المهيئة العامة للطيران المدني والأرصاد
CIVIL AVIATION & METEOROLOGY AUTHORITY

SECTION:	LICENSING FORMS	LIF-MED-010
TITLE:	APPLICATION FOR AEROMEDICAL EXAMINER DESIGNATION	

Instruction: Please complete this form, either electronically / type written or, write in Block Capitals using black or dark blue ink. Fill in the full name as it is shown in the passport. Put a tick (√) in the box for the appropriate option to choose. Failure to sign the form or to fill out the boxes and sections with correct information may result in delay or rejection of your application

1. APPLICATION TYPE

☐ **Initial issue** ☐ **Renewal** ☐ **Change of facility address**

2. FACILITY INFORMATION

Facility Name:	
Facility Address (Main Location and Postal Number):	
Trading Name (If applicable):	
Facility Telephone No.:	

3. APPLICANT DETAILS

Name**:** _____ Gender: ☐ Male ☐ Female

Date of birth:	Age:
CAMA Licence No. (if any):	ID Card / Passport No.:
Nationality:	Name of Employer (if any):
Address:	Mobile Number (s): _____
Email Address:	_____

4. DOCUMENTS CHECKLIST / ATTACHEMENTS
(Please enclose the following documents in support of this application)

S. No.	Required Documents	Submitted (For CAMA Use Only)
1-	Request letter from applicant, employer.	☐
2-	Copy of the Applicant's qualifications (for Initial only)	☐
3-	Copy of the Aviation Medicine Certificate (for Initial only)	☐
4-	Copy of the CME records for the past two years (for renewal only)	☐
5-	Copy of MOH/SHA/AHA license	☐
6-	Copy of the CAMA medical facility approval	☐
7-	Applicant's Resume stating the applicant's clinical experience	☐
8-	Colour passport size photo with uniform & blue background.	☐
9-	Applicable fee in cash (Copy of fee receipt)	☐
10-	Other (Specify if any): _____	

5. MEDICAL SPECIALTY

Number of post graduate years in clinical practice: _____

Do you hold qualification in Aerospace/Aviation medicine? ☐ **Yes** ☐ **No** (If so, please complete the following items):

Qualification: _____

Do you have military flight surgeon experience? ☐ **Yes** ☐ **No** (If so, please state the details)

Do you have Aviation experience as a pilot? ☐ **Yes** ☐ **No**
Other: _____

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Do you hold a license to practice medicine in Yemen?

☐ **Yemen Ministry of Health (MOH)**	☐ **Yes**	☐ **No**
☐ **Sana'a Health Authority (SHA)**	☐ **Yes**	☐ **No**
☐ **Aden Health Authority (AHA)**	☐ **Yes**	☐ **No**

Do you hold a license to practice medicine overseas? ☐ **Yes** ☐ **No** (If so, please state the details)

_____

For Renewal only:

Number of medical tests conducted: CLASS I: CLASS II: CLASS III: CLASS Cabin Crew: Others:	Number of medical boards conducted: As president: As member:

6. CME RECORDS
(APPROVED AEROMEDICAL REFRESHER TRAINING DURING LAST DESIGNATION PERIOD)

Date (DD/MM/YYYY)	Activity	CME Hours

7. APPLICANT DECLARATION

Photo with uniform & blue background

I certify that the information provided hereon and in attachments is correct to the best of my knowledge and belief and if granted I hereby accept the authority, duties, and responsibilities, and shall conduct such activities in compliance with YCARs, and the directives of the Civil Aviation and Meteorology Authority.

Signature of Applicant (Sign inside the above box) **Date:_____**

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8. CAMA ACTION
(For CAMA Use Only)

8.1 INSPECTOR ASSIGNED TO THIS APPLICATION

☐ **RECOMMENDED FOR ALL CLASSES** ☐ **NOT RECOMMENDED**

☐ **RECOMMENDED WITH RESTRICTED CLASS: _____**

Comments of Inspector assigned to this application:

Name of Inspector assigned to this application: _____

Signature: _____ **Date: _____**

8.2 AERO-MEDICAL MANAGER / D.G. OF PEL & EXAMINATION

☐ **REJECT** ☐ **APPROVE**

Name of Aero-Medical Manager / D.G. of PEL & Examination: _____

Signature: _____ **Date: _____**