



Appointment or Reappointment as Designated Aviation Medical Examiner, Designated Aviation Ophthalmologist or CASA Approved Aviation Consultant

CASR 67.025



Download this form before you begin

Please download and complete with Adobe Acrobat. If you're using a browser to complete this form you may lose your information. Send this form and any attachments to DAME.liaison@casa.gov.au.

Purpose of this form

Use this form to apply to CASA for appointment or reappointment as a Designated Aviation Medical Examiner (DAME), Designated Aviation Ophthalmologist (DAO) or CASA Approved Aviation Consultant (CAAC).

Who is this form for?

This form is for registered medical professionals applying for Designated Aviation Medical Examiner (DAME), Designated Aviation Ophthalmologist (DAO) or CASA Approved Aviation Consultant (CAAC).

Information needed to complete this form

You are required to provide the following:

For initial applications:

- Certified copy of Aviation Medicine training certificate
- Certified copy of Specialist Fellowship Certificate (if applicable)
- Certified copy of AHPRA Registration
- Curriculum Vitae
- Colour photograph

For renewals:

- Current AHPRA Registration (including Specialist category if applicable)
- Evidence of compliance with Aviation Medicine currency requirements for your category (CPD statement or refresher course certificate - refer to CASA Avmed website for requirements)
- Colour photograph

Aviation Reference Number (ARN)

An ARN is required to complete this form.

If you are the applicant and you do not have an ARN, [apply now](#).

Contact details

It is important the contact details on the ARN profile are current. CASA uses these contact details when processing this application.

If your address, contact or other details have changed, you must update them online using [changing your details](#) prior to lodging this form.

Failure to provide up to date contact details to CASA could result in additional fees being charged under the *Civil Aviation (Fees) Regulations 1995* and may constitute a criminal offence.

Privacy

Any personal information you provide to CASA is protected by the Privacy Act 1988. CASA can only collect, use and disclose that information in accordance with that Act.

CASA will use the information collected in this form for purposes associated with performing its functions under civil aviation legislation and other Australian laws.

For full details on how CASA collects, protects and uses personal information, please refer to [CASA's Privacy Statement](#).

For more information

Go to the [CASA website](#) or [contact us](#).

Applicant

1 What are the **applicant** details?

Your contact details must be current. Update your contact details via [changing your details](#).

Your **title**, **family name/surname** and **gender** will be published on the CASA website

Title

Miss Mrs Ms
Mr Prof Dr

Family name/surname

First given name(s)

ARN

Date of birth (DD/MM/YYYY)

/ /

Gender identity

Male Female
Undefined

Contact details

2 What are your **contact** and **postal address** details?

Phone number

Email address

Unit/number

Street name/PO box

Suburb

State/territory

Postcode

Country (if not Australia)

 **Attach coloured photograph**

3 What is the **appointment type** (select one)?

DAME
DAO
CAAC
Specialty Field:

4 What are you **applying** for (select one)?

New Appointment **➔ Go to 6**
Reappointment **➔ Go to 5**

5 What is your **examiner number**?

Qualifications and Experience

6 Which university or medical school did you obtain your qualification?

Qualification obtained


 **Attach certified copy of qualifications**

7 What higher qualifications have you obtained?


DAO applicants must attach FRANZCO or equivalent.
DAME/DAO applicants must attach CASA aviation medicine regulatory course certificate
CAAC applicants must attach FRACP (or equivalent recognised by AMC)

 **Attach higher qualifications**

8 What is the type of practice and or/registered specialty?

 **Attach evidence of current medical registration**

9 What experience do you have in aviation medicine?

 **Attach copy of curriculum vitae**

10 Are you a pilot?

No ➔ **Go to 12**

Yes ➔ **Go to 11**

11 What is your category?

ATPL

CPL

PPL

RPL

12 What are your current memberships (select all that apply)?

ASAM


AMSNZ

ASMA

ICASM

ESAM

Other (specify)

 **Attach copy of membership certificates**

13 What affiliation(s) do you have with aero/space medical organisations?

14 Are you approved to conduct medicals for overseas flight crew licencing authorities?

No ➔ **Go to 16**

Yes ➔ **Go to 15**

15 Which country/countries are you approved in?

Continuing professional development

16 What aeromedical meetings have you attended in the last three years?

Date attended (DD/MM/YYYY)

/ /

Organisation

Location

Date attended (DD/MM/YYYY)

/ /

Organisation

Location

Date attended (DD/MM/YYYY)

/ /

Organisation

Location

Date attended (DD/MM/YYYY)

/ /

Organisation


Location

Date attended (DD/MM/YYYY)

/ /

Organisation

Location

 **Attach copy of attendance certificates**

Practice Detail(s)

17 What are the practice detail(s)?

Your **Website** and **Physical location(s)** will be published on the CASA website.

Practice name

Average hours per week at this location

Physical address (including city, state/region, postcode, country)

Website address

Phone number

Fax number

Email address

Practice name

Average hours per week at this location

Physical address (including city, state/region, postcode, country)

Website address

Phone number

Fax number

Email address



Attach additional pages or email
DAME.liaison@casa.gov.au to add
additional practice locations

Practice Staff

18 Which practice staff will need access to the Medical Records System (MRS)?

Please list any nurses, receptionists or other staff that require access. Each staff member will **require** an individual ARN

Title

Miss Mrs Ms
Mr Prof Dr

Full name

ARN

Date of birth (DD/MM/YYYY)

/ /

Position/role (Nurse, Receptionist)

Title

Miss Mrs Ms
Mr Prof Dr

Full name

ARN

Date of birth (DD/MM/YYYY)

/ /

Position/role (Nurse, Receptionist)

Title

Miss Mrs Ms
Mr Prof Dr

Full name

ARN

Date of birth (DD/MM/YYYY)

/ /

Position/role (Nurse, Receptionist)



Attach additional pages or email
DAME.liaison@casa.gov.au to add additional
practice staff to your designation

Application checklist

19 Select/specify attachments:

New appointment

All:

Colour photograph is attached

Evidence of Current Medical Registration is attached

CASA regulatory course certificate is attached. e.g. ASAM approved DAME Course and/or Certificate attendance
CASA approved Avmed training

Curriculum vitae is attached

DAO Specific:

Certified copy of specialist qualification FRANZCO is attached

DAME Specific:

Certified copy of any specialist qualification is attached. e.g., FRACGP, FACRRM, FAFOEM, FRACP

CAAC Specific:

Certified copy of specialist qualification relevant to application is attached. e.g., FRACP, FRANZCP, FACHAM

Reappointment

Colour photograph is attached

Evidence of Current Medical Registration is attached

CASA CPD certificate is attached e.g. ASAM approved course and/or certificate attendance
CASA approved Avmed training

If other please specify

Declaration

20 I declare that:

- I have read the [Conditions of Appointment](#), if designated, I agree to comply with the Conditions. Upon my designation, this declaration shall constitute my acknowledgment for the purposes of subparagraph 4 (xii) and respective authorisation for purposes of subparagraphs 4 (xv) and (xvi) of the Conditions.
- All statements in this application are true and correct and I have read and understood all provisions of the *Civil Aviation Safety Regulations 1998* which are relevant to this application.
- I understand CASA will use the currently held details to process this application and it is my responsibility to ensure my details are correct prior to lodgement.
- I consent to CASA using and disclosing my personal information in accordance with [CASA Privacy Statement](#) including exchanging the information with Commonwealth, State and Territory government agencies.
- If requested by CASA, I agree to provide to CASA a virtual tour of my facilities and equipment.
- I have attached all required documentation specified in the application checklist.
- I accept that if this application is withdrawn or refused by CASA, or if CASA are unable to assess the application because I have failed to provide the required information, I am liable to pay CASA fees for work conducted.
- I acknowledge that to knowingly make a false or misleading statement in this application is an offence against the *Criminal Code Act 1995*.

Full name

Date (DD/MM/YYYY)

/ /

Submitting this form to CASA



By email – send this form with all supporting documents attached to DAME.liaison@casa.gov.au



By post – return this form and all supporting documents to:

CASA Aviation Medicine

GPO Box 1544

Canberra City ACT 2601

Alternatively fax completed form to (02) 6217 1640.