

APPENDIX IX

REGISTRATION FORM

AEROMEDICAL CERTIFICATION STANDARDS AND PROCEDURES TRAINING

What Is Your Name And Office Mailing Address?

(Last Name) (MD, DO, RN, LPN, etc.) (First Name) (Middle Initial)

(Office Address)

(City) (State) (Zip code)

(Phone) (FAX) (Email)

What Is The Name And Designation Number Of The Aviation Medical Examiner (AME)

(AME's Last Name) (M.D. or D.O.) (First Name) (MI) (AME Number)

Did The AME Attend A Seminar or Complete MAMERC or CAPAME?

___ MAMERC

___ CAPAME

___ SEMINAR: _____
(City) (State) (Date)

(Your Signature) (Date)

APPENDIX XI

Students Name: _____

Doctors (AME's) Name: _____

AME Number: _____

TEST AND CRITIQUE ANSWER SHEET

Pre-Test Answers

- | | |
|----------|----------|
| 1. ____ | 33. ____ |
| 2. ____ | 34. ____ |
| 3. ____ | 35. ____ |
| 4. ____ | 36. ____ |
| 5. ____ | |
| 6. ____ | |
| 7. ____ | |
| 8. ____ | |
| 9. ____ | |
| 10. ____ | |
| 11. ____ | |
| 12. ____ | |
| 13. ____ | |
| 14. ____ | |
| 15. ____ | |
| 16. ____ | |
| 17. ____ | |
| 18. ____ | |
| 19. ____ | |
| 20. ____ | |
| 21. ____ | |
| 22. ____ | |
| 23. ____ | |
| 24. ____ | |
| 25. ____ | |
| 26. ____ | |
| 27. ____ | |
| 28. ____ | |
| 29. ____ | |
| 30. ____ | |
| 31. ____ | |
| 32. ____ | |

Final Test Answers

- | | |
|----------|----------|
| 1. ____ | 33. ____ |
| 2. ____ | 34. ____ |
| 3. ____ | 35. ____ |
| 4. ____ | 36. ____ |
| 5. ____ | 37. ____ |
| 6. ____ | |
| 7. ____ | |
| 8. ____ | |
| 9. ____ | |
| 10. ____ | |
| 11. ____ | |
| 12. ____ | |
| 13. ____ | |
| 14. ____ | |
| 15. ____ | |
| 16. ____ | |
| 17. ____ | |
| 18. ____ | |
| 19. ____ | |
| 20. ____ | |
| 21. ____ | |
| 22. ____ | |
| 23. ____ | |
| 24. ____ | |
| 25. ____ | |
| 26. ____ | |
| 27. ____ | |
| 28. ____ | |
| 29. ____ | |
| 30. ____ | |
| 31. ____ | |
| 32. ____ | |

Critique Responses

- | |
|----------|
| 1. ____ |
| 2. ____ |
| 3. ____ |
| 4. ____ |
| 5. ____ |
| 6. ____ |
| 7. ____ |
| 8. ____ |
| 9. ____ |
| 10. ____ |
| 11. ____ |
| 12. ____ |
| 13. ____ |
| 14. ____ |
| 15. ____ |
| 16. ____ |
| 17. ____ |
| 18. ____ |
| 19. ____ |
| 20. ____ |