



**APPLICATION FOR  
AERO-MEDICAL EXAMINERS (AME), GENERAL MEDICAL PRACTITIONERS (GMP),  
OCCUPATIONAL HEALTH MEDICAL PRACTITIONERS (OHMP)  
APPROVAL**

*Please complete in BLOCK CAPITALS using black or dark blue ink.*

**FALSE REPRESENTATION STATEMENT**

It is an offence to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document.

**1. APPLICANT DETAILS** **To be completed by the Applicant**

Full Name:

Applying for:  
 AERO-MEDICAL EXAMINERS (AME)  GENERAL MEDICAL PRACTITIONERS (GMP)   
 OCCUPATIONAL HEALTH MEDICAL PRACTITIONERS (OHMP)

Correspondence Address:

AeMC Address:

Telephone Number(s):

Email Address:

**2. MEDICAL QUALIFICATIONS:** **To be completed by the Applicant**

Primary Medical Degree:

Postgraduate Qualification:

Specialist Training(s):

**3. AVIATION MEDICINE TRAINING COURSES** **To be completed by the Applicant**

Course Name	Date completed
Basic Courses	
Advanced Courses	
Diploma in Aviation Medicine	
MSc in Aviation Medicine	
Refresher training	

**4. DECLARATION OF THE APPLICANT** **To be completed by the Applicant**

*I declare that the medical certificates will be issued on the basis of the requirements of the MCARs.*

APPLICANT		ACCOUNTABLE MANAGER AeMC	
Signature:		Signature:	
Date:		Date:	