

## General Information

This application will inform CAA of your details and formal Aviation Medicine training. This will allow the CAA to consider if you meet the requirements to be designated as a medical examiner and on your acceptance to the Regulatory Aviation Medicine course run by CAA. Successful completion of this course is required to become a Medical Examiner. Medical Examiners' competencies are prescribed in the Civil Aviation Rule Part 67. See the relevant CAA webpage: <https://www.aviation.govt.nz/licensing-and-certification/medical-certification/medical-examiners/>

## 1. Applicant Details

Full name			
CAA Participant number (if known)		Application date	
NZMC or foreign country national/regional registration certificate	Please attach copy of your current practicing certificate or registration document. Document must be certified if not from New Zealand		

Practice details		Personal details	
Practice physical address		Address	
Secured Email		Email	
Phone Number		Phone Number	
Postal address if different			
Practice website (if any)			

## 2. Practice Details

Scope of current Medical Practice and all intended Aviation Medical Practice			
Primary Activity			
Aviation Medical Examiner for other countries	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes list:
Pilots and air traffic controllers Examination only	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Pilots and air traffic controllers Examination and Assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Airline or Airforce Medical Officer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other (specify)			

## 3. Qualifications and Experience

Qualifications – Please list all medical qualifications	
Qualification	Issuing organisation or university (please attach certified copies)

**Experience – Please attach a copy of your CV**

List any key operational aviation experience, if any (i.e. pilot, air ambulance paramedic, air force medical officer etc)

Please list aviation and aviation medicine organisation membership, if any

**Language requirement**

English is my first language

Other language – Provide details below:

If English is not your first language, are you able to communicate effectively in English, written and spoken? (This will be reviewed during your attendance).

Yes

No

**Overseas applicants** – Please provide a certificate of good standing by your national medical registration office.

Document attached

Yes

No

**4. Applicant Checklist and Declaration**

<p><i>Complete this checklist to ensure all applicable documents are provided.</i></p> <p><i>Applications which are incomplete or lacking any required documents will be returned.</i></p>	1. All sections of the form completed	<input type="checkbox"/>
	2. Current practicing certificate or registration document (certified if not from NZ)	<input type="checkbox"/>
	3. Certified copies of qualifications	<input type="checkbox"/>
	4. Current CV	<input type="checkbox"/>
	5. List any additional attachments	<input type="checkbox"/>

*At the time of designation, following successful completion of the Regulatory Aviation Medicine course, you will be asked to complete a Fit and Proper Person questionnaire and to have an address for service in NZ (Overseas applicants can use a NZ relative, or NZ accountant etc.).*

**I declare that to the best of my knowledge and belief the statements made and the information supplied in this application and the attachments are complete and correct.**

Full name			
Signature		Date	

**Submit the completed application and supporting documentation to [med@caa.govt.nz](mailto:med@caa.govt.nz)**

## Office Use Only

**Comments** regarding Aviation medicine qualifications, experience and overall competencies against Part 67 and ICAO requirements to be designated as a medical examiner

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### Decision

Eligible to attend the Regulatory Aviation Medicine Course

Yes

No

Decision made by

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Signature

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Date

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Date of notification to applicant

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