

Application for Aero-Medical Examiner (AME) Renewal/Revalidation Certificate



Transport Malta

Civil Aviation Directorate

Transport Malta- Civil Aviation Directorate, 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)
Facility Address:	
Contact Number:	
E-mail Address:	
Website:	
Languages spoken:	
Emergency contact: (Name & Details)	

I hereby request to apply for a renewal / revalidation of a certification as an AME in: (Tick as required)

Cabin Crew Attestation	<input type="checkbox"/>	Class 2 Revalidation / Renewal	<input type="checkbox"/>
Class 1 Revalidation / Renewal	<input type="checkbox"/>	Class 3 Revalidation / Renewal	<input type="checkbox"/>

I hereby request to apply for a Change in Facility or addition of a Facility: (Tick as required)

Change in Facility	<input type="checkbox"/>	Addition of a Facility	<input type="checkbox"/>
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Medical Registration & Licensing

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

Current Employment

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

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Previous Employment

Job Title:	Employer Name:	Dates of Employment:

Any previous non declared Aviation Medicine Qualifications

Qualification:	Awarding Body:	Date Awarded:

Refresher Training in Aviation Medicine

Please provide details and attachments indicating clearly all refresher training towards the Renewal of your current AME certificate which should include attendance of conferences, meetings, courses as approved by AMS which include the topics covered as well as hours of supervision by experience aviation medicine referee.

Conferences and meetings organised by bodies acceptable to AMS for CME hours are the following:

- International Academy of Aviation and Space Medicine Annual Congresses;
- Aerospace Medical Association Annual Scientific Meetings; and
- Scottish Association of Aviation Medical Examiners.
- The Association of Aviation Medical Examiners (English)
- European Society of Aviation Medical Examiners

Has the refresher training been undertaken within the last 3 years of application date?

Yes ☐ No ☐

Has the refresher training fullfill the required 20 hours CME?

Yes ☐ No ☐

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Competence Activity.

Have you met requirements of Notice AMS 10-2023 – CPD Activity Procedure?

☐ 10hrs CPD p/a and medical assessment ☐ 12hrs CPD p/a

Attach Form TM/CAD/0451 CPD Activity Report (Aero Medical Examiners) and evidence of attendance/completion.

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:

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

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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

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

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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

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

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Practical Supervision of AME

Last and First Name of AME : _____

AME Registration No.: _____

Place and Date of Supervision: _____

Name of Supervising Medical Assessor: _____

Hours of Supervision: _____

Signature of AME: _____

Signature of Supervising Medical Assessor: _____

For Office Use Only.

Please use the Checklist below to ensure required documents are attached, in order to expedite the processing of your application. Photocopies only, should be sent with your application. Originals may be requested later, if required.

<i>Checklist</i>	Enclosed (Tick):
Completed and signed Application Form	<input type="checkbox"/>
Copy of Photo Id / Passport	<input type="checkbox"/>
Copy of valid current Medical Registration Document	<input type="checkbox"/>
Copies of Certificates of attendance of Aviation Medicine Conferences, Meetings and Courses.	<input type="checkbox"/>
Signed Verification of Refresher Training under supervision of experienced medical referee including hours and dates.	<input type="checkbox"/>
Signed declaration where supervision was performed	<input type="checkbox"/>
Completion of Onsite Inspection. Date _____	<input type="checkbox"/>

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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. Uristicks 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. Uristicks 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