



Civil Aviation Authority - Sultanate of Oman
Flight Safety Department - Personnel Licensing Section
Application for Aeromedical Examiner Designation

1. APPLICATION TYPE

Initial issue Renewal Change of facility address

2. FACILITY INFORMATION

| | |
|---|-------------------------------|
| Name of the Facility: | Trading Name (if applicable): |
| Facility Address (main location and postal number): | Facility Telephone No.: |

3. APPLICANT DETAILS

| | | |
|----------------------|---|------------|
| First Name: | Middle Name: | Last Name: |
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Nationality: | Name of Employer: | |
| Mobile Number: | CAA Authorization (designation) Number (if applicable) | |
| OMAN Postal Address: | OMAN National/Resident ID Number (if available) | |
| Email | Tel. No. (Office): | |

Medical Specialty: _____

Number of post graduate years in clinical practice: _____

Do you hold qualification in Aerospace/Aviation medicine? YES NO

Qualification: _____

Do you have military flight surgeon experience? YES NO
If yes, please state the details.

Do you have Aviation experience as a pilot? YES NO
 Other: _____

Do you hold a license to practice medicine in OMAN? YES NO

OMAN Ministry of Health (MOH) Licence Number: _____ Expiry Date: _____

Do you hold a license to practice medicine overseas? YES NO
If yes, 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 Evaluation boards conducted: As president:As member: |
|---|---|



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

| Date (dd/mm/yyyy) | Activity | CME Hours |
|-------------------|----------|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |

APPLICANT DECLARATION

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.

SIGNATURE OF APPLICANT (*sign inside the above box*)

Date: _____

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CAA USE ONLY-APPROVAL

- Recommended for all classes Not Recommended
 Recommended with Restricted class _____

Aeromedical Inspector Name:

Signature:

Date:

Aeromedical Assessor Name:

Signature:

Date:

CHECKLIST

- Requested Letter from the Examiner
 Passport size photo with white background
 Passport copy with visa page (if applicable)
 Copy of the Applicant's qualifications (*for Initial only*)
 Copy of the Aviation Medicine Certificate (*for Initial only*)
 Copy of the CME records for the past two years (*for renewal only*)
 Copy of Omani MOH license
 Copy of the CAA medical facility approval
 Applicant's resume stating the applicant's clinical experience.
 Fees of RO /..... should be submitted with Initial and/or renewal applications
 Fast Track Application –additional OMR..... (Within ten working days)

Notes:

- 1. All fields are mandatory and must be filed in English.**