



References:

CAR Part 67
AC 67-1

Instructions:

Important Notes for All Applicants:

- (1) Applicant's Checklist - Please note that Appendix 2 of CASA Advisory Circular AC 67-1 (available on CASA website: <https://casapng.gov.pg/advisory-circulars-ac/#1503113314950-115143c8-a5c8>, contains AME Designation Process Checklist that an applicant should use as a guide to ensure that all requirements of CAR 67 have been fully complied prior to applying for designation.
- (2) CASA Website access - Further note that all information pertaining to Aviation Medicals in PNG, such as the PNG Medical Manual, ICAO Manual on Aviation Medicine Doc 8984, PNG DAME Register, application forms and checklists may be accessed on the CASA website: <https://casapng.gov.pg/personal-licensing/aviation-medicine>
- (3) DAME application Fees - From 01 January 2018, CASA PNG will not charge any application fees for DAME initial applications and/or renewals.
- (4) Expositions - All initial applicants must submit an Exposition of the medical clinic that they work for, as required by rule 67.161.
- (5) Please type or print the application using block letters and retain a copy for your records.

CASA Client No:

Grade (Tick appropriate option): **ME1** or **ME2** - refer AC 67-1 for guidance)

Application Type (Tick one of the options): **Initial Application** **Renewal Application**

Personal Details

Surname		Title	
Given names		Date of Birth	
Postal Address (for correspondence with CASA)			
Practice Telephone No.	+	Practice Fax No.	+
Mobile Phone No	+	After hours contact details:	+
E-mail Address			
Information that you wish to be published on the website for applicant use:			
Address:			



Opening Hours		Gender:	
Telephone:	+	E-mail:	

Criteria for Issue of Medical Examiner Certificate

Medical Registration	
PNG or Foreign MC No	Country of Practice if not PNG

Please attach copy of annual certificate

Medical Examiner Competencies

One of the requirements to become a Medical Examiner is to demonstrate to the Director that you are competent to perform the functions of that role [CAR 67.173 /AC 67-1]. The competencies required by the Director are listed in the tables below under four generic categories: identification, assessment, management, and audit / review. You are asked to provide the Director with information that demonstrates your competence in each area listed.

Additional documentation should be provided to support any experience, training, or education claims. If further space is needed, please include additional information.

<p>The competencies required to be demonstrated for the issue of a Medical Examiner Certificate:</p> <ul style="list-style-type: none"> • For Medical examiners grade 2 the competencies outlined below relate to personnel who are required to hold a Class 2 Medical Certificate and the aviation environments within which they operate. • For Medical Examiners grade 1 the competencies outlined below relate to personnel who are required to hold a Class 1, 2, or 3 Medical Certificate and the aviation environments within which they operate.
<p>Identification</p> <p>This competency requires that you demonstrate your ability to:</p> <p>(1) Apply clinical skills to accurately diagnose and evaluate conditions and situations with the potential to interact adversely with the aviation environment by utilising:</p> <ul style="list-style-type: none"> 1.a Clinical history taking; 1.b Physical and mental examination; 1.c Further investigations or consultant reviews (whether performed or arranged by medical examiner); 1.d Diagnostic skills; 1.e Liaison with colleagues, other health professionals, and other organisations;
Empty space for additional information



This competency requires that you demonstrate your ability to:

- (2) Identify aspects of the aviation environment with the potential to reduce aviation safety through interaction with an applicant's condition or situation.

This competency requires that you demonstrate your ability to:

- (3) Identify the competing or conflicting interests inherent in regulatory medical practice.

This competency requires that you demonstrate your ability to:

- (4) Access additional information, such as journals, scientific research, internet resources, colleagues and specialist advisors, to support the assessment of an applicant's suitability and safety to operate in an aviation environment.

Assessment

This competency requires that you demonstrate your ability to:

- (5) Employ evidence-based medical principles and processes in determining and analyzing the suitability and safety of an applicant to operate within the aviation environment.

This competency requires that you demonstrate your ability to:

- (6) Determine and analyse the legislation, regulations, and medico-legal considerations relating to the safety and suitability of an applicant to operate within the aviation environment.

This competency requires that you demonstrate your ability to:

- (7) Critically analyse and utilize additional information, such as journals, scientific research, internet resources, colleagues, and specialist advisors, to support the assessment of an applicant's suitability and safety to operate in an aviation environment.



Management

This competency requires that you demonstrate your ability to:

- (8) Manage the risk related to an applicant operating in the aviation environment by applying the necessary standards, methodologies and processes.

This competency requires that you demonstrate your ability to:

- (9) Manage conflicting or competing interests in a manner that compromises neither aviation safety nor the quality of clinical decision making.

Effectively communicate

This competency requires that you demonstrate your ability to:

- (10) Communication
 - 10.a** Make risk assessment determinations and considerations to applicants, the CAA, colleagues and other organisations;
 - 10.b** Collect information concerning the relevant legislation and regulations to applicants;
 - 10.c** Communicate with colleagues, consultants and others as necessary for the purposes of obtaining additional information, advice, and guidance concerning regulatory risk management decisions.

This competency requires that you demonstrate your ability to:

- (11) Manage practice administration and record keeping systems so that:
 - 11.a** Regulatory risk assessment and risk management decisions and actions are reliably and thoroughly documented;
 - 11.b** Regulatory risk assessment and risk management decisions can be effectively and unambiguously communicated;
 - 11.c** Regulatory risk assessment and risk management decisions and actions are easily retrievable overtime;



Review / Audit
<p>This competency requires that you demonstrate your ability to:</p> <p>(12) Be a constructive participant in monitoring, review, and audit activities through:</p> <p style="margin-left: 20px;">12.a Taking an active involvement in review processes;</p> <p style="margin-left: 20px;">12.b Appreciating and accepting review findings and outcomes;</p> <p style="margin-left: 20px;">12.c Implementing review recommendations.</p>
Have you completed a course in Aviation Medicine?
Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____

Clinical Facilities

Vision			
Do you have colour vision Plates	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type:
Condition (i.e., colour fading?):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type:
Do you have a near vision plates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type:
near vision plate:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type:
Do you have distance vision plates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type:
Distance used for testing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type:
Do you have a Maddox Rod?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type:
Do you have a Maddox Wing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type:
Do you have Stereoscopic plates or similar?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type:



Hearing		
Do you have an audiometer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes what type / model?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Calibration.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Calibration agency:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cardio Vascular		
Type of sphygmomanometer used:		
If Aneroid, date of calibration:		
Sizes of BP cuffs available:		
ECG, short Description and Model if any:		

Do you have access to the internet and CASA website? For designation you are required to undertake continuing training in aviation medicine:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you follow a MOPS programme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this include an aviation Component?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please comment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Undertaking to comply with emergency rules issued by the Director under section 73 of the Civil Aviation Act.

I, undertake to comply with emergency rules issued under section 73 of the Civil Aviation Act.

Applicants Signature: Date:

Overseas Applicants:		
Is English your first language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, can you communicate effectively in English / Written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Oral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No