

Application for Malta Aero-Medical Examiner (AME) Initial Certificate

Civil Aviation Directorate



Transport Malta

Transport Malta, Pantar Road, Lija, LJA 2021, Malta. Tel: +356 2555 5000 ams.tm@transport.gov.mt www.transport.gov.mt

To: Transport Malta – Civil Aviation Directorate

Applicant Details

Full Name:	
ID Card/ Passport:	
Date of Birth:	(dd/mm/yyyy)
Address:	
Contact Number:	
E-mail Address:	
Website:	
Languages spoken:	
Emergency contact: (Name & Details)	

I hereby request to apply for certification as an AME in: (Tick as required)

☐ Cabin Crew Attestation

☐ Class 3 Revalidation / Renewal

☐ Class 2

☐ Class 1

Medical Registration & Licensing

Country of Medical Registration:	Medical Registration Number:	Date gained Full Medical Registration:	Date of expiry of Current Medical Registration:

Primary Medical Qualification

Primary Medical Degree:	
Awarding Body:	
Date awarded:	(dd/mm/yyyy)

Postgraduate Qualifications

Postgraduate Qualification:	Awarding Body:	Date Awarded:

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Certificate of Completion of GP or Specialist Training

Date Certificate of Completion of Specialist Training Awarded:	Awarding Body:	Speciality:

Current Employment

Job Title:	Employer:	Brief Summary of clinical activities:	Dates of employment:

Previous Employment

Job Title:	Employer Name:	Dates of Employment:

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Aviation Medicine Training Courses

Ex. Basic and Advanced Courses

Course Name:	Organisation:	Date Completed:	Grade Achieved:

Aviation Medicine Qualifications

Ex. Diploma or MSc in Aviation Medicine

Qualification:	Awarding Body:	Date Awarded:

Flying Experience

Ex. Private/Commercial Pilot Licence, Instrument Ratings

Pilot Licenses held:	State of Licence Issue:	Date of Issue:	Date of Expiry:	Total pilot flying hours:

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Aviation Medical Experience

Please provide details e.g. nature, duration and frequency of work, exact dates undertaken and with which organisation. If you have performed Aero-Medical examination for another Regulator, please state Class/type and number of Medicals performed within the last 5 years. If you have any practical experience within an Aero-Medical Centre, please detail activities undertaken, give number of hours and attach a programme of training received. A signed letter of verification of all declared aviation medicine experience is required from a medical referee who should include their job title, organisation and national medical registration number and AME number if applicable.

Other relevant Aviation Affiliations:

Aviation Organisation/Professional Aviation bodies:	Dates of Membership:	Activity/Role:

AME Certificates held with other Aviation Regulatory Authorities

Ex. FAA, Transport Canada, CASA etc.

Aviation Authority and Country:	Date of Initial Issue:	Do you hold current certification?	If expired, give expiry date:

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If you have been an AME for another aviation regulatory authority, have you ever been subject to an investigation by the authority or has your AME certification ever been suspended or revoked by the authority?

☐ YES ☐ NO

If YES, please provide details on a separate sheet

Do you hold current, valid medical registration, without any conditions or restrictions?

☐ YES ☐ NO

If NO, please provide details on a separate sheet

Professional History

If Malta General Medical Council (GMC) registered, do you hold a GMC Licence to practice?

☐ YES ☐ NO

If NO, please provide details on a separate sheet

If Malta General Medical Council (GMC) registered, please provide the following:

Name and Address of Designated Body:

Name, Position, Organisation Address, Contact Telephone Number and email of your Responsible Officer:

Malta GMC Revalidation Date:

Have you ever been the subject of disciplinary action arising from your professional practice?

☐ YES ☐ NO

If YES, please provide details on a separate sheet

Have you ever been subject to any inquiry, investigation or hearing by a registration body or had any conditions imposed on your practice, been suspended or erased from the medical register in any country?

☐ YES ☐ NO

If YES, please provide details on a separate sheet

Have you ever been convicted of any criminal offence?

☐ YES ☐ NO

If YES, please provide details on a separate sheet

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Do you have the equipment listed in Appendix 1?

☐ YES ☐ NO

If NO, the application will not be accepted. If YES this will be confirmed during the onsite inspection of the practice

Are you aware of any circumstance or situation, relating to professional matters, in which you have been involved or may become involved in the future, that the Transport Malta - Civil Aviation Directorate should be made aware of?

☐ YES ☐ NO

If YES, please provide details on a separate sheet

Please read the statement below in relation to disclosure of information. The Civil Aviation Directorate takes the security of your personal information very seriously. Information is only disclosed to persons who are subject to a duty of confidentiality and where there are sufficient security measures in place to protect personal data. If you do not consent to the disclosure of information as described below, you may make representations to paul.sciriha@transport.gov.mt

Please note that if your application for AME certification is successful, you will be required to undergo a 2 day standardization course at the Competent Authority conducted by the CMO and observed by the CMO for the first 10 aero-medical assessments.

Declaration

In returning this form I am consenting to the disclosure to third parties of all information which I have provided to the Civil Aviation Directorate and that relates to me. I understand that information would only be disclosed to third parties by the Civil Aviation Directorate for regulatory purposes. This may include providing information to other medical professionals, administrative workers and/or IT workers who are assisting the Civil Aviation Directorate with its regulatory functions and may also be given access to personal information in the course of their professional duties. I, the applicant identified above, certify that all the above named persons are in compliance with the applicable requirements.

I confirm that the information provided in this form is complete and accurate.

I am in good standing as a medical practitioner and I am fit to practise.

Date	Signature

N.B. Please be aware that any false declaration can result in the permanent revocation of AME certification and referral to the relevant authorities

This Application and the additional documentation should be sent by e-mail or regular mail to:

Transport Malta- Civil Aviation Directorate
Aero-Medical Section
Pantar Road,
Lija, LJA 2021,
Malta
E-mail: paul.sciriha@transport.gov.mt

Appendix 1

Compliance with MED.D.005 (b) and MED.D.010(c)

Equipment required by AME for renewal/validation of Class 1 and Class 2:

1. Wash hand basin
2. Examining couch
3. Haemoglobinmeter
4. Urinsticks for checking urine (Sugar, Protein, PH and blood)
5. Resting ECG machine
6. Sphygmomanometer (Blood Pressure instrument)
7. Spirometer
8. Audiometer
9. ENT examining set
10. Distance Vision Chart
11. Snellen charts for near vision
12. Ishihara plates
13. Ophthalmoscope
14. Height and Weight measures
15. Arrangements with lab that is certified by local health authorities for urine Drug and Alcohol tests
16. Fire proof filing cabinet

Compliance with ATCO.MED.C.005 (b) (2) and ATCO.MED.C010 (c) (1)

Equipment required by AME for renewal/validation of Class 3:

1. Wash hand basin
2. Examining couch
3. Haemoglobinmeter
4. Urinsticks for checking urine (Sugar, Protein, PH and blood)
5. Resting ECG machine
6. Sphygmomanometer (Blood Pressure instrument)
7. Spirometer
8. Audiometer
9. ENT examining set
10. Distance Vision Chart
11. Snellen charts for near vision
12. Ishihara plates
13. Ophthalmoscope
14. Height and Weight measures
15. Fire proof filing cabinet