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HT-MED-01

How to Submit and Process an Application for an Aviation Medical Examiner (AME) and Medical Specialist Designation

In this guide, you will learn how a licensed medical professional submits an application to obtain the Initial Issuing of an Aviation Medical Examiner (AME) Certificate or Medical Specialist Designation through the General Civil Aviation Authority (GCAA) of Oman. You will also learn how the application progresses through each stage of the review and approval workflow until the GCAA authorises the Applicant to perform as an Aviation Medical Examiner.

Additionally, this guide covers the AME Certificate Renewal process.

This guide covers the following steps:

A. How to Navigate to and Start the Application (Applicant Profile)
B. How to Complete the Facility Information Section (Applicant Profile)
C. How to Complete the Applicant Details and Qualifications Section (Applicant Profile)
D. How to Upload Attachments and Submit the Application (Applicant Profile)
E. How to Assign a Medical Assessor (Flight Safety Director Profile)
F. How to Complete the AME Certification Checklist (Medical Assessor Profile)
G. How to Register Appointment Data and Schedule the Interview (Medical Assessor Profile)
H. How to Confirm or Reject the Interview Appointment (Applicant Profile)
I. How to Conduct the AME Interview and Exam (Medical Assessor Profile)
J. How to Schedule and Conduct the Facility Inspection (Medical Assessor / Inspector Profile)
K. How to Review and Approve the Inspection Results (CAA Profile)
L. How to Check Requirements and Recommend Approval (Medical Assessor Profile)
M. How to Approve the AME Certificate – Director Review (Flight Safety Director Profile)
N. How to Draft the Approval Letter (Medical Assessor Profile)
O. How to See and Download the AME Certificate (Applicant Profile)
P. How to Apply for an AME Certificate Renewal (Applicant Profile)

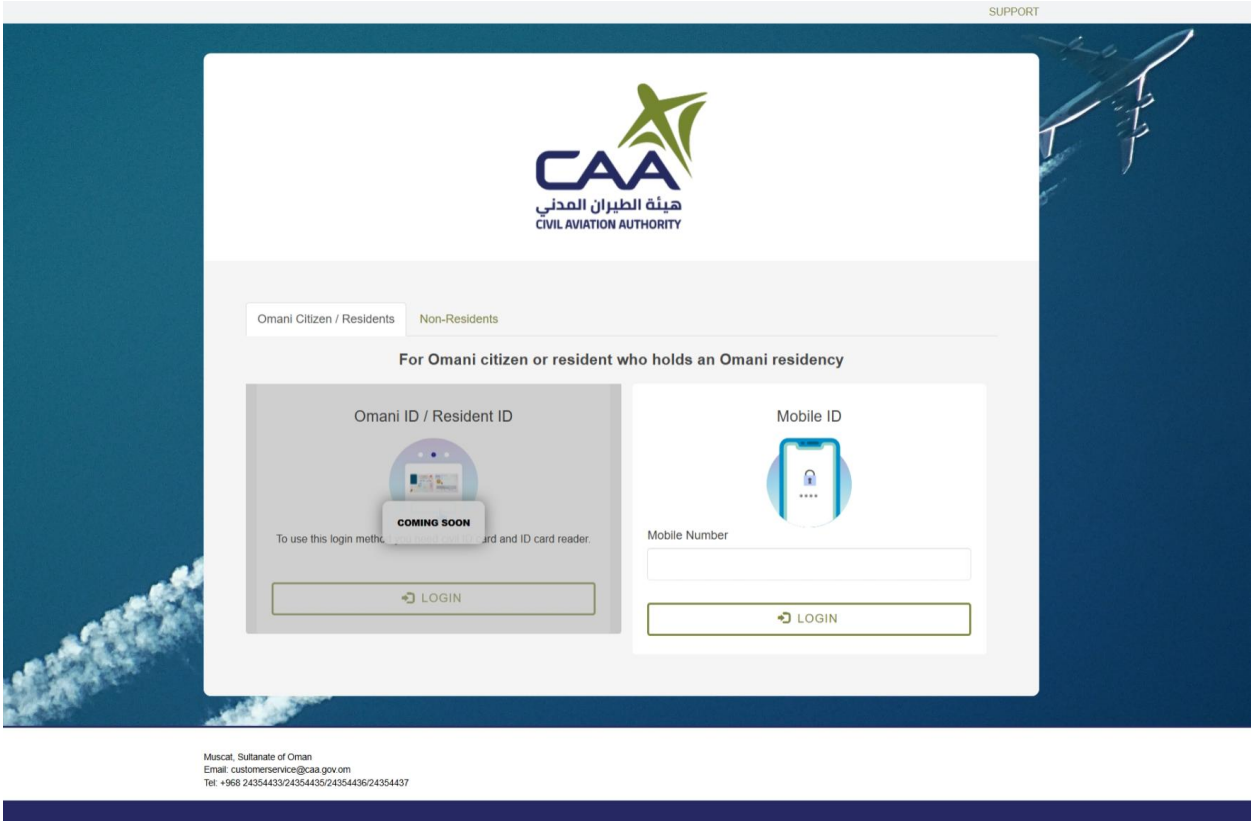
Required Settings: None.

Prerequisite: The Applicant and all CAA personnel must have their corresponding accounts registered in the system. The Applicant must be a licensed medical professional. All required supporting documents must be prepared before beginning the application.

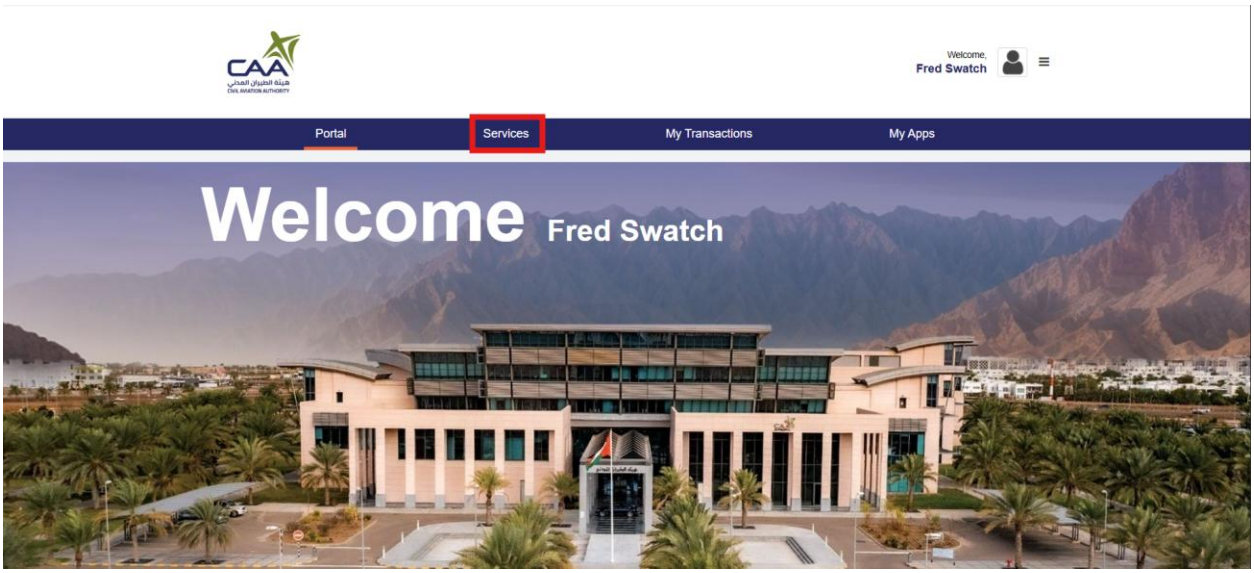
⚠ **DISCLAIMER:** All screenshots shown are for illustration purposes only. The actual interface may vary due to product enhancements or system updates.

A. How to Navigate to and Start the Application (Applicant Profile)

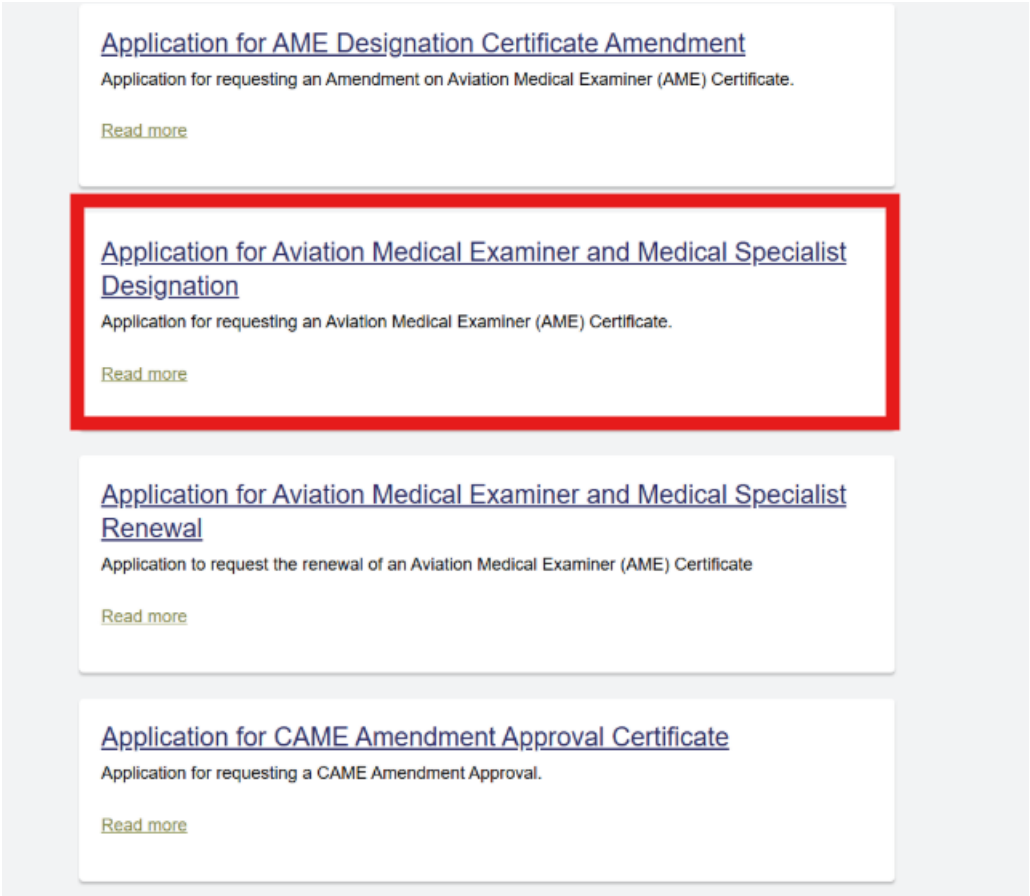
1) Log into the **Customer Portal** (Services Guide) using your registered username and password. Non-Omani residents should select the **Non-Residents** tab and enter their credentials.



2) After logging in, navigate to the **Services** tab in the top navigation bar.

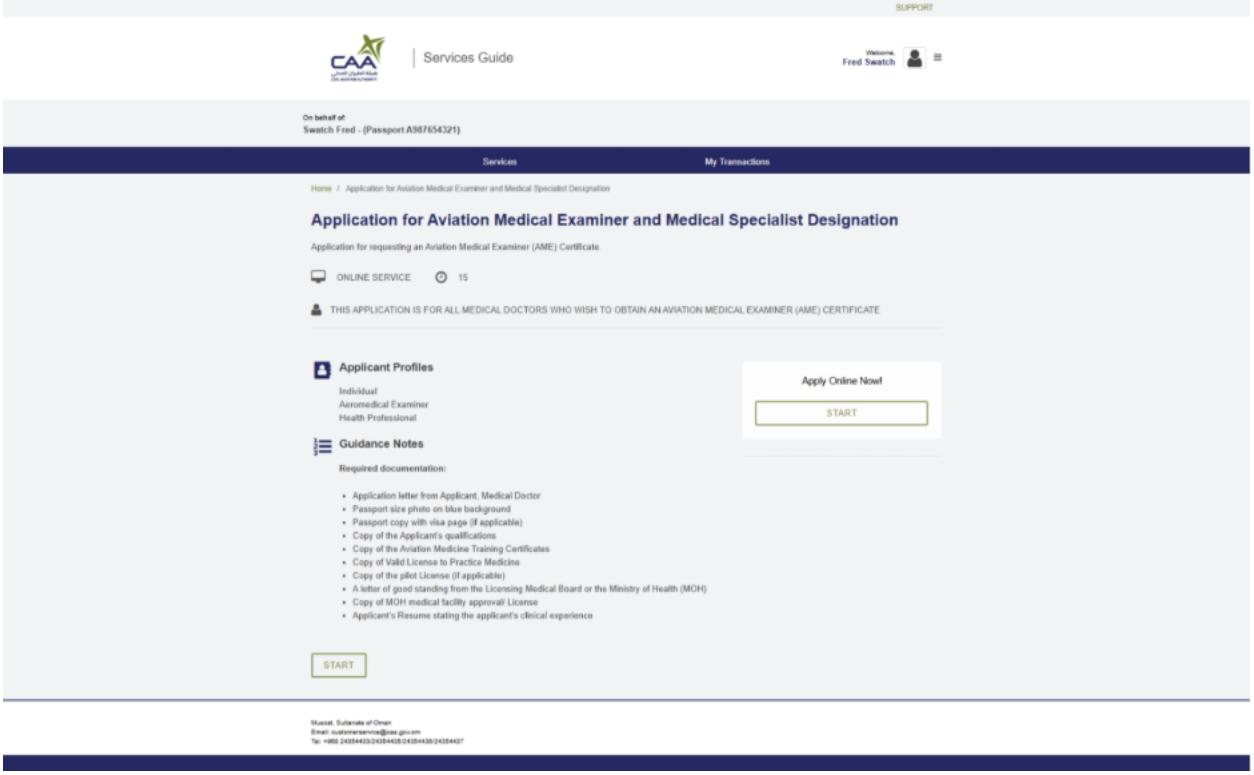


3) In the Services list, locate and select **Application for Aviation Medical Examiner and Medical Specialist Designation**. A new window will open displaying the application information, guidance notes, and required documentation.

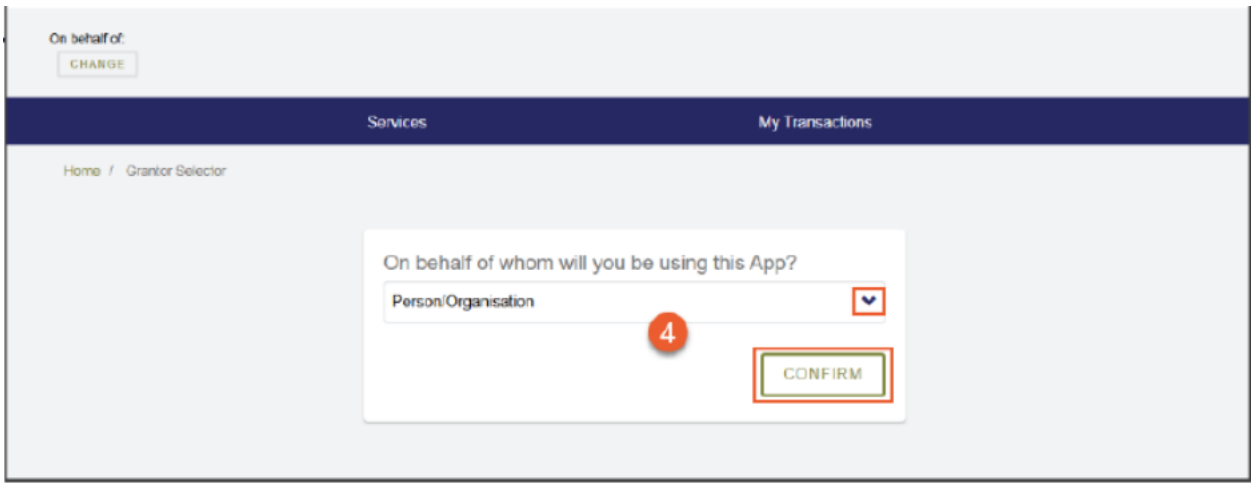


> ◎ **TIP:** Use the Quick Search bar at the top of the Services page to find the application form quickly. You can also filter results using the Service Categories panel on the right-hand side of the screen.

4) Review the **Guidance Notes** and **Required Documentation** listed on the page. Ensure you have all the required documents prepared before proceeding. The required documents include:
   - Application letter from Applicant, Medical Doctor
   - Passport-size photo (with blue background)
   - Passport copy – front and back pages, and visa page (if applicable)
   - Copy of the Applicant's qualifications
   - Copy of the Aviation Medicine Training Certificate
   - Copy of a Valid Licence to Practise Medicine
   - Copy of the MOH Medical Facility Approval/Licence
   - A letter of good standing from the Licensing Medical Board or the Ministry of Health (MOH)
   - Applicant's résumé stating clinical experience
   - Copy of pilot licence (if applicable)

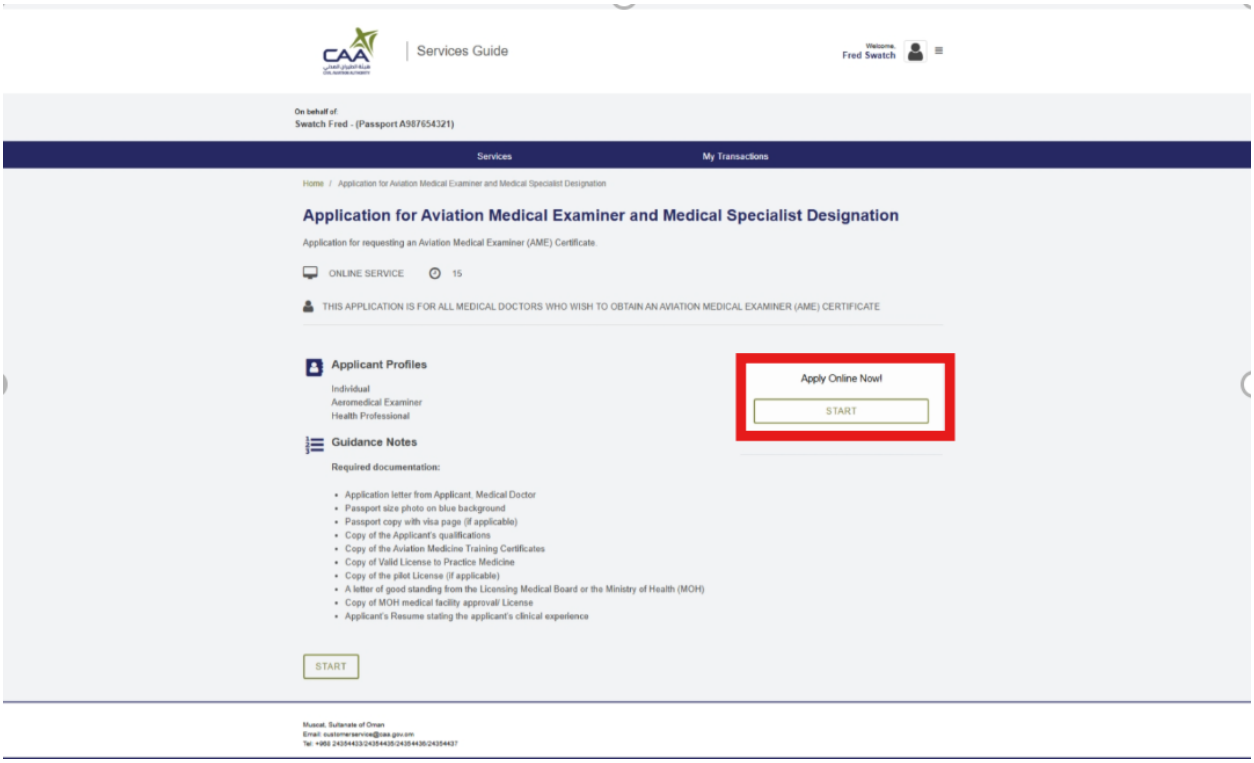


5) If prompted, select **On behalf of whom** you will be using the application. Select the appropriate **Person/Organisation** from the dropdown and click **CONFIRM**.



> ⓘ **NOTE:** If the Applicant does not have authorisation to act on behalf of an Organisation, the system will default to the individual profile.

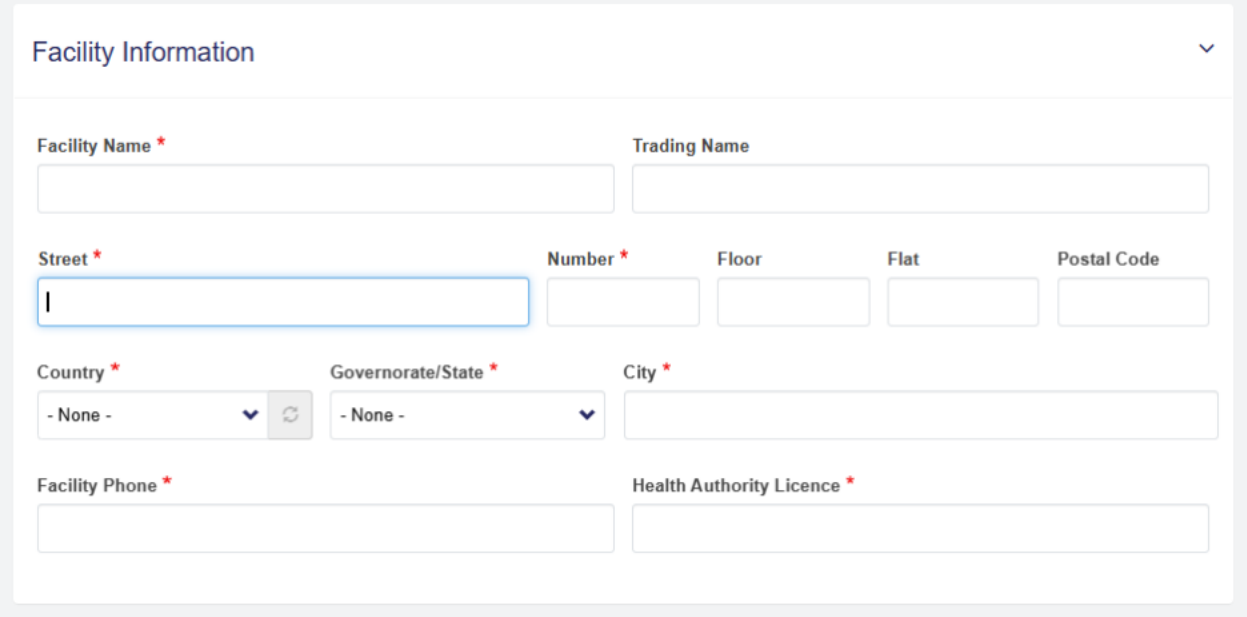
6) Click the **START** button to open the application form. The form will display three collapsible sections: **Facility Information**, **Applicant Details**, and **Attachments**.



B. How to Complete the Facility Information Section (Applicant Profile)

The Facility Information section captures details of the medical facility where the Applicant practises. All fields marked with an asterisk (*) are mandatory.

7) Expand the **Facility Information** section if it is not already open.
8) Enter the **Facility Name*** – the official registered name of the medical facility.
9) Enter the **Trading Name** if it differs from the registered name. This field is optional.
10) Complete the address fields: **Street***, **Number***, **Floor**, **Flat**, and **Postal Code** to identify the facility location accurately.
11) Select the **Country*** from the dropdown menu, then select the corresponding **Governorate/State*** and enter the **City***. Ensure all location details are consistent with official records.
12) Enter a valid and active **Facility Phone*** number, including the country code where applicable.
13) Enter the **Health Authority Licence*** number issued by the relevant health authority. This number must be valid and correspond to the facility entered above.

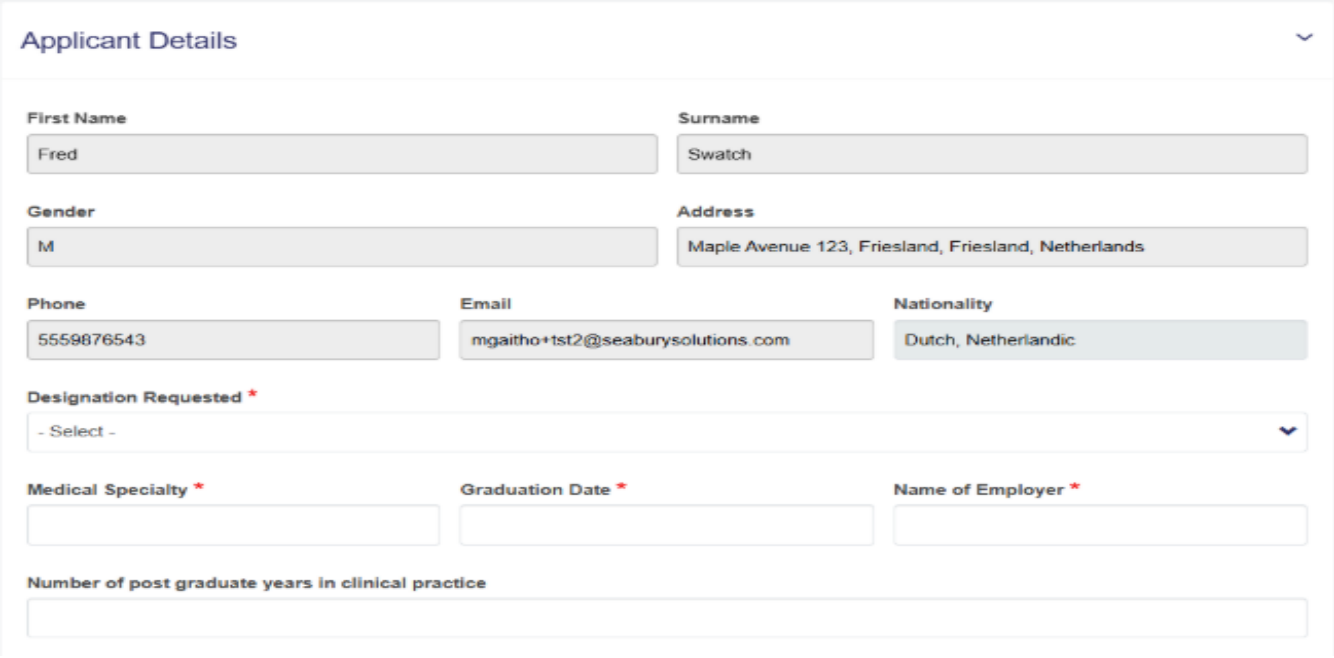


C. How to Complete the Applicant Details and Qualifications Section (Applicant Profile)

The Applicant Details section captures personal, professional, and regulatory information about the applicant. Some fields are auto-populated from the registered user profile.

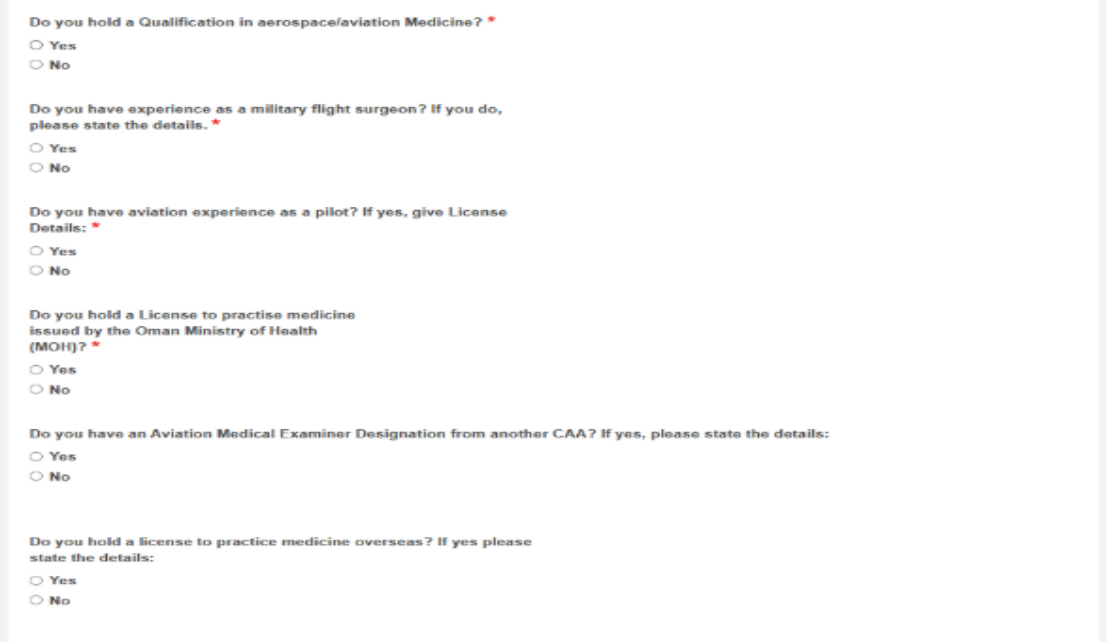
Personal Information

14) Verify the auto-populated fields: **First Name**, **Surname**, **Gender**, **Address**, **Phone**, and **Email** are correct. The name must exactly match the official passport or identification document.
15) Confirm your **Nationality** as per official documentation.
16) From the **Designation Requested*** dropdown, select the appropriate designation. The options available are:
    - AME (Aviation Medical Examiner)
    - Senior AME (SAME)
    - Medical Specialist
17) Enter your **Medical Specialty*** using recognised professional terminology (e.g., General Practice, Ophthalmology, Cardiology).
18) Enter your **Graduation Date*** — the date of completion of your primary medical degree.
19) Enter the **Name of Employer*** — your current employing institution or affiliated medical facility.
20) Enter the **Number of Postgraduate Years in Clinical Practice** — the total number of years you have practised clinically after obtaining your primary medical degree.



Qualifications & Experience

21) For **"Do you hold a Qualification in aerospace/aviation Medicine?"** — select **Yes** or **No**. If Yes, enter your qualification details in the **Qualification** field and ensure the corresponding certificate is uploaded in the Attachments section.
22) For **"Do you have experience as a military flight surgeon?"** — select the appropriate option. If Yes, provide full details of your experience in the text field that appears.
23) For **"Do you have aviation experience as a pilot?"** — if Yes, enter your pilot **Licence Details** including licence type and issuing authority. Upload a copy of the licence in the Attachments section.



Licensing & Regulatory Information

24) For **"Do you hold a Licence to practise medicine issued by the Oman Ministry of Health (MOH)?"** — select Yes or No. If Yes, enter the **Licence Number** in the field provided.
25) For **"Do you have an Aviation Medical Examiner Designation from another CAA?"** — if Yes, provide the name of the issuing CAA, the designation type, and the certificate reference number in the details field.
26) For **"Do you hold a licence to practise medicine overseas?"** — if Yes, provide the country of issue, licence number, and validity date.
27) Use the **Comments** field to include any additional information that may support your application, such as relevant experience or circumstances not captured by the form fields.

D. How to Upload Attachments and Submit the Application (Applicant Profile)

The Attachments section requires upload of all supporting documents necessary for the evaluation of the application. All documents must be clear, valid, legible, and fully consistent with the information provided in the form. Incomplete or unclear documents may result in delays or rejection.

> ⓘ **NOTE:** The accepted file formats are GIF, JPG, PNG, and PDF. Ensure all scanned documents are clear and high-resolution. Multi-page documents should be combined into a single PDF file per upload field where possible.

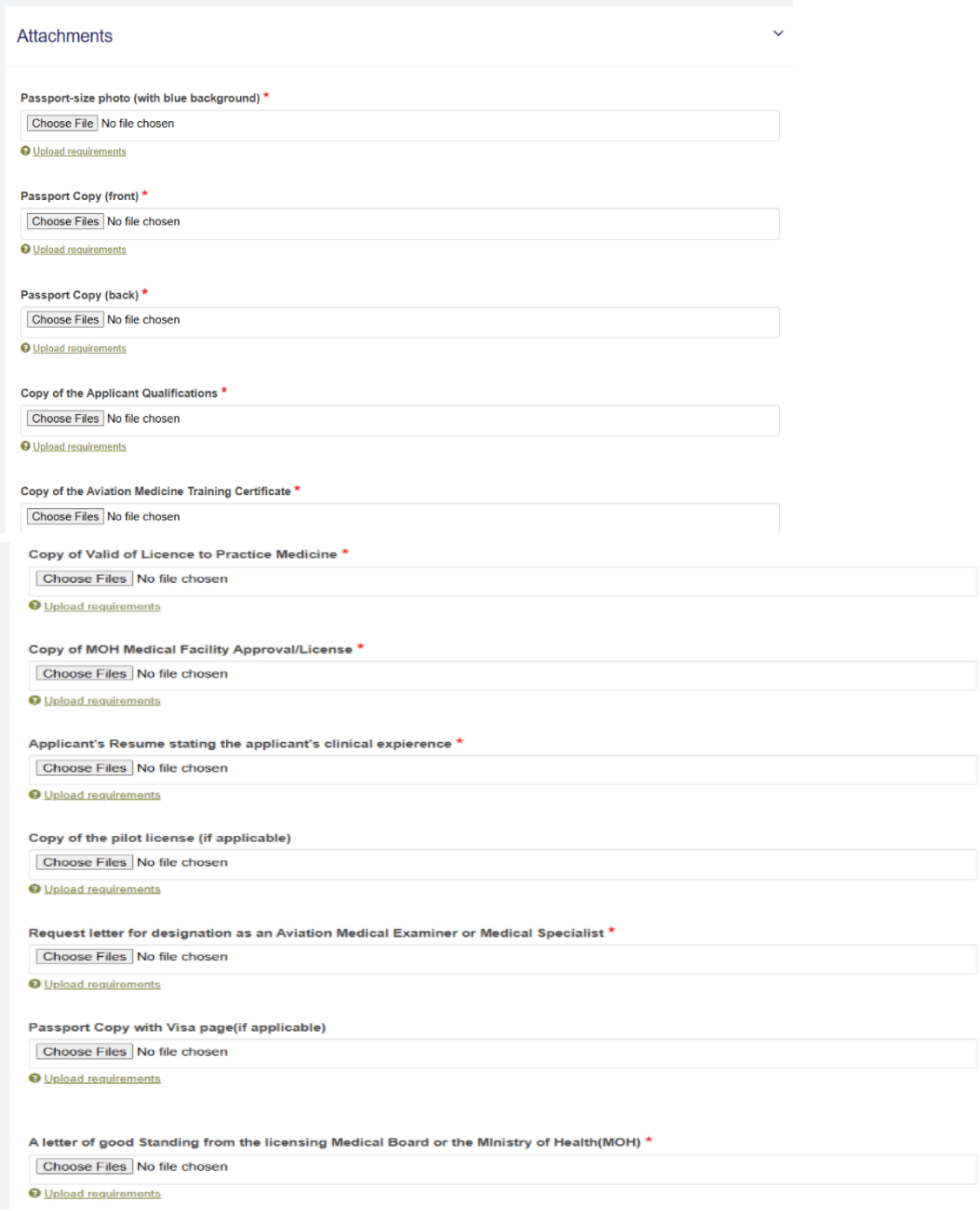
Mandatory Documents

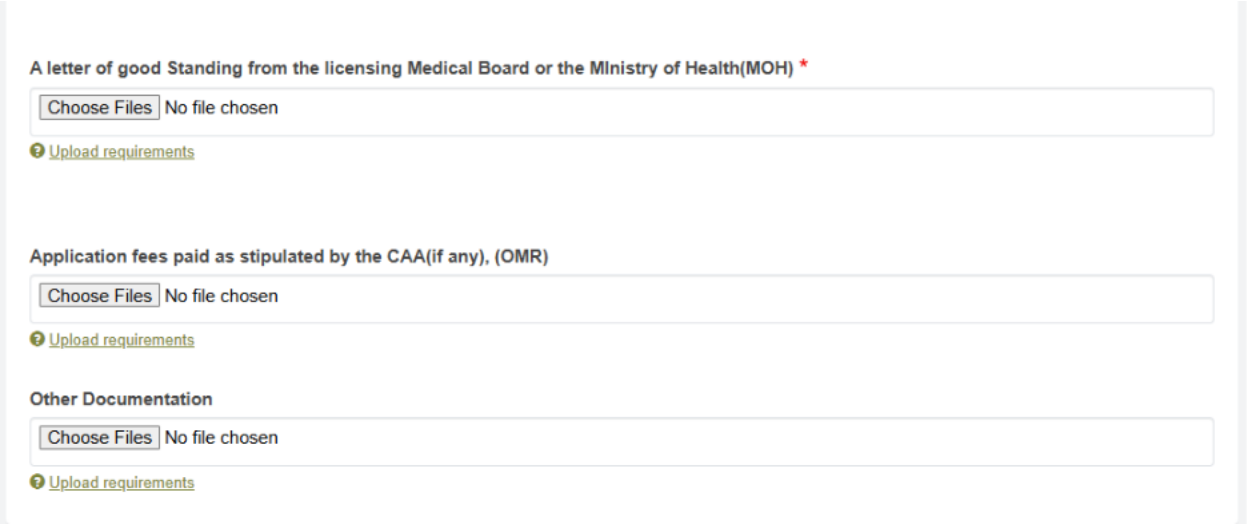
28) Upload a **Passport-size Photo (with blue background)*** — a recent photograph that meets official identification standards.
29) Upload **Passport Copy (Front)*** and **Passport Copy (Back)*** — clear scans of both pages.
30) Upload a **Copy of the Applicant's Qualifications*** — academic certificates and degrees relevant to your medical training.
31) Upload a **Copy of the Aviation Medicine Training Certificate*** — proof of training in aviation or aerospace medicine.
32) Upload a **Copy of a Valid Licence to Practise Medicine*** — current and valid licence issued by a recognised authority.
33) Upload a **Copy of the MOH Medical Facility Approval/Licence*** — documentation confirming the medical facility is approved or licensed by the Ministry of Health.
34) Upload the **Applicant's Résumé*** — a detailed curriculum vitae outlining clinical experience and professional background.
35) Upload a **Request Letter for Designation*** — a formal letter from the Applicant requesting designation as an Aviation Medical Examiner or Medical Specialist.
36) Upload a **Letter of Good Standing*** — issued by the relevant medical board or the Ministry of Health, confirming your professional standing.

Conditional Documents (Upload if Applicable)

37) Upload a **Passport Copy with Visa Page** — required if you hold a visa for Oman.
38) Upload a **Copy of the Pilot Licence** — required if you indicated aviation experience as a pilot in Section C.
39) Upload proof of **Application Fees Paid** — as stipulated by the CAA (if any), in Omani Rials (OMR).

40) Upload any **Other Supporting Documentation** that may strengthen your application (e.g., additional certifications or relevant correspondence).



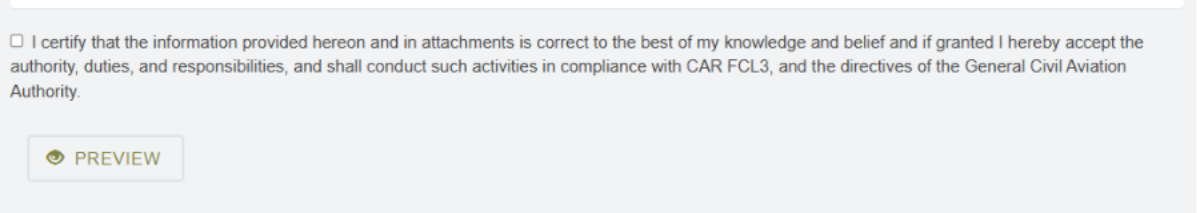


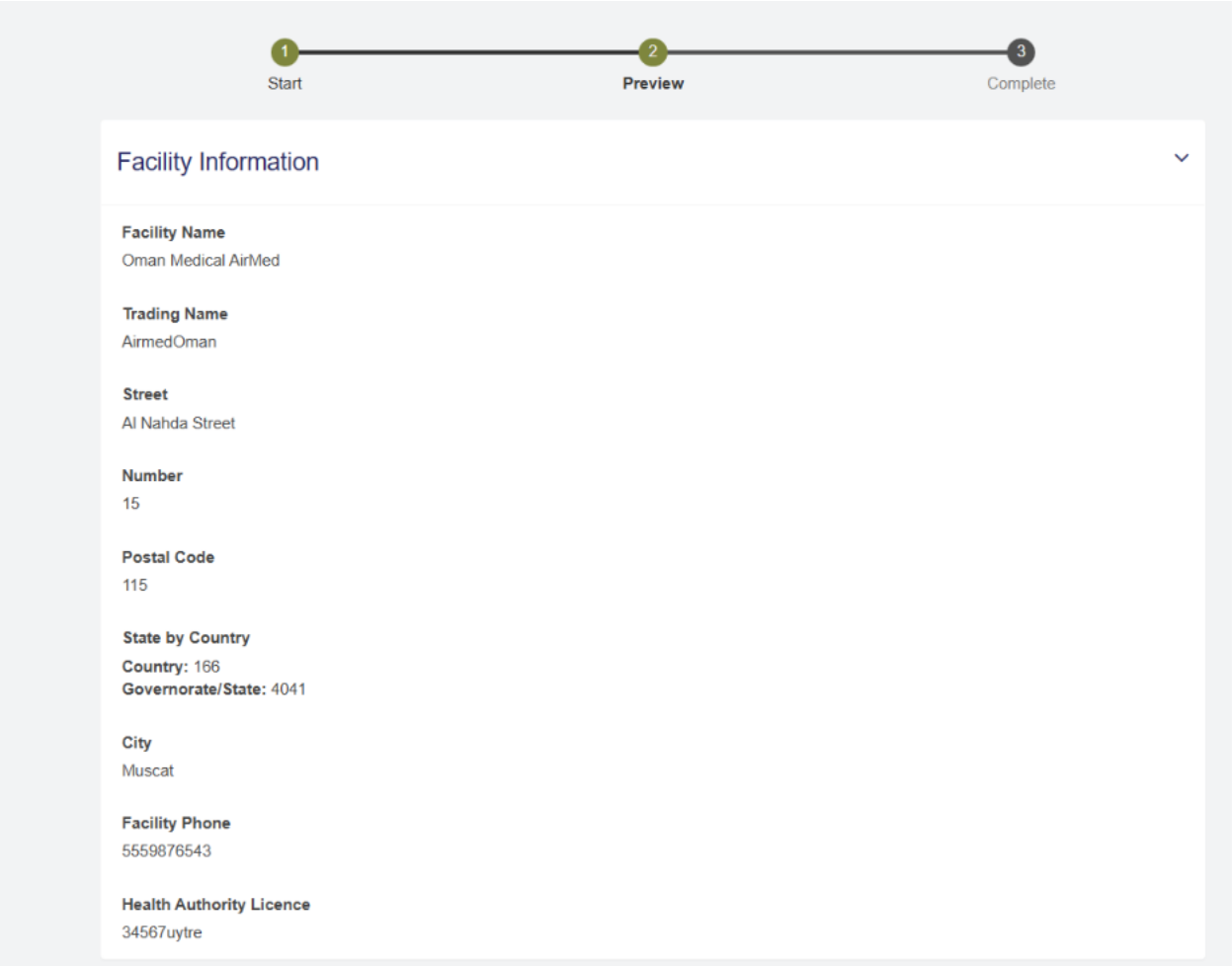
Declaration and Submission

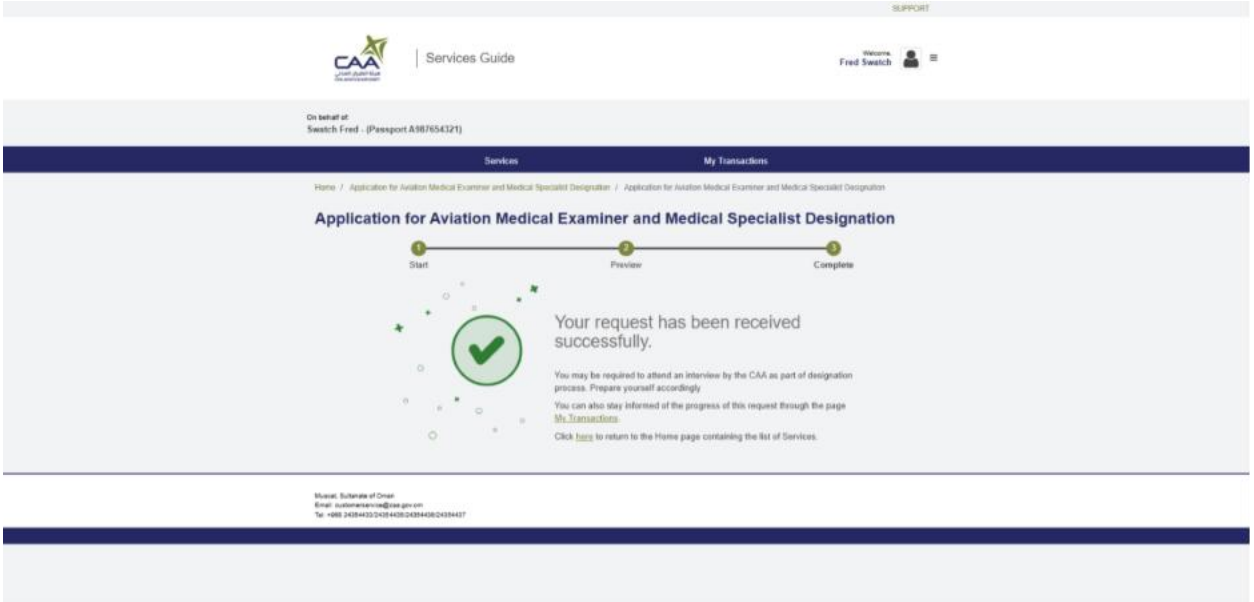
41) Scroll to the bottom of the form and tick the **Declaration checkbox**: "I certify that the information provided hereon and in attachments is correct to the best of my knowledge and belief and if granted I hereby accept the authority, duties, and responsibilities, and shall conduct such activities in compliance with CAR FCL3, and the directives of the General Civil Aviation Authority."
42) Click the **PREVIEW** button to review all completed sections before submission. Verify that all fields are accurate, consistent with your supporting documents, and all attachments are clearly visible.
43) If all information is correct, click **SUBMIT**. A success confirmation message will appear on screen.

ⓘ **NOTE:** After successful submission, the Applicant will receive an email confirming the application has been received and is being evaluated by the CAA. You can track the progress of your application at any time via the My Transactions tab in the portal.

◎ **TIP:** It is strongly recommended to review all entries carefully in the Preview stage before submitting. Once submitted, changes to the application are not possible without a formal reapplication or request to the CAA.




1
Start
2
Preview
3
Complete
Facility Information
Facility Name
Oman Medical AirMed
Trading Name
AirmedOman
Street
Al Nahda Street
Number
15
Postal Code
115
State by Country
Country: 166
Governorate/State: 4041
City
Muscat
Facility Phone
5559876543
Health Authority Licence
34567uytre


Services Guide
Services
My Transactions
Application for Aviation Medical Examiner and Medical Specialist Designation
Start
Preview
Complete
Your request has been received successfully.