

Application for Appointment of an Aero Medical Examiner

Please complete this form online (preferred method) then print, sign and submit as instructed.
Alternatively, print, then complete in **BLOCK CAPITALS** using black or dark blue ink.
Please read attached Guidance Notes before completing the technical sections of this form.

False Statement

The making of false statement for the purpose of procuring the grant, issue, revalidation, renewal or variation of any certificate, licence, approval, permission or other document is an offence under the Act 60 of 1960. The Directorate General of Civil Aviation may, in any case in which they think it is desirable, require the applicant to furnish such evidence as they may desire and to make and subscribe a statutory declaration as to the truth of the facts set out in the application.

Notes

KCASR 1 Part FCL requires that an individual has all of their licences administered by the National Aviation Authority that holds their medical records (Part MED.A.030 and Part FCL.015).
If your medical records are not held by the Kuwait DGCA, your application will be rejected.

1. Personal Particulars of Applicant (In BLOCK CAPITALS)

(To be completed by the Applicant)

Title: Forename: Surname:
Date of birth: Nationality:
Town of Birth: Country of Birth:
Permanent Address to which certificate is to be returned:
..... Postcode:
Telephone no: Mobile no:
Email: Languages Spoken:

2. Address for Correspondence (if different from above)

(To be completed by the Applicant)

Postal Address:
..... Post Code:

3. Current Employment	(To be completed by the Applicant)
Name of Employer:	Current Stamp Number:
Principle Business Address:	Postcode:
.....	Mobile no:
Telephone no:	Website address:
Email:	Dates of Employment:
Job Title:
Brief Summary of Clinical activities:
.....

4. Previous Employment		(To be completed by the Applicant)
Job Title	Employer Name	Dates of Employment

5. Medical Registration and Licensing			(To be completed by the Applicant)
Country of Medical Registration	Medical Registration Number	Date gained Full Medical Registration	Date of Expiry of Current Medical Registration

6. Primary Medical Qualification		(To be completed by the Applicant)
Primary Medical Degree	Awarding Body	Date Awarded

7. Postgraduate Qualifications

(To be completed by the Applicant)

Postgraduate Qualification	Awarding Body	Date Awarded

8. Certificate of Completion of GP or Specialist Training

(To be completed by the Applicant)

GP or Speciality of Specialist Training	Awarding Body	Date Certificate of Completion of Awarded

9. Aviation Medicine Training Courses

(To be completed by the Applicant)

(e.g. Basic and Advanced Courses)

Course Name	Organisation	Date Completed	Grade Achieved

10. Aviation Medicine Qualifications

(To be completed by the Applicant)

(e.g. Diploma or MSc in Aviation Medicine)

Qualification	Awarding Body	Date Awarded

11. Flying Experience

(To be completed by the Applicant)

(e.g. Private/Commercial Pilot Licences, Instrument Ratings)

Pilot Licences Held	Country of Licence Issues	Date of Issue	Date of Expiry	Total pilot flying hours

12. Aviation Medical Experience

(To be completed by the Applicant)

Please provide details e.g. nature, duration and frequency of work, exact dates undertaken and with which organisation. If you have performed Aeromedical examination for another Regulator, please state Class/type and number of Medicals performed within the last 5 years. If you have any practical experience within an Aeromedical Centre, please detail activities undertaken, give number of hours and attach a programme of training received. A signed letter of verification of all declared aviation medicine experience is required from a medical referee who should include their job title, organisation, national medical registration number and AME number if applicable.

13. Other Relevant Aviation Affiliations

(To be completed by the Applicant)

Aviation Organisation/Professional Aviation Bodies	Date of Membership	Activity/Role

14. AME Certifications held with other aviation Regulatory Authorities (To be completed by the Applicant)
(e.g. FAA, Transport Canada, CASA)

Aviation Authority and Country	Date of Initial Issue	Do you hold current certification	If expired, give expiry date

If you have been an AME for another aviation regulatory authority, have you ever been subject to an investigation by the authority or has your AME certification ever been suspended or revoked by the authority?

Yes: No:

If yes, please provide details on a separate sheet.

Do you hold current, valid medical registration, without any conditions or restrictions?

Yes: No:

If no, please provide details on a separate sheet.

15. Declaration of Applicant (To be completed by the Applicant)

Have you ever been the subject of disciplinary action arising from your professional practice?

Yes: No:

If YES, please provide details on a separate sheet.

Have you ever been subject to any inquiry, investigation or hearing by a registration body or had any conditions imposed on your practice, been suspended or erased from the medical register in any country?

Yes: No:

If YES, please provide details on a separate sheet.

Have you ever been convicted of any criminal offence?

Yes: No:

If YES, please provide details on a separate sheet.

Are you aware of any circumstance or situation, relating to professional matters, in which you have been involved or may become involved in the future, that the DGCA should be made aware of?

Yes: No:

If YES, please provide details on a separate sheet.

I declare that the information provided on this form is true to the best of my knowledge and belief. I have fully reviewed all Guidance Notes and have submitted all of the necessary paperwork for my application to be considered.

Signature of Applicant: Date:

Delivery Instructions

This form, when completed, should be forwarded and must be accompanied by the appropriate fee to; Directorate General of Civil Aviation, Aviation Safety Department, P.O. Box 17, Safat 13001, State of Kuwait Note 1: The DGCA/ASD requires a minimum of 2 weeks to process a completed application.

Note 2: Refer to Kuwait Civil Aviation Safety Regulations 27 for charges and fees.

Payment Instructions

Cheque, Demand Draft etc. made payable in favour of DIRECTORATE GENERAL OF CIVIL AVIATION, or Telex Transfer directly to our Account at;

CENTRAL BANK OF KUWAIT, P. O. BOX: 526, SAFAT, 13006, KUWAIT.

ACCOUNT NO. 42/4170

For official use only (DGCA/ASD)

Date of Receipt:

Enclosures Checked by Name: Office:

Application Accepted: Rejected: Pending: Approved:

Remarks:

Name and signature of authorised staff member Name:

Signature: Date:

Please use the Checklist below to ensure **ALL** required documents are attached, in order to expedite the processing of your application. **Photocopies only**, should be sent with your application. Originals may be requested later, if required.

A Curriculum Vitae (CV) is optional.

	Enclosed(tick)	DGCA Use Only
Completed and signed Application Form	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Photo Id (<i>Passport/Driving Licence</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Passport sized colour photograph	<input type="checkbox"/>	<input type="checkbox"/>
Copy of valid current Medical Registration Document	<input type="checkbox"/>	<input type="checkbox"/>
Copies of Primary Medical Degree and Postgraduate Degrees	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Certificate of Completion of Specialist Training	<input type="checkbox"/>	<input type="checkbox"/>
Copies of Certificates of Aviation Medicine Courses Passed	<input type="checkbox"/>	<input type="checkbox"/>
Copies of Aviation Medicine Degrees	<input type="checkbox"/>	<input type="checkbox"/>
Copies of Pilot Flying Licence	<input type="checkbox"/>	<input type="checkbox"/>
Signed Verification of Aviation Medicine Experience from Medical Referee	<input type="checkbox"/>	<input type="checkbox"/>
Completed Premises form	<input type="checkbox"/>	<input type="checkbox"/>
Copy of your Ministry of Health approval	<input type="checkbox"/>	<input type="checkbox"/>