7-2016


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Epidemiologic Study Shows Increased Safety Risks For Pilots Without Medical Certification

The numbers of pilots participating in flight operations not requiring standard aeromedical certification has increased with the initiation of the Light Sport Pilot category and will likely increase as the Pilot Bill of Rights II legislation recently passed into law is fully implemented. In this month’s edition of the journal Aerospace Medicine and Human Performance, Ricaurte and colleagues reviewed all fatal U.S. aircraft accidents listed in the FAA Medical Analysis and TRAcking (MANTRA) registry involving 1,084 fatal injuries from January 2011 through April 2014, demonstrating that the risk of an adverse medical event is reduced in pilots required to possess a valid medical certificate.

The retrospective cohort study is the first to show a clear increase in fatality risk for airmen who elect to fly with only the possession of a driver’s license as their only medical screening tool. Outside of alcohol or substance-related significant hazards, cardiovascular medications were the most commonly reported as being associated with “significant hazards” on post-mortem analyses.

“After months of proponents of pilot medical reform insisting that there is ‘no proof’ of any increase in risk in pilots without medical oversight, we see that there actually is,” said Dr. Clayton Cowl, CAMA President. “We must keep educating the pilot population on the importance of medical oversight and ensure medical providers without training in aviation medicine who decide to sign off on the ability of an airman to fly that they themselves understand the real aeromedical risks that exist above and beyond the usual and customary risks of the general population.”

The calculated overall accident rate for personal flying in the experimental and special light sport aircraft categories was 29.8 per 100,000 flight hours and the fatality rate was 5.2 per 100,000 flight hours, compared to an overall personal flying general aviation accident rate of 12.7 per 100,000 flight hours and a fatality rate of 2.6 per 100,000 flight hours.
Last week, Congress passed and the President signed into law a bill extending funding and programs for the Federal Aviation Administration (FAA) through Sept. 30, 2017. However, buried in the legislation was the language of the Pilot’s Bill of Rights II in Section 2307, a long-fought effort by certain aviation organizations to eliminate the need for medical oversight by Aviation Medical Examiners and allow private not-for-hire pilots to exercise the privilege of pilot-in-command of an aircraft with only a valid State-approved driver’s license.

Although touted as a simple extension from the Light Sport Aircraft category that was approved in 2005, the new legislation mandates that the FAA within 180 days create a pathway that will allow aviators to operate as pilot-in-command of a covered aircraft that:

- Has a gross weight of up to 6,000 pounds;
- May include up to six occupants;
- Can fly in clouds under instrument flight rules (IFR);
- Up to 18,000 feet MSL;
- At an airspeed of up to 250 knots;
- Is not completed as a “for hire” operation;

And that the airman:

- Completes an on-line educational course offered at no charge to airmen;
- Receives a “comprehensive medical examination” from any State-licensed physician during the prior 48 months (i.e. 4 years) except for an individual with severe mental health or neurological conditions;
- Has the physician (who may have no prior aeromedical training or experience) sign off on a checklist that emulates the items on the FAA Form 8500-8 certifying that the airman can safely fly, and outlines any medications the individual is taking;
- Has completed having the physician sign a statement that, “I certify that I discussed all items on this checklist with the individual during my examination, discussed any medications the individual is taking that could interfere with their ability to safely operate an aircraft or motor vehicle, and performed the examination that included all of the items on this checklist. I certify that I am not aware of any medical condition that, as presently treated, could interfere with the individual’s ability to safely operate an aircraft;”
- Signs a statement that confirms liability on the airman that they are not to fly if they “know or have reason to know of any medical deficiency or medically disqualifying condition that would make the individual unable to operate the aircraft in a safe manner”.

Pilots will be required to maintain a Special Issuance Authorization only for the following conditions:

- A mental health disorder, limited only to a personality disorder that is severe enough to have repeatedly manifested itself by overt acts, psychosis with delusions, hallucinations or grossly disorganized behavior, bipolar disorder; or substance dependence within the prior two years;
- A neurological disorder, limited only to individuals with epilepsy, disturbance in consciousness without satisfactory medical explanation of the cause, or a transient loss of control of nervous system functions without a specific medical cause;
- A cardiovascular condition, limited to a one-time Special Issuance requirement for myocardial infarction, coronary artery disease that has required treatment, cardiac valve replacement, or heart transplant;
- and no mandatory wait periods are required such as a three-month stand-down time after stent insertions.

Although CAMA supports general aviation and streamlining the aeromedical certification process, it does not believe in lowering safety standards. Will there be an outcry from the general public regarding the abandonment of aeromedically-trained examiners overseeing pilot examinations, the requirement for a flight physical other than the...
“comprehensive” medical screening of a driver’s license exam, or in that a pilot’s physician golfing buddy can sign off on a medical checklist to fly – and do so only every four years? Time will tell. But let’s hope it’s not after medically-induced tragedies.

Clayton T. Cowl, MD, MS is CAMA President and serves as the Chairman of the Division of Preventive, Occupational & Aerospace Medicine at Mayo Clinic in Rochester, Minnesota. He is an FAA Senior Aviation Medical Examiner, a pulmonologist, and altitude physiology researcher.

The FAA has advised AMEs of the following information from the NTSB:

Executive Summary

The National Transportation Safety Board (NTSB) is providing the following information to urge the Federal Aviation Administration (FAA) and the Aircraft Owners and Pilots Association (AOPA) to take action on the safety recommendations in this report. These recommendations address the flight safety of pilots who develop cataracts. These recommendations are derived from the NTSB’s investigation of a December 26, 2013, fatal aircraft accident in Fresno, California, involving a pilot with progressive cataracts who had demonstrated recent difficulty landing his airplane at night but was able to pass FAA medical certification vision testing. The NTSB has determined there is limited educational information provided to pilots and aviation medical examiners (AME) concerning the hazards cataracts pose to flight safety, especially at night. As a result, the NTSB is issuing two recommendations to the FAA and one recommendation to AOPA.

Link

http://www.ntsb.gov/investigations/AccidentReports/Pages/asr1603.aspx

Casa Palmera will be exhibiting during the Annual Scientific Meeting at Mayo Clinic in September.

Casa Palmera is a free standing residential treatment center that provides 12-step, evidenced based treatment combined with an integrated traditional/holistic component to individuals and families needing treatment for the disease of addiction, eating disorders, and trauma/mood disorders. We offer a continuum of care that includes residential treatment, partial hospitalization with and without boarding, intensive outpatient program and continuing care. Our staff includes qualified professionals that include physicians, registered nurses, licensed vocational nurses, mental health workers, social workers, licensed master’s level clinicians, PhD and clinical psychologists, dietician and nutritionist, recreational therapist, acupuncture therapist, massage therapist, spiritual therapists, and substance abuse counselors.

FOR MORE INFORMATION CALL 858-481-4411 OR 888-481-4481
WWW.CASAPALMERA.COM

3 Flight Physician July 2016
Message from CAMA Executive Vice President  
David P. Millett, M D, MPH:

This will be the last edition of “The Flight Physician” prior to the start of the 2016 CAMA Annual Scientific Meeting. If you plan to attend the meeting, please read the information provided on Page 7 of this edition and/or on the CAMA web site at www.civilavmed.com.

The meeting lecture series this year is truly fantastic! The program has been submitted to the AAFP for a rating up to 24 prescribed Credits (Equivalent of 24 AMA Category One CME). All registered medical professionals will receive a CME certificate at the end of the meeting.

The CAMA Home Office has been working on the 2017 and 2018 Annual Meeting locations and accommodations. The 2017 meeting will be held September 14-16, 2017, at the Sheraton Greensboro Four Seasons Hotel, North Carolina. The hotel is only a few minutes away from the Greensboro airport and right across the street from a large shopping mall.

We are currently negotiating with The Captain Cook Hotel in Anchorage, Alaska, for a meeting September, 26-30, 2018. The Visit Anchorage! local visitors’ bureau has been very helpful in assisting us in soliciting bids and information about their fair city. The hotel and meeting space will be finalized very soon.

If any CAMA members wish to submit ideas for hotels and cities in which to hold a future CAMA annual scientific meeting, please let us know. This would be particularly helpful if you have had a great experience in a specific hotel or meeting area. We do enjoy holding our annual meetings in different locations throughout the United States in order to best serve AMEs and other aero-medical personnel and to provide comfortable and interesting venues for our attending professionals.

At the business meeting to be held during the Honors Night Dinner on Friday, September 9, 2016, the following bylaws changes will be voted upon by the membership:

**PROPOSED BYLAWS CHANGES FOR THE SEPT 9, 2016, MEMBERSHIP MEETING:**

**Article XII Sect 2.**
Delete, “Dues shall be due and payable Jan 1 for the ensuing year and shall be considered delinquent if not paid by Mar 1.”

Insert, The Executive Board will determine when dues must be paid and when delinquent. This will be posted in the Board minutes.”

**RATIONAL: if we ever wanted to change this policy, it could take up to one year to make the Bylaws change. With the proposed amendment, a change could be made immediately by as motion and included in the minutes.**

**Article XIII Sect 5.**
Insert para c, “50 CAMA members shall constitute a quorum at the Annual Business Meeting.”

**RATIONAL: The Bylaws did not define a quorum for the Annual Business meeting.**

I look forward to seeing you at the Annual Scientific Meeting at the Mayo Clinic in Rochester in September!
Announcing the 5th European Congress of Aerospace Medicine (ECAM) to be Held September 15-18, 2016, in Oslo, Norway

Here is a special note for your professional calendar: This coming Fall, the European Society of Aerospace Medicine (ESAM) will be celebrating its 10 year anniversary as a professional organization; a milestone that will be recognized at ESAM’s 5th European Congress of Aerospace Medicine (ECAM) that will take place from the 15th to the 18th of September. Hosted by the Norwegian Association of Aviation Medicine (NAAM), the congress venue will be spectacular Holmenkollen Park Hotel located in the beautiful city of Oslo (see photo below). Of special note is that the 5th ECAM is being jointly organized with the Aerospace Medical Association (AsMA) and will mark the first time AsMA will be sponsoring an educational event outside of North America.

Congress attendees will enjoy a high quality scientific program presented by experts in Aerospace Medicine and Human Performance. The academic component will occupy two and a half days, and will comprise five themed sessions. In keeping with the congress theme of ‘Pushing the Limits of Aerospace Medicine Together’ we will challenge some of the commonly held beliefs and misconceptions about our specialty. Each session will generally involve a keynote speaker, support speakers, and presentations of relevant abstracts.

In addition to the scientific sessions, there are to be a host of other special congress events:

- A Congress Gala Dinner
- Specially arranged tour of Oslo and environs

The Congress will also offer physician attendees the opportunity to earn CME credits through the European Union of Medical Specialties European Accreditation Council for CME (EACCME®). As per an agreement with the American Medical Association (AMA): "In 2002 the UEMS-EACCME® and the AMA signed an agreement of mutual recognition of CME credits between Europe and the USA whereby European physicians attending an event in the USA have their credits recognised in Europe and American physicians attending an event in Europe have their credits recognised in the USA." Physicians may therefore earn AMA PRA Category 1 Credit™ for participation in select international educational activities. The American Medical Association will convert CME credit issued to physicians for participation in live and e-learning activities certified by the European Accreditation Council for Continuing Medical Education (EACCME), the accrediting arm of the UEMS, to AMA PRA Category 1 Credit™.

US physicians, board certified in Aerospace Medicine, can also earn MOC credits by attending the 5th ECAM. As a joint sponsor, AsMA will coordinate the Congress with the American Board of Preventive Medicine and ensure MOC Part 2 Life-Long Learning and Self-Assessment (LLSA) credits for attending the Congress are available.

In all, the 5th ECAM will offer attendees an informative scientific program, CME and MOC opportunities, as well as excellent networking and social events. You can learn more about the 5th ECAM at:

http://www.norskflymedisin.no/ecam2016
or

(Please also see the flyer on Page 7)
Somnomed will be exhibiting during the Annual Scientific Meeting at Mayo Clinic in September.

A FREE OFFER FOR PHYSICIANS

Request a free Compliance Recorder base station today! A base station will allow you to access compliance data from patients wearing a SomnoDent® with Compliance Recorder.

SOMNODENT WITH CR
The first and only oral device with compliance features similar to CPAP.

*A offer only for Physicians. Subject to approval.

Complete the request form at somnomed.com/CRtoolkit
If you plan to register for the 2016 CAMA Annual Scientific Meeting, the time is now! To avoid a late registration fee, you must register prior to August 10, 2016. This year’s meeting is the 51st consecutive CAMA Annual Scientific Meeting. The meeting will be held at the Mayo Clinic, Leighton Auditorium, Siebens 2, in Rochester, Minnesota, September 8-10, 2016. The theme for the meeting is “Care of the Complex Pilot.” The registration form is on Page 8 of this publication and can also be found on the CAMA web site at www.civilavmed.com. See Pages 9—11 for the meeting program/agenda lecture series and related events.

CAMA has contracted for guest rooms at both the Kahler Grand Hotel, 1-800-533-1655, and at the Rochester Marriott Mayo Clinic., 1-877-623-7775. Room rates at the Kahler Grand Hotel are $99.00 (plus applicable taxes) for a Standard room and $159.00 (plus applicable taxes) for an Executive King room. The room rate at the Marriott is $159.00 (plus applicable taxes) for Standard room. Both hotels are connected to the Mayo Clinic where the meeting will be held. The CAMA negotiated hotel rates quoted above are good until the deadline of August 8, 2016. Rooms reserved after that date are on an availability-only basis and may be subject to additional charges.

Please use one of the following links to make your hotel reservations, depending upon the hotel at which you prefer stay—you may need to click “Control” then the link to activate it, or copy/paste the URL following the link into your browser:


CAMA - Rochester Marriott Mayo Clinic  http://www.marriott.com/meeting-event-hotels/group-corporate-travel/groupCorp.mi?resLinkData=Civil%20Aviation%20Medical%20Association%5Erstmc%60camcama%60159.00%60USD%60false%60606%609/7/16%609/12/16%6008/18/16&app=resvlink&stop_mobi=yes

The deadline for registering with CAMA for the meeting is August 10, 2016. Late registration after the deadline will be subject to an additional $50.00 late charge. The registration fees are $675.00 for CAMA members, $350.00 for guests, and $825.00 for non-members. If you are not currently a CAMA member and wish to register at the member rate, please complete a membership form (see Page 20 or the CAMA web site for a copy of the form) and return it with your registration document. A guest is considered to be a spouse, significant other, or child. If you are bringing a member of your office staff who will not be seeking CME, that person may also be considered a guest. CME is offered to guests who are spouses and significant others and are also medical professionals. Only registered attendees and their registered guests (ID credentials will be issued by CAMA to all registered individuals) will be allowed to attend the meeting and/or join the registered professional for meals and other activities. Tickets for the field trip and/or banquet are not sold separately. A $50.00 processing fee will be withheld from any refunds of registration payments.

A directory will be prepared for distribution at the meeting with the names and addresses of all registered professionals. Therefore, please use the street or postal address you wish to share. (No email addresses or telephone numbers will be in the directory.) We encourage each attendee to share their cell phone number with us, in case of an emergency. Last year someone left a vital document at the hotel and we had no way to reach him before his flight. We will not release the number to anyone else and will not use the cell number except in an emergency.

Our field trip and catered dinner out on Thursday, September 8th, will be held at Hormel Foods Corporation in nearby Austin, MN. This is Hormel’s 100th anniversary. We will have our Honors Night Banquet at the Landow Atrium in the Mayo Clinic on Friday, September 9th.

If your organization or company is a corporate member of CAMA, and you wish to host an exhibit at the Annual Scientific Meeting, please let us know, so that we may arrange for exhibition space for you.

If you have any questions, please contact the CAMA office at 770-487-0100 or by email at civilavmed@aol.com.
# CIVIL AVIATION MEDICAL ASSOCIATION

## ANNUAL SCIENTIFIC MEETING

**MAYO CLINIC, SEPTEMBER 8-10, 2016**

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**ATTENDEE NAME & TITLE:**

**AME NUMBER:**

(MD, DO, BC PhD, etc.)

**ARE YOU BRINGING A SPOUSE OR GUEST(S) WHO WILL PARTICIPATE IN THE MEETING, WILL BE EATING MEALS WITH YOU, GOING ON THE FIELD TRIP?**

**YES: **

**NO:**

**SPOUSE/GUEST NAME:**

**NOTE:** There is a $350.00 registration fee for each participating guest to cover eight meals and the field trip. (Tickets to the field trip and/or banquet will NOT be sold separately.)

**ATTENDEE ADDRESS:**

(Use the address you wish to be used in the participant roster that will be given to all in attendance)

**CITY:**

**STATE/PROVINCE:**

**ZIP:**

**COUNTRY:**

**PHONE:**

(For emergency use during meeting only)

**CELL:**

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**ANY SPECIAL DIETARY NEEDS? PLEASE DESCRIBE:**

(VEGAN, VEGETARIAN, GLUTEN INTOLERENT, FOOD ALLERGIES, ETC.)

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**REGISTRATION FEE MAY BE PAID BY CHECK (U.S. DOLLARS) OR CREDIT CARD**

**CREDIT CARD TYPE:**

**VISA:**

**MASTER CARD:**

**CREDIT CARD NUMBER:**

**EXPIRATION DATE:**

**SECURITY CODE (CVV):**

**BILLING ZIP CODE:**

**SIGNATURE:**

**AUTHORIZED CHARGE AMOUNT (U. S. DOLLARS):**

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**CHECK ENCLOSED (U.S. DOLLARS):**

**CK #**

**CHECK AMOUNT:**

---

**PERSONS REGISTERING TO ATTEND THE CAMA ANNUAL SCIENTIFIC MEETING - PLEASE MAKE YOUR HOTEL RESERVATIONS ONLINE BY USING ONE OF THE FOLLOWING LINKS FOR YOUR PREFERRED HOTEL:**

- CAMA - Kahler Grand Hotel
- CAMA - Rochester Marriott Mayo Clinic

**THIS IS A SPECIAL LINK EXCLUSIVELY FOR CAMA MEETING ATTENDEES TO USE TO RECEIVE THE SPECIAL CAMA ROOM RATE, PLUS APPLICABLE FEES AND TAXES, FOR 1 OR 2 PERSONS). ALL RESERVATIONS MUST BE MADE BY AUGUST 8, 2016, TO RECEIVE THE CAMA RATE.**

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**CAMA MEMBER REGISTERED ON OR BEFORE AUGUST 10, 2016**

$675.00 U.S. DOLLARS

**CAMA MEMBER REGISTERED AFTER AUGUST 10, 2016**

$725.00 U.S. DOLLARS

**SPOUSE/GUEST OF ATTENDEE**

$350.00 U.S. DOLLARS

**NON-MEMBER REGISTERED ON OR BEFORE AUGUST 10, 2016**

$825.00 U.S. DOLLARS

**NON-MEMBER REGISTERED AFTER AUGUST 10, 2016**

$875.00 U.S. DOLLARS

**NOTE:** Registration and guest fees include 8 meals – Buffet breakfast and lunch on Thursday, Friday, and Saturday, a field trip with a catered dinner on Thursday night, and the Honors Night Banquet at Mayo Clinic Landow Atrium on Friday Night. No activities are scheduled for Saturday evening.

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**NON-MEMBERS - IF YOU WISH TO REGISTER AT THE LOWER MEMBER RATE, YOU MAY BECOME A MEMBER OF CAMA BY REQUESTING A 2016 MEMBERSHIP FORM. YOU MAY COMPLETE AND RETURN IT AND YOUR 2016 DUES PAYMENT WITH YOUR REGISTRATION FORM.**

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**RETURN REGISTRATION FORMS BY EMAIL, FAX, OR REGULAR MAIL TO:**

**CIVIL AVIATION MEDICAL ASSOCIATION**

P. O. BOX 2382, PEACHTREE CITY, GA 30269

**PHONE:** 770-487-0100

**FAX:** 770-487-0080

**EMAIL:** civilavmed@aol.com

Registration forms may be returned by FAX or eMail (civilavmed@aol.com) if you are using a credit card (VISA or MasterCard preferred) for payment or registration fee(s). All registrations received will be acknowledged by email, so an email address is required. If you do not receive a confirmation email that your registration has been received, please contact CAMA. We do not share email addresses with any other groups or individuals – the email address is strictly for our use in communicating with you with regard to CAMA activities.

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**THIS MEETING IS APPROVED FOR FAA-AME PERIODIC TRAINING AND CME HAS BEEN APPLIED FOR.**

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“Care of the Complex Pilot”

AGENDA

WEDNESDAY, SEPTEMBER 7, 2016

4:00 PM to 6:00 PM  CAMA Board Meeting
                    Directors’ Room, Marriott Mayo

7:00 PM to 9:00 PM  Meeting Registration
                    Elizabethan Room, Kahler Hotel

THURSDAY, SEPTEMBER 8, 2016

7:00 AM to 8:00 AM  Breakfast Buffet
                    Marriott Ballroom

8:00 AM to 8:20 AM  Welcome and Introductions
                    Leighton Auditorium, Siebens 2

- Welcome from CAMA
  Clayton T. Cowl, MD, MS
  President, CAMA
  Robert Haddon, MD
  Vice President of Education, CAMA
  David P. Millett, MD, MPH
  Executive Vice President, CAMA

- Welcome from FAA/CAMI
  Training Specialist, FAA Education Division, Oklahoma City, OK

8:20 AM to 9:45 AM  AME Program Overview and Performance
                    Stephen Veronneau, MD, MS
                    Manager, FAA Education Division, Oklahoma City, OK

9:45 AM to 10:00 AM  Morning Break

10:00 AM to 11:00 AM  Aeromedical Assessment Updates from the Federal Air Surgeon’s Office
                      James R. Fraser, MD
                      Federal Air Surgeon, Washington, D. C.

11:00 AM to 12:00 Noon  Medical Legal Issues
                         Amanda Sheridan, Attorney, Enforcement Division,
                         Office of Chief Counsel, FAA

12:00 PM to 1:00 PM  Luncheon Buffet
                    Marriott Ballroom

1:00 PM to 2:00 PM  “Aging, Eye Disease, and Pilot Performance”
                    Leighton Auditorium, Siebens 2
                    Dennis W. Siemsen, OD
                    Optometrist, Mayo Clinic, Rochester, MN

2:00 PM to 3:00 PM  “Cardiology FAA Update”
                    Thomas M. Munger, MD
                    Cardiologist, Mayo Clinic, Rochester, MN

3:00 PM to 3:15 PM  Afternoon Break
3:15 PM to 4:15 PM  “Cardiology Screening”  
Tom Gerber, MD, PhD,  
Cardiologist, Mayo Clinic, Rochester, MN

4:15 PM to 5:15 PM  Certification Issues - Diabetes, Thyroid CACI, Medication, Vertigo/Ent  
Stephen Veronneau MD, MS  
Manager, FAA Aeromedical Certification Division

5:15 PM  Adjourn

6:00 PM to 10:00 PM  Field Trip - Hormel Historic Home & Catered Dinner, Austin, MN  
Board Buses at Mayo Clinic for Field Trip

FRIDAY, SEPTEMBER 9, 2016

7:00 AM to 8:00 AM  Breakfast Buffet  
Marriott Ballroom

8:00 AM to 9:00 AM  “Parkinson’s Disease Treatment: Maintaining Function”  
Leighton Auditorium, Siebens 2  J. Eric Ahlskog, MD, PhD,  
Neurologist, Mayo Clinic, Rochester, MN

9:00 AM to 10:00 AM  “Error Management”  
Leigh L. Speicher, MD, MPH  
Internal Medicine, Div. of Consultative & Diagnostic Medicine, Mayo Clinic, Jacksonville, FL

10:00 AM to 10:15 AM  Morning Break

10:15 AM to 11:15 AM  “Addiction, PTSD, & Preventing Pilot Catastrophic Events”  
Jay A. Weiss, M. D., Psychiatry & Neurology, Glenwood Regional Medical Center & St. Francis Medical Center  
Monroe, LA

11:15 AM to 12:15 AM  “ENT FAA Update”  
David Schall, M. D., MPH  
Regional Flight Surgeon, FAA Great Lakes Region  
Des Plaines, IL

11:45 AM to 12:45PM  Luncheon Buffet  
Marriott Ballroom

12:45 PM to 1:45 PM  “Obstructive Sleep Apnea and Fatigue”  
David Schall, M. D., MPH  
Regional Flight Surgeon, FAA Great Lakes Region

1:45 PM to 2:45 PM  “Circadian Dyssynchrony”  
Alan A. Kubey, MD  
Internal Medicine, Mayo Clinic, Rochester, MN

2:45 PM to 3:00 PM  Afternoon Break

3:00 PM to 4:00 PM  “Mental Fitness to Fly: Psychiatry Updates & the HIMS Program”  
Daniel Danczyk, MD  
Psychiatrist, Mayo Clinic, Rochester, MN

4:00 PM to 5:00 PM  “Infectious Disease - Latest Report”  
Richard S. Roth, MD, Director of Infectious Disease Training, Memorial Health University Medical Center, Savannah, GA

5:00 PM  Adjourn

6:00 PM to 7:30 PM  CAMA Honors Night Banquet  
Landow Atrium, Mayo Clinic

7:30 PM to 9:30 PM  Keynote Speaker - “Acceleration and the Human Body - History, Physiology, and Pathophysiology”  
James R. Munis, MD, PhD,  
Anesthesiology, Physiology & Biomedical Engineering, Mayo Clinic, Rochester, MN

SATURDAY, SEPTEMBER 10, 2016

7:00 AM to 8:00 AM  Breakfast Buffet  
Marriott Ballroom

8:00 AM to 9:00 AM  “Cardiology-Valvular Disease”  
Leighton Auditorium, Siebens 2  
David A. Foley, MD  
Cardiology, Mayo Clinic, Rochester, MN
9:00 AM to 10:00 AM  “AME Strategies for the Medically Complex Pilot”  
Robert Haddon, MD, MS  
Senior AME, Aerospace Medicine, Mayo Clinic  
Rochester, MN
10:30 AM to 10:45 AM  Morning Break
10:45 AM to 12 Noon  “Cognitive Impairment”  
Max Trenerry, PhD, ABPP-CN, Psychology, Sport Psychology, Clinical Neuropsychology, Mayo Clinic,  
Rochester, MN
12:00 PM to 1:00 PM  Luncheon Buffet  
Marriott Ballroom
1:00 PM to 2:00 PM  “New Developments in Military and Civilian Aeromedical Transport”  
Lawrence W. Steinkraus, MD, MPH, Division of Preventive, Occupational and Aerospace Medicine, Mayo  
Clinic Rochester
2:00 PM to 3:00 PM  “So You Want to Be an AME”  
Clayton T. Cowl, MD, MS  
Internal Medicine, Mayo Clinic  
Rochester, MN
3:00 PM to 3:15 PM  Afternoon Break
3:15 PM to 5:00 PM  Case Study & Panel Discussion: “Would You Fly With This Pilot?”

Moderator: Stephen Veronneau, M. D., MS  
Manager, FAA Education Division

Panel Members:
James R. Fraser, MD, Federal Air Surgeon  
Mayo Cardiology Specialist, TBA  
J. Eric Ahlskog, MD, PhD, Neurology  
Jay A. Weiss, MD., Psychiatry/Addiction  
FAA Medical Specialist, FAA Certification Division  
David Schall MD, Regional Flight Surgeon ENT  
Richard S. Roth, MD, Infectious Disease

5:00 PM  *Adjourn

*Please pick up your CME Certificate from the CAMA table and turn in your FAA testing material to the FAA representative  
 prior to your departure.

No CAMA activities are planned for Saturday evening. You are free to plan your own activities for the evening or to depart  
home if you prefer.

PROGRAM OBJECTIVES:

- To understand and apply the changes in aviation medicine to the individual’s private practice
- To assess specific clinical conditions/disciplines with respect to aviation medicine to correctly utilize the Federal Aviation  
  medical standards with the specific conditions discussed
- To Comprehend the FAA medical program initiatives
- To understand to be able to work with the aeromedical certification system
- To comprehend the legal aspects of being an AME

This program is approved for FAA-AME training.

CONTINUING MEDICAL EDUCATION

This Live activity, Civil Aviation Medical Association Annual Scientific Meeting, with a beginning date of 09/08/201, has been  
submitted to the American Academy of Family Physicians for CME rating. Physicians should claim only the credit  
commensurate with the extent of their participation in the activity.
A second-class airman comes into his AME for his yearly examination. He checked the requirements online and brings in medical records for the physician. Three months earlier he had a kidney stone attack. The stone was on the right side and had lodged in his ureter causing a hydronephrosis. The urologist had to go in and basket the stone. A stent was placed into the ureter that was later removed.

A CT scan of his kidneys revealed more stones. The report noted that there were 2 additional renal stones. One was 2 mm and located in the mid pole of the right kidney, and a slightly larger 3 mm one located in the calyx of the lower right pole. The urologist actually commented that these stones were not likely to pass. The stone analysis came back as calcium oxalate stone. The urologist did perform standard studies such as BUN, Creatinine, electrolytes, urine for calcium, etc., and there was no evidence of metabolic disease.

Although the title was somewhat misleading, you should recall from one of my recent articles that the FAA Medical Certification Division has added a “Condition that AME Can Issue,” entitled “Kidney Stone(s)”. It actually should have been entitled “Single Kidney Stone and Retained Kidney Stone worksheet.” I know for a fact that some AMEs are telling airmen with retained kidney stones who have a special issuance that they must continue that.

In the case of our airman, the two retained stones are asymptomatic. The urologist noted that they are unlikely to pass. The airman was not having to take any more analgesic medication and was released from care. The airman had a complication of the stone that passed, but the retained stones are “silent” at this point. The airman is on no treatment, other than a recommendation to increase his daily water intake.

As this airman’s AME, you would collect all the records to hold, complete the CACI Kidney Stone worksheet and type CACI QUALIFIED KIDNEY STONES in Block 60 on the 8500-8 form.
Is it depression, dysthyemic disorder, or depression requiring the use of antidepressant medication? Why definitions matter, or do they??

For those of you who peruse the AME Guide in your leisure time, I’m sure you are familiar with the ‘Table of Conditions’ for various systems of the physical exam that is the meat of the Guide. As an AME, the “Table of Psychiatric Conditions” is confusing. It is confusing to me as a psychiatrist, maybe even more so, since it does not map out well onto the Diagnostic and Statistical Manual of Mental Disorders (DSM), either the 4th or 5th Editions. For example, I would not have considered grouping bereavement, dysthymic disorder, and minor depression together. For that matter, what is considered “minor” depression? The DSM is the accepted standard for diagnosis and guides the billing in my specialty, so definitions in this area, just like other areas of medicine, matter. I will share with you some perspective of how I interpret the AME Guide in terms of depressive disorders, and some rules of thumb that guide me when deciding how to approach an airman. For sake of brevity, I will focus solely on depression, with the assumption there is no history or current concern for suicidal ideation, mania, or psychosis.

From what I know of the conditions listed and how the AME guide was originally created, the guidance in the FAR/AIM does not make depression a disqualifying diagnosis. Instead, it states that an airman with any mental health condition that makes him or her unable to perform their duties or unable to do so safely is disqualified. Knowing this, I have attempted to deduce how depression was probably approached for the “Table of Psychiatric Conditions” vis-à-vis the DSM. I like to keep things simple, so for aero-psychiatric purposes, I initially lump depression into one of two broad categories: Short vs. long-term (later you will see why I don’t use acute vs. chronic, or minor vs. major, etc.). Short-term depression is by definition not chronic (no more than 3-6 mos.), and symptoms may remit with or without medications. Long-term depression includes depressive symptoms that may also remit with or without medications, but by definition relapse (i.e. have a recurrent, or episodic, nature to them).

Short-term depression would, by definition, not require medications long-term. However, that does not mean individuals with short-term depression don’t end up on chronic antidepressant therapy. With the advent of SSRIs, more and more folks end up on them longer than necessary. We are seeing much more of this in the HIMS world now. For example, many primary care physicians place airmen on SSRIs. According to the AME Guide, if the airman stops the SSRI for 60 days, s/he is required to obtain an evaluation from the treating physician. In practice, I am seeing the FAA require the airman to obtain consultation from a psychiatrist for aeromedical consideration; in other words, the FAA is not accepting a letter from the PCP who prescribed the SSRI. How could this affect you as an AME?

As an AME, I would perform an interview with the airman first, before opening the 8500 in AMCS (or review the airman’s paper copy of his or her MedXPress application), to get a sense of whether they have few current symptoms of depression (three or less of SIGECAPS screening, for example) or a history of symptoms. Just as in medical management of any problem, you are trying to get a sense of the current impact of the problem and what you would do about it. In this case, can or will you issue a certificate? If you cannot, decide whether to open or defer an exam while obtaining an additional workup. Getting a sense of whether you are dealing with short or long-term depression can help in in answering these questions.

Examples of short-term depression are acute adjustment disorder with depression, bereavement, or an episode of mild major depressive disorder. As a psychiatrist it can be difficult for me initially to figure out whether an individual has adjustment disorder with depression or simply depression. So,
if you’re not sure, don’t worry about it. I don’t! Simply document what you gather from history and observation of the airman. If the airman is having current symptoms, the decision becomes easier to defer an exam unless you feel there are extenuating circumstances to issue (and you know the airman quite well and know they would comply with CFR 61.53); even then in the latter situation I would discuss with my Regional Flight Surgeon.

However, if the airman is no longer having symptoms, the decision becomes a bit more challenging, primarily with the certification part depending on available evidence. If you have no work up done, and the airman can wait on the exam or redo MedXPress if the 60 days is getting close, then obtain psychiatric consultation, since the FAA will most likely ask for it anyway if you defer the exam. However, if the airman has outside documentation of at least a PhD-level psychologist, was never on medication, and you are quite comfortable that they meet the criteria listed in the Table (stable, resolved, no thought disturbance, etc.), then issue (or do the exam but don’t issue or submit until you receive the outside documentation).

Where it becomes more cumbersome is a concern for long-term depression. If you get a sense that the airman has many current symptoms (for example, even if you can obtain only 4 symptoms on a SIGECAPS screening, not even the 5 needed for Major Depressive Disorder), or history of episodic depression, has been trialed on one or more antidepressants or any psychotropics (e.g. hypnotics in the setting of more than just insomnia), then other diagnoses must be considered. Possible diagnoses include the following: Dysthymic disorder; chronic adjustment disorder with depression; depression that lasts more than 2 months post-bereavement and beyond the 6 month window to be considered acute; an episode of moderate or severe major depressive disorder; and certainly depressive disorders that truly required antidepressant therapy for maintenance of remission.

Certainly an airman could have a history of a one-time major depressive episode that was moderate or severe in terms of severity quality, and remitted in under six months without medication. While this would qualify technically in my own definition of ‘short-term’ depression, I place it under the ‘long-term’ category because of the prognostic significance. Even if the individual was successfully treated with an SSRI or cognitive behavioral psychotherapy (without subsequent treatment), the risk of depression relapsing could be 54-62% after two years. For aeromedical purposes if you get that type of history, I would hazard the FAA would require the airman to show proof of a recent psychiatric evaluation unless it has been decades since their episode.

In conclusion, I would worry less about the actual diagnosis, given diagnostic disagreements between FAA and DSM lingo, and worry more about current symptomatology and whether the depression (or history thereof) is short or long term. Figuring out the latter will provide greater assistance to you in making the management decision of a) do I issue or defer, or neither (not open the 8500), and b) do I need more information? The latter could be especially helpful if the airman, unknown to you, reports being asymptomatic (but with a recent history that may be concerning to you but not him), which could prompt you to ask for more records and/or defer the exam. To further your confidence and/or comfort level in assessing airmen mental health, I will review how to perform a focused psychiatric review of systems in the next Flight Physician.

References:
RAYMAN’S CLINICAL AVIATION MEDICINE

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The 2013 fifth edition of “Rayman’s Clinical Aviation Medicine” is a 485 page rewrite of the classic text. Seven physicians well experienced in aviation medicine provide aeromedical disposition guidelines for civil and military aviation, making it an indispensable reference for the aviation medical examiner or flight surgeon practicing in an operational or regulatory role. (The authors receive no royalties.)

The price for the book is $50.00, plus $7.00 postage in the U. S., $25.00 to Canada, and shipping rate to other locations outside of the U. S. is variable, payable by check, VISA, or MasterCard. Call or email CAMA for your copy! 770-487-0100 or civilavmed@aol.com

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BLAST FROM THE PAST

As we send old copies of CAMA publications to archive at Wright State University, we find some very interesting items worth sharing with CAMA members. King Hussein of Jordan was made an honorary member of CAMA at the annual meeting in September 1979, and Jordanian Ambassador His Excellency Salah addressed the attendees of that meeting on behalf of the king.

HONORARY MEMBERSHIP TO KING HUSSEIN OF JORDAN

Born in Amman, November 14, 1935, His Majesty King Hussein I studied at the Islamic Educational School, Amman; Victoria College, Egypt; Harrow College, Britain, and the British Royal Military Academy at Sandhurst, England. He was proclaimed King of the Hashemite Kingdom of Jordan on August 11, 1952, and since that date has built a prosperous, modern state and, at the same time, has preserved the positive traditional values of his land.

Despite numerous obstacles, the Jordanian standard of living has risen dramatically during His Majesty’s reign. King Hussein’s insistence on a program of free compulsory education has resulted in the highest national literacy rate in the Arab Middle East. His Majesty’s programs to foster increased agricultural output and to expand and modernize health services also have contributed substantially to the improved quality of life in Jordan.

Throughout his reign, King Hussein also strove to articulate the Arab cause to statesmen and people of nations throughout the world in an attempt to engender an understanding of the necessary elements of a just settlement of outstanding Mideast issues.

His Majesty has many hobbies, including: flying, driving, tennis, riding, photography and ham radio. He reads extensively, primarily literature, law and Arabic History. His autobiography, “Uneasy Lies the Head,” was published in English in 1962.

On June 15, 1978, His Majesty and Queen Noor were married. Her Majesty, the former Elisabeth Halaby, was born in Washington, D.C., and is the daughter of Najeeb Halaby, former President of Pan American World Airlines.

Queen Noor received her Bachelor’s degree in Architecture from Princeton University in 1974.

(Continued on page 6)
Remarks by H.E. AMBASSADOR SALAH
Delivered to Civil Aviation Medical Association
Orlando, Florida — September 12, 1979

As one example of Jordan’s new role as the air center of the region, I call your attention to the success of our national airline, Alia. Fifteen years ago, His Majesty formed this fledgling airline with two used propeller aircraft, and an ambitious — and quite idealistic — charter, I quote, “I want our national carrier to be our ambassador of good will around the world, and the bridge across which we exchange culture, civilization, trade, technology, friendship and better understanding with the world.”

Alia’s routes stretch out thousands of miles to all of the important world capitals, in Europe, the Near and Far East, North Africa, Asia, North America, and soon, to South America.

You might be interested to know that since Alia became the first Arab carrier to provide across the Atlantic service from New York and Houston, Texas, nearly 200,000 people have flown safely, economically and comfortably on King Hussein’s “Air Bridge” between the two civilizations.

Perhaps of importance to this distinguished body of professionals is Jordan’s extensive training program for future airmen. Again, under His Majesty’s guidance and encouragement, a Royal Jordanian Air Academy was formed years ago. This facility now trains pilots from the Ab Initio stage to fully rated commercial and instrument certificates. We are proud to note that many Alia pilots first took to the air in Rjae single engine aircraft. This is the first such facility of its scope in the Middle East, and will provide a cornerstone for another dream of King Hussein, that is, the establishment of a regional Arab Air Academy.

This institution would be structured much as a statewide university system in the United States is, with established curriculum and facility standards set by a governing board. In each country, a different training facility would be operating, providing training in flight operations, maintenance, ground operations, and hopefully, one day, in aviation medicine.

The Rjae would become one important component of this regional educational system, and this year His Majesty pledged the facility to the new university system, already approved by a number of Arab states.

Of specific interest to medical professionals the world over is the Arab wings flying ambulance services which was established within the past year. Arab Wings is a regional air charter service, based in Jordan.

In cooperation with a leading medical facility in Jordan, Arab Wings is now providing flying ambulance service throughout the Near East region, flying injured or sick patients from outposts of civilization to leading medical facilities in all parts of the Near East, Far East, and the European continent.

Many lives have been saved, and much suffering avoided, thanks to the rapid and safe transportation of patients to hospitals and medical centers by Arab Wings jets. The foundation for this service was the encouragement of His Majesty King Hussein, your new Honorary Member, and I think you will agree that this accomplishment is with the spirit of CAMA.

This brief description of Jordan’s aviation accomplishments bear the direct stamp of an imaginative, concerned airman, King Hussein. I don’t think it boastful to say that there is probably no other head of state anywhere in the developing world who has supported civil aviation more directly, more imaginatively, and with more vigor, than His Majesty.

His utilization of the oceans of the sky to advance his nation, his people, in an increasingly technically-oriented world economy, has helped to make Jordan the air crossroads of the Middle East.

I know that he has a very high regard for professionals in all parts of the world who share his vision, his dreams for world peace through better communication between peoples, and for those who labor daily in the struggle to make flying safer for all, passengers and pilots alike.

Therefore, on behalf of his majesty, I humbly thank you for this gracious presentation of Honorary Membership, and wish you well in your effort to upgrade the aviation medicine activity, to encourage educational programs, and most important of all, to bind the civil aviation medical examiners of the world into an effective medical body dedicated to the practice of aviation safety.

And so, on his behalf, I express his appreciation and extend to you greetings from one airman who greatly appreciates your work, and who wholeheartedly supports your organization’s efforts and accomplishments.
Civil Aviation Medical Association
Sustaining, Corporate, and Life Members

The financial resources of individual member dues alone cannot sustain the Association's pursuit of its broad goals and objectives. Its fifty-plus-year history is documented by innumerable contributions toward aviation health and safety that have become a daily expectation by airline passengers worldwide. Support from private and commercial sources is essential for CAMA to provide one of its most important functions: that of education. The following support CAMA through corporate and sustaining memberships, and we recognize the support of our lifetime members:

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CAMA is very pleased to announce a number of new members to our organization since our last publication. We welcome the following physicians and organizations into CAMA, and we look forward to working with each of them over the coming years.

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