



回復したパイロットをFAA認証プロセスに提出するかどうかは、最終的にはメディカル・スポンサーが決定します。このスポンサーとは、HIMSトレーニングを受け、FAAからこの任務を遂行することを承認されたAME（Aviation Medical Examiner = 航空身体検査指定医）です。多くの場合、関係する航空会社の指定医がこの任務を遂行しますが、他の航空会社は独立したAMEに依頼します。

目標は、パイロットが安定した回復状態にあり、治療にあっている専門家が飛行状態に戻る準備ができていると合意することです。急速に事を進めることは有益ではなく、回復には時間の経過が必要であることが多いです。以下のタイムラインチャートは、FAA提出プロセスのさまざまな要素を理解するのに役立ちます。

各ステップの時間は概算であることに留意してください。しかし、各ステップは、FAAに提出するパッケージに含まれない要素です。それらを個別に検討します。

評価

FAAは、多軸評価を文書化した正式な14CFR67診断（航空身体検査基準）を要求しています。診断評価が入院治療施設にて行われた場合は、完全な病歴と診断の根拠が含まれていなければなりません。

入院治療

パイロットが治療施設に直接入院した場合は、上記で検討した初期評価の元となります。そうでない場合は、治療施設が診断を確認するための評価を行います。これは通常、病歴と身体検査の一部であり、診断と治療に関する推奨事項で締めくくられます。

治療プログラムの間、各患者の個人記録とグループ記録が作成されます。評価を行う心理学者や精神科医、そしてFAAは、提出書類の一部としてこれらの記録を求めます。また、心理テストの結果や個人的な情報も必要となります。

医療機関からは完全なデータを提供することを求めなければならず、定型文では認められません。

パイロットが施設を退所する際には、退所時の診断書を作成します。この診断書には、パイロットの居住地での必要な継続治療を推奨する内容が書かれてなくてはなりません。これには、集中外来療法（IOP）、個人療法、断酒会

(常時)、アフターケアグループ(常時)、および必要に応じて家族カウンセリングなどが含まれます。多くの治療センターでは、地元の継続的な治療リソースの特定に責任を持っています。入院治療施設がパイロットの自宅の近くにあり、同じ施設で継続治療を続けられる場合が望ましい理想的な状況ではありません。

集中的な外来患者または個人療法

これは、入院プログラムの延長線上にあることが多く、パイロットが十分な進捗を遂げて週1回のアフターケアグループで十分に対応できるようになるまで続けなければなりません。個人セラピーは、パイロットが飛行任務に復帰した後も続けることができます。いずれの場合も、パイロットが飛行任務への復帰を勧告できるほど十分に進歩した後、FAAに提出するための包括的な診断書が必要となります。この診断書では、パイロットの回復状況をFAAが把握できるように、治療上の問題点や進捗状況について十分な詳細を記載する必要があります。

アフターケア・アルコールアノニマス、断酒会

アフターケアグループは、乗務に復帰した後の節制の基礎となるもので、条件付き航空身体検査証明において義務付けられます。FAAに提出する書類には、参加状況や進捗状況をきちんとまとめておく必要があります。FAAは、パイロットが条件付き航空身体検査証明の交付期間中、少なくとも半数以上の会合に出席することを期待しています。FAA提出書類にアフターケア・プログラムを記載しないと、FAA認証に遅れが生じることとなります。

アルコールアノニマス(AA)は、FAAが公式に義務付けているものではありませんが、もう一つの基礎となるものです。アフターケア報告書では、パイロットのAAへの出席状況を確認し、パイロットに恒久的なスポンサーがいることを文書化する必要があります。AAから直接必要な書類はありません。

ピアサポートとスポンサー

ピアサポートとスポンサーの双方が理解し合い、トレーニングを受け、話し合いがどのように行われるのかを理解する必要があります。当該乗員は、毎月1回の話し合いが行われ、スポンサーが月例報告書の提出先を理解していることを確認する責任があります。AMEは、スポンサーが配置されていることをAMEの診断書に記録する必要があります。

心理学的・精神医学的検査(P&P)

FAAは、全国の心理学者と精神科医の双方を指定します。これらによる検査は、前述の手順がすべて整い、パイロットが乗務に復帰する準備ができていることに全員が同意するまで予定すべきではありません。記録の写しを評価の前に双方に送られるべきです。これは非常に面倒で、鋭敏な判定となります。慢性的な使用障害による認知機能障害が残っている場合は、パイロットはP&Pを受けるべきではありません。回復のためにはより多くの時間が必要です。パイロットが確実に回復していない場合は乗務復帰する前に、より多くの治療や時間が必要であると判断されることが多いでしょう。そのため、数ヶ月後に再度検査を行う必要があります。

FAAの審査・提出書類

これは、症例を提出する前の最終審査です。AMEは、パイロットが回復したと認めるまでは提出プロセスを保留する完全な裁量権を持っています。FAAに提出する書類には、以下の情報が含まれます。

- 診断記録（もし回復治療とは別の場合）
- 入院中の治療記録一式
- IOP（集中外来プログラム＝主に摂食障害、双極性障害、単極性うつ病、自傷行為、解毒に依存しない薬物依存症の治療に使用される一種の治療サービスおよびサポートプログラム）または個人療法の概要
- アフターケアグループの概要とスケジュール
- 完全な心理学的・精神医学的診断書
- 8500-8（FAA航空身体検査証明申請書）
- メディカルスポンサーからの概要

AMEは、すべての記録を慎重に確認し、見過ごされている問題がないことを確認しなければなりません（例：アルコール治療記録の奥深くにあるメモに対処されていないコカインの使用が記載されているなど）。メディカルスポンサーからの診断書は、AMEが本当にパイロットの状況を正確に把握していることをFAAが判断し、飛行状態への復帰を合法的に支持するのに十分な詳細を含んでいなければなりません。パイロットは、航空身体検査証明の資格を有していなければなりません。この症例は、署名された書類を添付して、連邦航空身体検査部署のオフィスに送られなければなりません。

身体検査証明

条件付き身体検査証明申請書は、非常に具体的な要求事項が記載されています。パイロットは、申請書の各条項が満たされていることを確認する責任があります。AMEは、いつでも身体検査証明を取り消すことができます。飛行任務への復帰は、回復したパイロットにとって特に脆弱な時期となります。習慣的な行動を支えていた環境に戻るということは、より高い意識が必要となります。

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(Updated 01/27/2021)

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 an airman medical certificate. 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.

REPORT FROM	MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING
HIMS AME CHECKLIST	<ol style="list-style-type: none"> 1. Using the HIMS-Trained AME Checklist – Drug and Alcohol Monitoring INITIAL Certification, comment on any items that fall into the shaded category on the Checklist.
<p>#1 HIMS AME REPORT (narrative)</p> <p>The airman must establish with a HIMS-trained AME if monitoring is required.</p>	<ol style="list-style-type: none"> 1. Must be a face-to-face, in-person evaluation performed by the HIMS-trained AME. 2. List of the items/documents reviewed: <ol style="list-style-type: none"> a. Prior SI authorizations, if issued by the FAA; b. Verify if you were provided with and reviewed a complete copy of the airman’s FAA Medical file sent to you by the FAA; and c. Include list of collateral contact(s) used to verify history, if any. 3. Describe <ol style="list-style-type: none"> a. How the case was initially identified. Circumstances regarding the pilot’s entry into the HIMS program; b. Description of the history of the addiction problem; c. Participation in aftercare groups, if any; d. Participation in support groups (AA, BOAF, other); e. History of ER visits; f. Previous psychiatric hospitalizations, treatments, or suicide attempts; and g. Hospital/treatment discharge summary. 4. Compliance History <ol style="list-style-type: none"> a. Any evidence (such as a positive test) or concern the airman has not remained abstinent; b. Any evidence or concern the airman has not been compliant with the recovery program; c. 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; and d. Describe how the airman is doing in the program and if he/she is engaged in recovery. 5. Summarize your aeromedical impression and evaluation as a HIMS AME based on the face-to-face evaluation AND review of the supporting documents. <ol style="list-style-type: none"> a. Do you recommend a Special Issuance for this airman; b. Do you agree to serve as the airman’s HIMS AME and follow this airman per FAA policy; and c. Do you agree to immediately notify the FAA (at 405-954-4821) of any change in condition, deterioration, or stability and/or if there is any positive drug or alcohol testing? 6. Any NEW condition(s) that would require Special Issuance? (Do not include any new CACI qualified conditions.) <p>If using Huddle, submit the following as INDIVIDUAL PDFs:</p> <ul style="list-style-type: none"> <input type="checkbox"/> HIMS AME Checklist; <input type="checkbox"/> HIMS trained AME written report (narrative) <input type="checkbox"/> HIMS AME Data Sheet <input type="checkbox"/> Drug and/or Alcohol Treatment Records <input type="checkbox"/> Psychiatrist Evaluation <input type="checkbox"/> Neuropsychologist Evaluation and Raw Test Data <input type="checkbox"/> Additional Records - all other supporting documentation that you reviewed <p>Submit all the information as ONE PACKAGE (via Huddle or mailed to the appropriate address on the HIMS-Trained AME Checklist.) Review for certification WILL BE DELAYED if package is incomplete.</p>

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<p>#2 HIMS AME DATASHEET*</p>	<p>1. A copy of the sheet printed after entering information via www.himsdatasheet.com. (*only for first and second class airmen.)</p>
<p>#3 DRUG AND/OR ALCOHOL TREATMENT RECORDS</p>	<p>1. Include any applicable psychotherapy notes, therapist follow-up reports, social worker reports, AA sponsor contact, etc. 2. Include all the original records summarized in the HIMS AME Report above.</p>
<p>#4 PSYCHIATRIST EVALUATION</p> <p>1st and 2nd class commercial airmen will require a HIMS trained psychiatrist* to perform this evaluation in most cases.</p> <p>Most others will require a board certified psychiatrist</p> <p>* To find a HIMS psychiatrist, the airman should FIRST establish with a HIMS-trained AME and should refer to their letter to determine what level of evaluation is required.</p>	<p>The report must include at a minimum:</p> <ol style="list-style-type: none"> 1. List of the items/documents reviewed. <ol style="list-style-type: none"> a. Verify if you were provided with and reviewed a complete copy of the airman's FAA medical file sent to you by the FAA; and b. Include list of collateral contact(s) used to verify history, if any. 2. Summary of the above records. Were the records clear and in sufficient detail to permit a satisfactory evaluation of the nature and extent of any previous mental disorders? <p>Clinical interview that covers the following:</p> <ol style="list-style-type: none"> 3. Family history of drug and alcohol or mental health issues. 4. Developmental history. 5. Past medical history and medical problems such as blackouts, memory problems; stomach, liver, cardiovascular problems, or sexual dysfunction. 6. Psychiatric history, if any. Include diagnosis, treatment, and hospitalizations. <ol style="list-style-type: none"> a. Personal history of anxiety, depression, insomnia; and/or b. Suicidal thoughts or attempts. 7. Alcohol and/or Drug use history: <ol style="list-style-type: none"> a. Include any treatment or hospitalizations; and b. The current status of drug or alcohol use (what used, how often, start/stop dates). 8. Other concerns such as: <ol style="list-style-type: none"> a. Personality changes (argumentative, combative) or Loss of self-esteem or Isolation; b. Social family problems such as marital separation or divorce; c. Irresponsibility or child/spousal abuse; d. Legal problems such as alcohol-related traffic offenses or public intoxication, assault and battery, etc.; e. Occupational problems such as absenteeism or tardiness at work; reduced productivity, demotions, frequent job changes, or loss of job; f. Economic problems such as frequent financial crises, bankruptcy, loss of home, or lack of credit; and g. Interpersonal adverse effects such as separation from family, friends, associates, etc. 9. Any other items per the evaluator. 10. Results of any testing that was performed (SASSI, etc.). 11. Mental status examination results. 12. Summary of your findings. Include if you agree or disagree with previous diagnosis or findings from the records you reviewed and why. 13. Any evidence of drug or alcohol abuse or dependence (if not mentioned above). 14. Summarize clinical findings and status of the airman. When appropriate, provide specific information about the quality of recovery, including the period of total abstinence. 15. List the DSM diagnosis, if any. (if none, that should be stated). 16. Specifically mention if any of the following regulatory components are present or not: <ol style="list-style-type: none"> a. Increased tolerance; b. Manifestation of withdrawal symptoms; c. Impaired control of use; d. Continued use despite damage to physical health or impairment of social, personal, or occupational functioning; e. Any evidence of any other personality disorder, neurosis, or mental health condition; and/or f. Use of a substance in a situation in which that use was physically hazardous. 17. Give recommendations for any additional treatment or monitoring, if applicable. 18. Any additional concerns or comments.

<p>#5 NEUROPSYCHOLOGIST EVALUATION AND RAW TEST DATA*</p> <p>*CogScreen-AE results and neurocognitive evaluation</p>	<p>For complete details, see the Neuropsychological Evaluation section of the Specifications for Psychiatric and Neuropsychological Evaluations for Substance Dependence/Abuse.</p> <p>The neuropsychologist report MUST address:</p> <ol style="list-style-type: none"> 1. Qualifications: State your certifications and pertinent qualifications. 2. Records review: What documents were reviewed, if any? <ol style="list-style-type: none"> a. Specify clinic notes and/or notes from other providers or hospitals; and b. Verify if you were provided with and reviewed a complete copy of the airman’s FAA medical file. 3. Results of clinical interview: Detailed history regarding psychosocial or developmental problems; academic and employment performance; family or 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. Include any other history pertinent to the context of the neuropsychological testing and interpretation. 4. Mental status examination 5. Testing results: <ol style="list-style-type: none"> a. CogScreen-Aeromedical Edition (CogScreen-AE); and b. Remainder of the core test battery. 6. Interpretation: <ol style="list-style-type: none"> a. The overall neurocognitive status of the airman; b. Clinical diagnosis(es) suggested or established based on testing, if any; c. Discuss any weaknesses or concerning deficiencies that may potentially affect safe performance of pilot or aviation-related duties, if any; d. Discuss rationale and interpretation of any additional testing that was performed; and include e. Any other concerns. 7. Recommendations: Additional testing, follow-up testing, referral for medical evaluation (e.g., neurology evaluation and/or imaging), rehabilitation, etc. <p>Submit report along with the CogScreen-AE computerized summary report (approximately 13 pages) and summary score sheet for ALL additional testing performed.</p>
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#6 ADDITIONAL RECORDS	
<p>AFTERCARE REPORT (Group)</p>	<p>Progress report should include:</p> <ol style="list-style-type: none"> 1. If the airman is continuing to participate in abstinence-based sobriety; 2. How often the airman attends (weekly or per Authorization Letter); and 3. Agreement to immediately notify the HIMS AME if there are any changes or deterioration in the airman's condition.
<p>AIRLINE REPORTS</p> <p>Peer Pilot (from employer, ALPA, etc.) Chief Pilot, Flight Operation Supervisor, or Airline Management Designee*</p> <p>* If the airman is 1st or 2nd class and employed by an air carrier.</p>	<p>Must attest, to the best of their knowledge, the airman's continued total abstinence from drugs or alcohol.</p> <p>Monthly reports must address:</p> <ol style="list-style-type: none"> 1. The airman's performance and competence; 2. Crew interaction; 3. Mood (if available); and 4. Presence or absence of any other concerns. <p>Combine all monthly reports into ONE PDF if submitting via Huddle.</p>
<p>AIRMAN PERSONAL STATEMENT DRUG AND ALCOHOL (D&A)</p>	<ol style="list-style-type: none"> 1. Detailed typed personal statement from you that describes the offense(s): <ol style="list-style-type: none"> a. What type of offense occurred; b. What substance(s) were involved; c. State or locality or jurisdiction where the incident occurred; d. Date of the arrest, conviction and/or administrative action; e. Description of circumstances surrounding the offense; and f. Describe the above for each alcohol incident. If no other incidents, this should be stated. 2. Your past, present, and future plans for alcohol or drug use: <ol style="list-style-type: none"> a. When did you start drinking? How much? How often?; b. How much, how often were you drinking at the time of the incident(s); c. How much, how often do you drink now? If abstinent, state date abstinence started; d. Any negative consequences (legal complications or medical complications such as blackouts, pancreatitis, or ER visits); and e. Include any other alcohol or drug offenses (arrests, convictions, or administrative actions), even if they were later reduced to a lower sentence. 3. Treatment programs you attended ever in your life (if none, this should be stated). <ol style="list-style-type: none"> a. Dates of treatment; b. Inpatient, outpatient, other; and c. Name of treatment facility <p>1. Current recovery program (if any). If AA or another program, list name of program and frequency attended.</p> <p>If not in a recovery program, this should be stated.</p>
<p>DRUG OR ALCOHOL TESTING</p>	<ol style="list-style-type: none"> 1. Must be random, unannounced drug/alcohol testing. (Urine EtG/EtS, PEth testing or a mobile alcohol monitoring system are preferred.) 2. Must state if the testing is performed by: <ul style="list-style-type: none"> <input type="checkbox"/> HIMS AME; <input type="checkbox"/> Air Carrier testing program/office. Air Carrier must immediately notify the HIMS AME of any positive test HIMS AME may require additional testing to supplement the testing conducted by the Air Carrier; or <input type="checkbox"/> Other, such as return to duty testing from a substance abuse professional or a DOT/FAA Drug Abatement Program. 3. Drug and/or alcohol testing results summarized, how often tested, how many tests performed to date. <ol style="list-style-type: none"> a. Positive test results – submit the actual report. b. Negative test results should be reported in the HIMS AME Report.

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<p>DUI RECORDS</p>	<p>Court Records</p> <ol style="list-style-type: none"> 1. Police/investigative report from dates of incident(s). It should describe the circumstances surrounding the offense and any field sobriety tests that were performed; 2. Court records, if applicable; and 3. Military records if event(s) occurred while the applicant was a member of the U.S. armed forces. It should include military court records, records of non-judicial punishment, and military substance abuse records. <p>Driving record/Department of Motor Vehicles (DMV) Records</p> <ol style="list-style-type: none"> 4. List every state/principality/location and dates you have held a driver's license in the past 10 years; 5. Submit a complete copy of your driving records from each of these for the past 10 years; and 6. Blood Alcohol Concentration (BAC) from any alcohol offense. It may be listed in a hospital report, a police report or investigative report. <ol style="list-style-type: none"> a. This will be either a breathalyzer test or a blood test. b. Attach copies of any additional drug testing that performed.
<p>MEDICAL RECORDS</p>	<p>List any other medical records relevant to this case.</p>
<p>SI ADDITIONAL REPORTS</p>	<ol style="list-style-type: none"> 1. Submit any reports required by a current Authorization for Special Issuance (SI); and/or 2. Any reports for a new condition that may require SI (or AME is instructed to defer).