



Civil Aviation Authority - Sultanate of Oman
Flight Safety Department - Personnel Licensing Section
Application for Designation as Aviation Medical Examiner or
Medical Specialist

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

1. APPLICATION TYPE

<input type="checkbox"/> Initial issue <input type="checkbox"/> Renewal	<input type="checkbox"/> Aviation Medical Examiner <input type="checkbox"/> Medical Specialist
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2. MEDICAL 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:	CAA File No. (if applicable):	
Name of Employer:	CAA designation No. (if applicable)	
Mobile Number:	Oman National ID Number (if applicable)	
Tel. No. (Office):	Passport Number:	
Postal Address:	Email address:	
Medical Specialty:		
Number of post graduate years in clinical practice:		
Do you hold a qualification in Aerospace/Aviation medicine? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Qualification: _____		
Do you have military flight surgeon experience? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please state the details:		
Do you have an Aviation Medical Examiner designation from another CAA? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please state the details:		
Name of CAA:		
Class & Date of Aviation Medical Examiner designation:		
Do you hold a license to practice medicine in Oman? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Oman Ministry of Health (MOH) Licence Number: _____ Expiry Date: _____		



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Do you hold a license to practice medicine overseas? ☐ YES ☐ NO
If yes, please state the details:

Do you have Aviation experience as a pilot? ☐ YES ☐ NO
If yes, give License details :
(a) License Type:
(b) License No : (C) Expiry date:

For Renewal only:

Number of medical examinations conducted:
CLASS I:
CLASS II:
CLASS III:
CLASS Cabin Crew:
Others:

Number of Medical Evaluation boards conducted:
As president:
As a member:

4. CME Records (Aviation Medical Examiner refresher training since last designation) – Renewal only

Date (dd/mm/yyyy)	Activity	CME Hours

5. APPLICANT DECLARATION

I certify that the information provided herein and in attachments is correct and factual as to the best of my knowledge and belief and if granted the designation, I hereby accept the authorization, duties, and responsibilities confined on me, and shall conduct such activities in compliance with CAR FCL-3, and the directives of the Civil Aviation Authority.

Applicant Name :

Signature of Applicant:

Date:

(Sign inside the box below)

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CAA USE ONLY-APPROVAL

- ☐ Recommended for all classes ☐ Not Recommended
- ☐ Recommended with Restricted class. State -----

Medical Assessor Name:

Signature:

Date:

#	CHECKLIST	✓ / ✗
1.	Application letter from Applicant, Medical Doctor	<input type="checkbox"/>
2.	Passport size photo on blue background	<input type="checkbox"/>
3.	Passport copy with visa page (if applicable)	<input type="checkbox"/>
4.	Copy of the Applicant's qualifications <i>(for Initial only)</i>	<input type="checkbox"/>
5.	Copy of the Aviation Medicine Training Certificates <i>(for Initial only)</i>	<input type="checkbox"/>
6.	Copy of the CME records for the past two years <i>(for renewal only)</i>	<input type="checkbox"/>
7.	Copy of Valid License to Practice Medicine	<input type="checkbox"/>
8.	Copy of the pilot License (if applicable)	<input type="checkbox"/>
9.	A letter of good standing from the Licensing Medical Board or the Ministry of Health (MOH)	<input type="checkbox"/>
10.	Copy of MOH medical facility approval/ License	<input type="checkbox"/>
11.	Applicant's Resume stating the applicant's clinical experience	<input type="checkbox"/>
12.	Application fees paid as stipulated by the CAA (if any), OMR/	<input type="checkbox"/>