Albanian Civil Aviation Authority

Rr. Sulejman Delvina, Nr.01, P.O Box 205 , Tirana, Albania

Entirely fill in the form with capital letters and submit with own hand signature.

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| **AEROMEDICAL EXAMINER (AME) CERTIFICATE** |
| * CLASS 1 * CLASS 3 CLASS 2 LAPL CABIN CREW |
| * *INITIAL* * *REVALIDATION* * *RENEWAL* * *EXTENSION OF PRIVILEGES TO CLASS 1* * *CHANGES* |

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| I declare that the information on this form pages 1-5 is correct and true*.* |
| *Deklaratë sipas AMC1 ARA.GEN.315(a)* |

|  |  |
| --- | --- |
| *Place and Date* | *Signature of applicant* |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BASIC DATA** | | | | | | | | | | |
| *CERTIFICATE NUMBER*  *If applicable* |  | | | | | | | | | |
| INITIAL ISSUE  AME Date (If applicable) |  | | | | | | | | | |
| *NAME AND SURNAME* |  | | | | | | | | | |
| No ID |  | | | | | | | | | |
| AMEs PRACTICE LOCATION(S) |  | | | | | | | | | |
| *PHONE* |  | | | | | | | | | |
| *MOBILE PHONE* |  | | | | | | | | | |
| E-MAIL |  | | | | | | | | | |
| *AVOCATION-SCIETIFIC TITLE* |  | | | | | | | | | |
| *SPECIALITY* |  | | | | | | | | | |
| *LICENCE OF THE MINISTRY OF HEALTH (NUMBER AND VADILITY)* |  | | | | | | | | | |
| ORGANIZATION NAME ON THE BASIS OF THE COMPETENT MINISTRY (HEALTH, DEFENCE) REGISTRY |  | | | | | | | | | |
| FUNDER STATUS OF HEALTH ORGANIZATION (GOVERNMENT, PRIVATE) |  | | | | | | | | | |
| *POSITION WITHIN THE ORGANISATION* |  | | | | | | | | | |
| *CORRESPONDENCE ADDRESS* |  | | | | | | | | | |
| **II. DATA RELEVANT TO AEROMEDICAL EXAMINER** | | | | | | | | | | |
| *MEDICAL EXPERIENCE*   * *YEARS OF PRACTICAL EXPERIENCE* * *WORKING POSITIONS/FUNCTIONS* * *QUALIFICATIONS/COURCES/TRAININGS* |  | | | | | | | | | |
| *AEROMEDICAL EXPERIENCE*   * *YEARS OF PRACTICAL EXPERIENCE* * *MEDICAL EXAMINATIONS/NUMBER OF MEDICAL EXAMINAT* * *EXAMINATO EXAMINATIONS EXAMINATO* |  | | | | | | | | | |
| Initial examinations | | | | | Regular/Revalidation examinations | | | | |
| 1/3 | 2 | LAPL | CC |  | 1/3 | 2 | LAPL | CC |  |
| If revalidated, number of AME examinations with 3 years |  |  |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |  |
| Classes 1/2/3/LAPL if AME certificate is revalidated | Year 1: | | | | Year 2: | | | Year 3: | | |
| BASIC TRAINING IN AVIATION MEDICINE |  | | | | | | | | | |
| ADVANCE TRAINING IN AVIATION MEDICINE |  | | | | | | | | | |
| REFRESHER TRAINING IN AVIATION MEDICINE  Within the period of last 3 years |  | | | | | | | | | |
| OTHER TRAINING IN AVIATION MEDICINE |  | | | | | | | | | |
| OTHER EXPERIENCE IN AVIATION |  | | | | | | | | | |
| Comment: | | | | | | | | | | |

GUIDANCE MATERIAL FOR APPLICANT

A. In addition to the initial request or the request for the continuation of the certificate, the following documents will be submitted:

1. Copy of the identification document;

2. Declaration of the applicant's employer for granting consent for the initial certificate or continuation of the existing AME certificate;

3. Copy of the diploma of the University of Medicine;

4. Copy of the certificate/attestation for carrying out the specialization;

5. Copy of Work Permit and Doctor's Order;

6. Evidence for the completion of courses/training according to the requirements of the relevant classes for AME;

7. List of technical-medical equipment (Ophthalmological, cardiovascular, ENT, neurological, radiological, laboratory, respiratory, etc.);

8. Biochemical laboratory - if it does not have its own laboratory, then a copy of the contract for laboratory services with the relevant laboratory;

9. Written declaration that the medical certificates will be issued in accordance with PART-MED;

10. If the applicant for the AME certificate wants to perform aero-medical examinations at another location, then he must submit the following documents:

1. Declaration of the applicant's employer that the AME will practice in this location;

2. Copy of the Work Permit from the Ministry of Health for the employer who employs the applicant in that location;

3. In addition to the request for the continuation of the certificate, the following documents should also be attached:

- Certification for the number of aero-medical examinations in the last three years;

- Certification for carrying out trainings for the renewal of knowledge from aviation medicine;

- Copy of the work permit from the Ministry of Health of the Republic of Albania;

- Declaration of the applicant's employer for granting consent for the continuation of the AME certificate;

- Other certifications in the event of a change in the conditions for issuing the AME certificate.

B. In addition to the request for changing the attached conditions, submit to ACAA:

1. Written justification for any changes that may affect the AME certificate;

2. If it is applicable, also the certifications for any changes in the conditions on the basis of which the certificate was issued, including the content of the statements submitted together with the submitted request.