during this period?...
• Any abnormal physical exam or mental exam findings? …………………………………….
• Any NEW condition(s) that would require Special Issuance/Consideration? (Do not include any new CACI qualified condition.) ………………………………………

2. TREATING PSYCHIATRIST REPORT: Required EVERY 6 months for ALL CLASSES
OR HIMS PSYCHIATRIST REPORT plus PRESCRIBING PHYSICIAN REPORT
• Report(s) is/are favorable with no anticipated or interim treatment changes …………….
• The airman/FAA ATCS is on the same medication at the same dose stated in the Authorization letter or Special Consideration Letter……………………………….

3. NEUROPSYCHOLOGIST REPORT: Required EVERY 12 months for 1st and 2nd class and FAA ATCS and every 24 months for 3rd class (unless otherwise specified on the Authorization Letter /Special Consideration Letter).
• Concludes NO aeromedically significant cognitive deficits or adverse changes?..
• CogScreen is attached?………………………………………………………….
• Additional neuropsych testing (if performed or required) is attached?…………

4* CHIEF PILOT or AIR TRAFFIC MANAGER (ATM) REPORT(S): Required EVERY 3 months
Chief Pilot Reports required only for Commercial pilots holding 1st or 2nd class certificates.
ATM reports required for FAA ATCS.
Reports are favorable?………………………………………………………….
If any report is unfavorable immediately contact the FAA: For Airmen: call 405-954-4821; for FAA ATCS contact the RFS office.

5. ADDITIONAL REPORTS required by Authorization letter
 o SSRI-related (drug testing, therapy reports, etc.) reports are favorable………………
 o Reports required for other non-SSRI conditions meet Authorization requirements.....

6. I have no other concerns about this airman/FAA ATCS and I recommend re-certification for Special Issuance/Consideration…………………………

_________________________   __________________________
HIMS AME Signature              Date of Evaluation

For Airman: If ALL items fall into the clear column, the AME may issue with the time limitation specified in the Authorization Letter or Special Consideration Letter. If Any Single Item falls into the shaded column, the AME MUST DEFER or contact the FAA and Explain in the HIMS evaluation report.
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 a medical certificate for airmen or medical clearance for FAA ATCS. 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.

<table>
<thead>
<tr>
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</table>
| HIMS AME    | Every 6 months or as stated in the airman Authorization letter | 1. Must be a face-to-face, in person evaluation every 6 months.  
2. Summarize findings from additional interim evaluations that were performed by any other venue (phone/video/email), either at the AME’s discretion or as required by the Authorization or Special Consideration Letter (every 1-3 months).  
3. Summarize your aeromedical impression and evaluation as a HIMS AME based on the face-to-face evaluation AND review of the supporting documents.  
4. 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.  
5. State if the airman/FAA ATCS meets all the requirements of the Authorization Letter/Special Consideration Letter or describe why they do not.  
6. Review and comment if there has been any change in the dose, type, or discontinuation of medication stated in the Authorization Letter/Special Consideration Letter.  
7. Do you recommendation continued Special Issuance/Special Consideration in this airman/FAA ATCS?  
8. Agreement to continue to serve as the airman/FAA ATCS’s HIMS AME and follow this airman/FAA ATCS per FAA policy.  
9. Agreement to immediately notify the FAA (for airmen: 405-954-4821; for FAA ATCS contact the RFS office) if there is any change in condition, deterioration in psychiatric status or stability, if the medication dosage has changed, or there is a plan to reduce or discontinue any medication.  
10. Using the HIMS AME Checklist –SSRI Recertification/ Follow Up Clearance, comment on any items that fall into the shaded category.  
11. Submit the SSRI check list, your HIMS AME written report, and all required supporting documentation that you reviewed with your package. |
| All classes and FAA ATCS | Or FAA ATCS Special Consideration Letter | |

| PSYCHIATRIST INTERIM HISTORY REPORT | Every 6 months or per Authorization Letter | 1. Summarize clinical findings and status of how the airman/FAA ATCS is doing.  
2. Have there been any new symptoms or hospitalizations?  
3. Did a change in dose or medication occur or is one recommended or anticipated?  
4. Have there been any clinical concerns or changes in treatment plan?  
5. Has the clinical diagnosis changed?  
6. **Agreement to immediately notify the FAA** (for airmen: 405-954-4821; for FAA ATCS: contact the RFS office) **if there is any** change in the airman/FAA ATCS’s condition, dosage, change in medication or if the medication is stopped.  
7. Interval treatment records such as clinic or hospital notes should also be submitted. |
| (or treating physician as noted in the Authorization letter) | Or FAA ATCS Special Consideration Letter | |
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 a medical certificate for airmen or medical clearance for FAA ATCS. 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.

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<th>CLINICAL PSYCHOLOGIST OR NEUROPSYCHOLOGIST</th>
<th>REQUIRED INTERVAL</th>
<th>MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (SSRI Recertification/ Follow Up Clearance)</th>
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</thead>
<tbody>
<tr>
<td>CogScreen Results (or neurocognitive testing as required per the Authorization Letter or Special Consideration Letter)</td>
<td>1st and 2nd class: Every 12 months or per Authorization Letter FAA ATCS: Every 12 months or per the Special Consideration Letter</td>
<td>CogScreen information results that must be addressed in the narrative: 1. Specify the norm used: • Major Carrier (age-corrected); or • Regional Carrier (NOT age-corrected) [also acceptable for GA pilots]; or • General Aviation Pilot Norms (age-corrected) 2. Specify Session Number administered (listed on Page 1 and Page 2 of printout). Session 1 for initial test only; retests should be Session 2 or incrementally higher. Clinical report MUST specifically comment on the following CogScreen items. If they have changed or are not normal, the narrative must discuss these findings and if they are of any clinical or aeromedical concern: 1. Any increase in LRPV (page 4) 2. Taylor Factor scores (page 5) 3. Base Rate for Speed, Accuracy, or Process (page 4) The psychologist or neuropsychologist report should also specifically mention: 1. The overall neurocognitive status of the airman/FAA ATCS. 2. Any adverse neurocognitive findings or a decline in condition. 3. If additional focused neuropsych testing is/was required or recommended. If any additional testing was performed, the report must explain why the testing was performed, the results, and how that fits into the airman/FAA ATCS’s overall neurocognitive status. 4. Any other concerns or absence of concerns. 5. Agreement to immediately notify the FAA (for Airmen: 405-954-4821; for FAA ATCS: contact the RFS office) if there is any change or deterioration in the psychological status or stability in the airman/FAA ATCS’s condition. 6. Submit the entire CogScreen report (approximately 13 pages) and any additional testing (if performed).</td>
</tr>
<tr>
<td>AND Neurocognitive evaluation</td>
<td>3rd class: Every 24 months or per Authorization Letter</td>
<td></td>
</tr>
</tbody>
</table>

| CHIEF PILOT AIRLINE MANAGEMENT DESIGNEE OR AIR TRAFFIC MANAGER (ATM) | 1st, 2nd class, and FAA ATCS: Every 3 months (bring cumulative reports to AME evaluation every 6 months.) | Report must address: For Airman: 1. The airman’s performance and competence. 2. Crew interaction. 3. Mood and behavioral changes. 4. Any other concerns. For FAA ATCS: 1. Issues related to safety and safe operations. 2. Interaction with other FAA ATCSs. 3. Mood and behavioral changes. 4. Any other concerns. |

| ADDITIONAL PROVIDERS Additional reports for SSRI or any other condition noted in Authorization or FAA ATCS Special Consideration Letter | Every 6 months or per Authorization or FAA ATCS Special Consideration Letter | Varies. See the Authorization Letter or Special Consideration Letter. Include any drug testing results, therapist follow up reports, social worker reports, etc. If the prescribing physician is NOT a psychiatrist, reports from the prescribing physician and their clinic office notes must be submitted in addition to the required psychiatric evaluations (see above). If the airman/FAA ATCS has other non-SSRI conditions that require a special issuance/consideration, those reports should also be submitted according to the Authorization or FAA ATCS Special Consideration Letter. |
ATCS LETTERS
Dear _________________:

We have received information that you have been diagnosed with (depression/anxiety/other medical condition) requiring medication (SSRI) and do not currently meet the medical standards of FAA Order 3930.3C Appendix A 5(g) and 8(c). Therefore, you are currently medically incapacitated from the performance of safety-related air traffic control (ATC) duties.

In some cases, FAA ATCS applicants with a disqualifying medical condition or those who use certain medications may be granted Special Consideration provided the condition or medications do not compromise safety. Special Consideration is not a requirement, but rather a specific, case-by-case waiver of medical standards granted to FAA ATCS applicants who would otherwise be medically disqualified for safety-related ATC duties. Any fees involved in obtaining medical tests and/or documentation to support a Special Consideration are the responsibility of the employee/applicant.

Before you can be returned to safety-related ATC duties, you must be on a stable dose of the medication for at least six (6) months and meet the criteria stipulated in FAA Order 3930.3C Appendix C. Following this 6-month stabilization period on the medication, follow the steps on the enclosed FAA ATCS HOW TO GUIDE - SSRI and FAA CERTIFICATION AID - SSRI INITIAL Certification/Clearance.

If you have any questions, contact your Regional Flight Surgeon’s office.

Sincerely,

Enclosure:
FAA ATCS HOW TO GUIDE - SSRI
FAA CERTIFICATION AID - SSRI INITIAL Certification/Clearance
FAA ATCS OBSERVATION AGREEMENT
AUTHORIZATION/RELEASE OF MEDICAL INFORMATION
Specifications for Neuropsychological Evaluations for Treatment with SSRI Medications
FULL SPECIAL CONSIDERATION LETTER

Dear ______________:

Your case has been reviewed by the FAA’s Office of Aerospace Medicine. Based on this review, a determination has been made that you are currently medically qualified under special consideration for continued FAA safety-related air traffic control (ATC) duties. This clearance is for ____________ treated with ____________ and will expire on ________.

Special Consideration is not a requirement, but rather a specific, case-by-case waiver of medical standards granted to FAA ATCSs who would otherwise be medically disqualified for safety-related ATC duties. Any fees involved in obtaining medical tests and/or documentation to support a Special Consideration are the responsibility of the employee/applicant.

In order to continue your Special Consideration for ____________, you must comply with all of the following:

• You must not change your HIMS AME without prior approval from our office.
• You must immediately report any change in your condition or treatment, including any adjustments to or discontinuation of medication.
• You must provide all required reports/evaluations specified on the enclosed FAA CERTIFICATION AID - SSRI Recertification/ Follow Up Clearance.

The HIMS AME or treating physician MUST immediately report to the Regional Flight Surgeon’s office at ____________ if there is:

• ANY deterioration in mental health or stability;
• ANY change in condition or medication, including dosage or discontinuation of medication; and/or
• Any plan to reduce or discontinue SSRI medication.

Your Special Consideration will be withdrawn if you do not comply with the requirements for Follow Up Clearance.

If you have questions contact your Regional Flight Surgeon’s office.

Sincerely,

Enclosure:

FAA ATCS HOW TO GUIDE - SSRI
FAA CERTIFICATION AID - SSRI Recertification/ Follow Up Clearance
AUTHORIZATION/RELEASE OF MEDICAL INFORMATION
Specifications for Neuropsychological Evaluations for Treatment with SSRI Medications
APPENDIX C

SELECTIVE SEROTONIN RE-uptAKE INHIBITOR MEDICATION (SSRI)
APPENDIX C – SELECTIVE SEROTONIN RE-UPTAKE INHIBITOR MEDICATION (SSRI)

SECTION 1. Guidelines for Initial Evaluation of Air Traffic Control Specialists Treated with an SSRI

1. FAA ATCSs treated with an SSRI.

   a. This appendix provides authority and direction to consider ATCS applicants for hire or Incumbent FAA ATCS who require Special Consideration medical clearance due to either their condition or use of an SSRI medication (SSRI-treated) to perform safety-related air traffic control duties. In Accordance with the HIMS AME Checklist - SSRI Initial Certification and FAA Certification Aid –SSRI INITIAL Certification/ Clearance published in the Guide for Aviation Medical Examiners.

   b. Special Consideration may be granted after a thorough medical history, receipt and review of all medical records, and the results of a comprehensive medical evaluation and Air Traffic Manager (ATM) observational reports of each subject FAA ATCS.

   c. The protocol to be used and guidelines for its application are described within this appendix.

2. Medical clearance. Medical clearance of an SSRI-treated FAA ATCS is through Special Consideration. Continued clearance requires control of the underlying disorder, absence of exclusionary criteria, quarterly reports from the ATM, periodic medical evaluation, and additional evaluations as medically indicated. In order to ensure system safety, SSRI-treated FAA ATCS must provide all required reports described in the clearance letter to the HIMS AME. No deviations from these guidelines are permitted.

3. Responsibilities.

   a. Regional Flight Surgeons:

      (1) Facilitate and monitor adherence to the protocol by each subject FAA ATCS; determine each FAA ATCSs eligibility for Special Consideration and, if appropriate, grant it.

      (2) Enter all records in the FAA ATCS electronic medical record. Review, evaluate, and retain, all reports from medical specialists, HIMS AMEs, and ATMs.

      (3) Send a copy of the signed FAA ATCS OBSERVATION AGREEMENT to the ATM, if the ATCS is found qualified under special consideration.

   b. Air Traffic Organization (ATO) shall distribute information developed by the Agency medical staff that will assist ATMs concerning medical privacy considerations, operational principles, and observations.

   c. FAA ATCS shall comply with all requests for information and submit to all necessary evaluations requested by all approved medical providers and Agency physicians (see section 2 below).

4. Medical Clearance Status. The FAA ATCS medical clearance must be changed to Incapacitated Status by the RFS office if:

   a. The FAA ATCS has stopped the medication or had a dosage change or change in the underlying conditions;

   b. If removal of safety related duties is recommended by the HIMS AME; or
c. Operational issues come to light that could represent a safety concern. Applicants who are not yet employed by the FAA will not have a manager to provide operational reports. In these instances, the applicant may be exempt from providing operational reports until they have reported on duty.

5. Permanent Disqualification. Permanent disqualification of the FAA ATCS, when appropriate, shall follow the procedures described above in this Order.

6. Condition of Medical Clearance. As a condition of a Special Consideration Medical Clearance, an SSRI-treated FAA ATCS must agree to report immediately to the agency medical authority and to provide records regarding all changes to dosage or medications, all hospitalizations, all involvement in accidents (with or without injuries); and all other significant illness. The medical status determination shall be changed to medical incapacitation in the presence of any of the above, or exclusionary associated conditions or events until medically assessed.

7. Guidelines for individuals treated with an SSRI. All requirements and specifications can be found on the FAA public website, Guide for Aviation Medical Examiners.

SECTION 2. Guidelines for SSRI-Treated Individuals who have been Granted Special Consideration for Air Traffic Control Duties.

1. Individuals treated with an SSRI medication and granted Special Consideration to control air traffic are required to submit to medical monitoring by a trained HIMS AME and to submit all required reports as required documentation defined in the Guide for Aviation Medical Examiners.

2. FAA ATCS shall sign the FAA ATCS OBSERVATION AGREEMENT and provide it to the RFS in the initial packet of information.


1. ATMs must maintain the medical privacy of the individual FAA ATCS while ensuring a safe operational environment. Employee’s medical condition or treatment must no be disclosed.

2. Observe all FAA ATCSs performing safety-related duties periodically and receive formal or verbal reports from front-line managers without disclosing the medical condition or treatment.

3. The symptoms of SSRI medication effect may include behavioral changes, easy distraction, inattentiveness, drowsiness, and nervousness manifested by agitation or restlessness and sleep disturbance. While ATMs are not considered a medical professional, they only need to rely on their basic managerial skills in assessing an unsafe operation.

4. Quarterly operational reports must be submitted describing the ATM observation, if any, which occurred during the previous quarter. If the ATM is not made aware of a performance or conduct based safety concern, the report should indicate, “no known safety concerns.” If the facility has multiple employees being observed, a separate report for each ATCS must be sent to the HIMS AME who is monitoring the ATCS. In the event the ATM is made aware of a safety concern, immediately notify the appropriate monitoring HIMS AME and the Regional Flight Surgeon.
FAA ATCS OBSERVATION AGREEMENT

I, _____________________________________, have read and understand Appendix C of FAA Order 3930.3 regarding FAA Air Traffic Control Specialists who use Selective Serotonin Reuptake Inhibitors (SSRI).

I agree to immediately report and provide all records to my HIMS AME and my Regional Flight Surgeon office regarding:

• All changes to my medication and dosing (including discontinuation of medication); and
• Any change to my underlying condition for which I take an SSRI.
• Report immediately to the agency medical authority and to provide records regarding all changes to dosage or medications, all hospitalizations, all involvement in accidents where the ATCS was involved as an operator (with or without injuries), injured as a passenger, or all other significant illness.
• Any other condition required under this Order.

If the special consideration medical clearance is issued, I agree and request the Flight Surgeon to send a copy of this signed agreement to my ATM for the purpose of observation and reporting to the HIMS AME and Flight Surgeon.

I understand that any change as described above may result in my medical clearance being temporarily restricted (Medical Incapacitation Status) while my eligibility to continue on a Special Consideration is being reassessed. This also applies to any Part 67 Airman Medical Certificate or Special Issuance Authorization issued to me. I also understand that the RFS will need this signed and received before a clearance can be issued.

_________________________________________ ___________________
ATCS Signed                Date

HIMS AME Name: ________________________________________________
Address: ______________________________________________________
Phone number: _________________________________________________
Fax number: ___________________________________________________
Email address:___________________________________________________
ATCS RELEASE OF MEDICAL INFORMATION
AUTHORIZATION/RELEASE OF MEDICAL INFORMATION

PLEASE MAIL OR FAX USING THE INFORMATION ABOVE

I understand that a determination has been made that further evaluation is necessary to determine my medical qualification. I agree to undergo a psychological and psychiatric evaluation and agree for the Federal Aviation Administration (FAA) to release medical information to the following doctors who will be conducting the evaluation.

Name of Psychologist / Psychiatrist / HIMS AME (circle one): ________________________________

Address: _________________________________________________________

Phone: ____________________________     Fax: ________________________

This includes but is not limited to: FAA Form 8500-8; previous pertinent medical records, including mental health and/or alcohol/drug evaluation or treatment records; relevant military records; security investigation results; arrest records; and court documents.

I further consent to the release of all the records relevant to the evaluation performed by the consultant to the FAA.

I understand that should I subsequently decide to either not undergo a psychological and psychiatric evaluation or do not consent to the release of the contents of the evaluation conducted by the consultant, that this decision will have a negative impact on my medical clearance status. Further, I understand my decision not to undergo further evaluation or not to consent to the release of the contents of the evaluation will result in medical disqualification as well as my waiver of all rights to appeal this process.

This release will be valid for 12 calendar months from the date this document is signed.

FAA ATCS or ATCS Applicant Name (print): ________________________________

FAA ATCS or ATCS Applicant Signature: ________________________________

Date: ______________________

*Please sign this form for each provider (Psychologist / Psychiatrist / HIMS AME ) and have the named provider above email or fax it to the Regional Flight Surgeons Office named above, before your evaluation.