**APPLICATION FOR AEROMEDICAL EXAMINER DESIGNATION**

| **SECTION:** | **PERSONNEL LICENSING AEROMEDICAL FORMS** | logo **PEL 501****Rev: 02 - Nov/21** |
| --- | --- | --- |
| **TITLE:** | **APPLICATION FOR AEROMEDICAL EXAMINER DESIGNATION** |
| 1. **APPLICATION TYPE**
 |
|  □ Initial issue □ Renewal □ Change of facility address |
| 1. **FACILITY INFORMATION**
 |
| Name of the Facility: | Trading Name (if applicable):  |
| Facility Address (main location and postal number): | Facility Telephone No.: |
| 1. **APPLICANT DETAILS**
 |
| First Name: | Middle Name: | Last Name: |
| Gender: |  □ Male □ Female |
| Nationality: |  | CAA FILE No (if available): |  |
| Name of Employer: |  | CAA Authorization (designation) Number (if applicable) |  |
| Mobile Number: |  | OMAN National ID Number (if available) |  |
| Facsimile No. (if any) |  | Tel. No. (Office): |  |
| OMAN Postal Address: |  | Email: |  |
| 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?* OMAN Ministry of Health (MOH) □ YES □ NO
 |
| Do you hold a license to practice medicine overseas? □ YES □ NOIf 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: |

|  |
| --- |
| 1. **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 FCL-3, and the directives of the Civil Aviation Authority.

|  |
| --- |
| **Signature of Applicant:** |

NAME OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note: All fields are mandatory and must be completed in English.***

**APPLICATION FOR AEROMEDICAL EXAMINER DESIGNATION**

| **SECTION:** | **PERSONNEL LICENSING AEROMEDICAL FORMS** | logo**PEL 501****Rev: 02 - Nov/21** |
| --- | --- | --- |
| **TITLE:** | **APPLICATION FOR AEROMEDICAL EXAMINER DESIGNATION** |
| **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** |
| □ Request 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 Oman license  |
| □ Copy of the CAA medical facility approval |
| □ Applicant’s Resume stating the applicant’s clinical experience.  |
| □ Fees of OMR /……. should be submitted with Initial and/or renewal applications |
| □ Fast Track Application – additional OMR……………. (Within ten working days) |

***Notes: All fields are mandatory and must be completed in English.***