Federal Aviation Administration
MedXPress
User Guide

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3 Introduction

FAA MedXPress is managed by the Office of Aerospace Medicine (OAM). OAM is responsible for a broad range of medical programs and services both the domestic and international aviation communities. Services provided by the OAM include:

- Medical clearance of air traffic control specialist and other FAA employees required to meet medical standards to perform safety-sensitive duties
- Pilot medical certification

As such, OAM has the responsibility for collecting and maintaining any information related to the medical conditions of pilots and certain covered positions within the FAA.

All airmen, air traffic controllers (ATCs) and certain other designated FAA employees are required to have FAA Medical Certificates or Clearance. The process of applying for an FAA Medical Certificate or Clearance requires completion of the OMB-approved, FAA Medical History Form 8500-8, and performance of a medical examination of the applicant by an FAA-designated Aviation Medical Examiner (AME). The AME is a private physician who is approved by the FAA to perform this function.

FAA MedXPress allows applicants to complete and submit their FAA Form 8500-8 on-line. FAA MedXPress securely transmits the completed form and makes it available to a designated AME to review at the time of the applicant's medical examination.

3.1 The Medical Certification Process at a Glance

- Connect to MedXPress at https://medxpress.faa.gov
- Request an account or login using your existing account
- Enter medical application data on the FAA 8500-8
- Submit your application
- Print the summary sheet
- Give summary sheet with confirmation number to your AME

4 Request an Account

The first step in gaining access to the electronic medical form is to create a MedXPress account. From the FAA MedXPress Login page, click the **Request an Account** button to go to the Request an Account Screen.

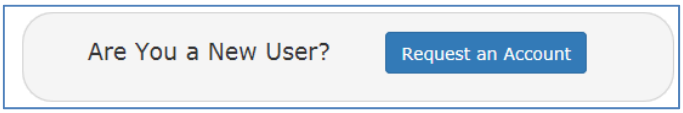


Figure 1 Request an Account Button

Alternatively, you can click **Account / Request an Account** from the Menu Bar on the FAA MedXPress Login Screen. This will also go to the Request an Account Screen.

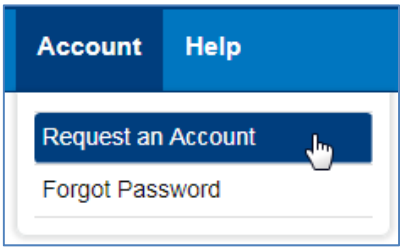


Figure 2 Request an Account Submenu

4.1 Request an Account Form

On the Request an Account Screen, you will be presented with a Request an Account Form. Complete the Form to request an FAA MedXPress account. An email containing your initial password and instructions for completing the Account Request process will be sent to the email address provided.

Complete the following steps to request an FAA MedXPress Account:

1. Enter your Last Name, First Name, and Middle Name or initial (if applicable).
2. Enter and confirm your email address. Take care to ensure the email address entered is accurate, as the password you will need to access the FAA MedXPress application will be emailed to you.
3. Select three security questions and enter an answer for each (you will be able to change the answers at any time). Select questions and answers that you will readily remember. You will be required to provide the correct responses to these questions should you ever need to make inquiries related to your FAA MedXPress account.

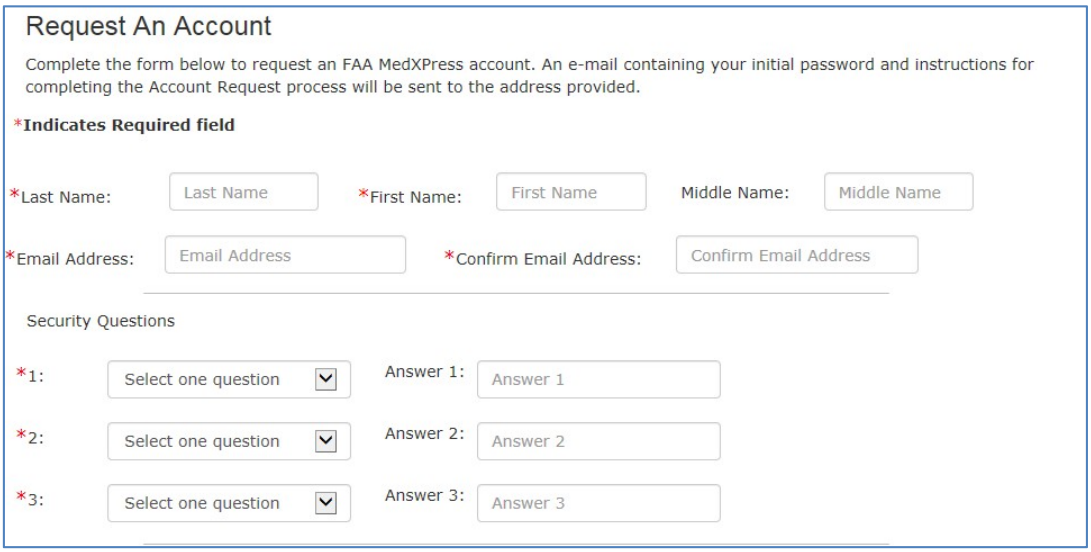


Figure 3 Request an Account Form

4. Read the 'Terms of Service Agreement and Privacy Statement' and, if you agree and accept the terms, check the box.

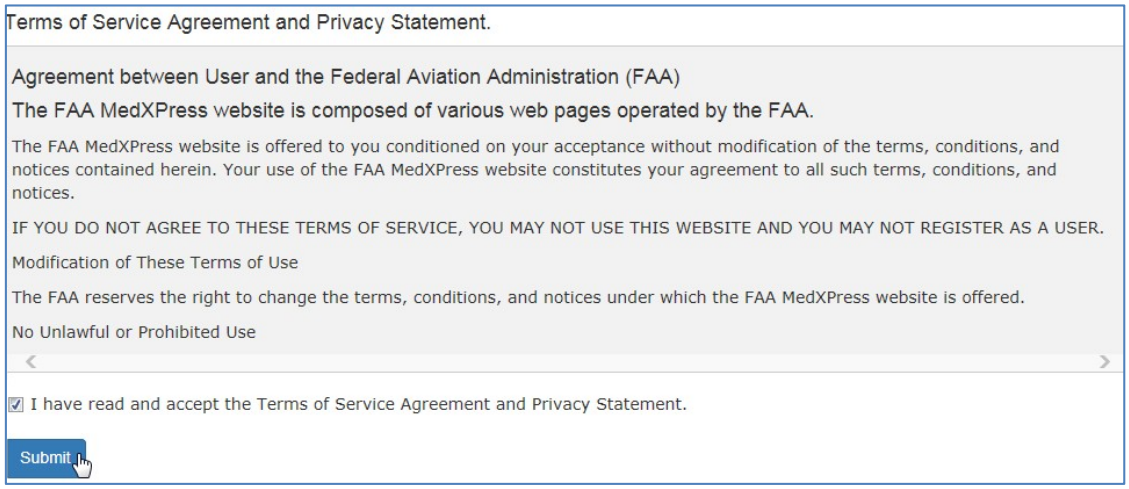


Figure 4 Request an Account -- TOS and Privacy Statement

5. Click on the **Submit** button. If the account is created successfully, you will see the Account Request Result Screen.

If the email address you provided is already associated with an account, you will receive an error message indicating the account already exists. You can reset your password from the MedXPress Login Screen by clicking the 'Forgot your Password?' link.

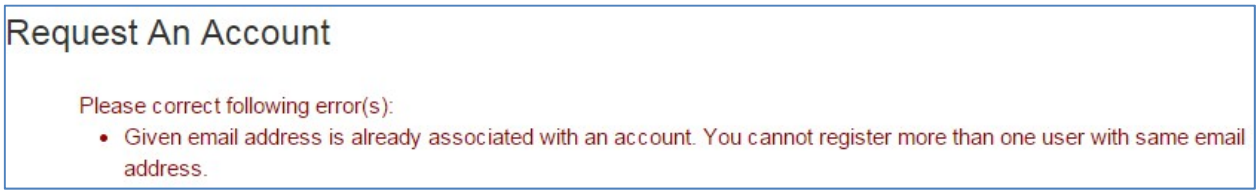


Figure 5 Account Already Exists

4.2 Account Request Result

The Account Request Result Screen confirms your account request is received and the next steps in the process. You will be sent an email to the account provided with a temporary password and instructions on how to complete the process.

Click the **Return to Login** button to return to the MedXPress Login Screen.

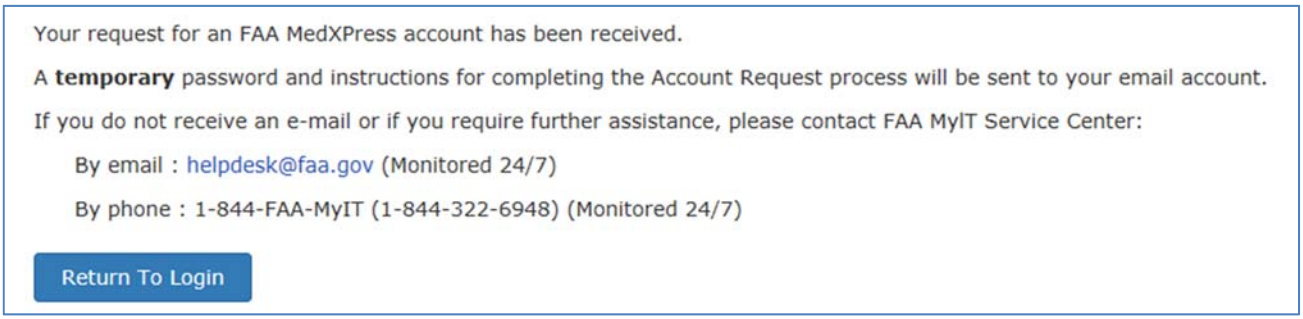
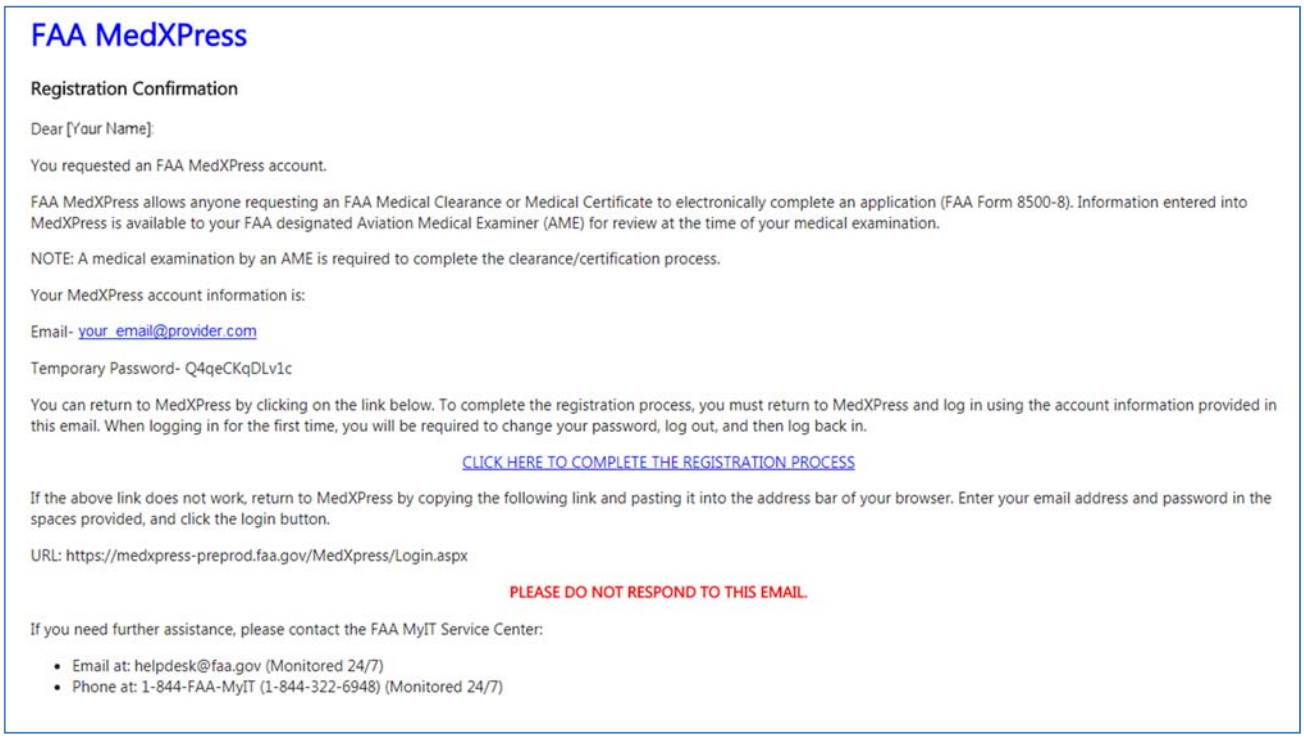


Figure 6 Account Request Result Screen

4.3 Registration Confirmation

Wait a few minutes and log in to your email account. You should receive the message shown below soon after submitting your information.



FAA MedXPress

Registration Confirmation

Dear [Your Name]:

You requested an FAA MedXPress account.

FAA MedXPress allows anyone requesting an FAA Medical Clearance or Medical Certificate to electronically complete an application (FAA Form 8500-8). Information entered into MedXPress is available to your FAA designated Aviation Medical Examiner (AME) for review at the time of your medical examination.

NOTE: A medical examination by an AME is required to complete the clearance/certification process.

Your MedXPress account information is:

Email- your_email@provider.com

Temporary Password- Q4qeCKqDLv1c

You can return to MedXPress by clicking on the link below. To complete the registration process, you must return to MedXPress and log in using the account information provided in this email. When logging in for the first time, you will be required to change your password, log out, and then log back in.

CLICK HERE TO COMPLETE THE REGISTRATION PROCESS

If the above link does not work, return to MedXPress by copying the following link and pasting it into the address bar of your browser. Enter your email address and password in the spaces provided, and click the login button.

URL: https://medxpress-preprod.faa.gov/MedXpress/Login.aspx

PLEASE DO NOT RESPOND TO THIS EMAIL.

If you need further assistance, please contact the FAA MyIT Service Center:

- Email at: helpdesk@faa.gov (Monitored 24/7)
- Phone at: 1-844-FAA-MyIT (1-844-322-6948) (Monitored 24/7)

Figure 7 Sample Registration Confirmation Email

If you do not receive the message within a reasonable amount of time you can obtain the temporary password by contacting:

Federal Aviation Administration (FAA)
MyIT Service Center
Email: helpdesk@faa.gov
1-844-FAA-MyIT (1-844-322-6948)

To complete the registration process, you must return to the MedXPress site and log in using the account information provided in the email sent to you. You can return to the MedXPress site by clicking on the link provided in the email. You will be taken to the Terms of Service Agreement and Privacy Statement screen.

If the link provided in the email does not work, you can return to the MedXPress site by copying the following link and pasting it into the address bar of your browser: https://medxpress.faa.gov/medxpress/Medcert.exe/login.

Enter your email address and the password provided in the appropriate fields and click the Login button.

4.4 Terms of Service Agreement and Privacy Statement

If you have read and accept the Terms of Service Agreement and Privacy Statement, select the checkbox stating this and click on the **Submit** button. You will be taken to the Change

Password Screen.

It is required that your temporary password be changed when entering the site for the first time.

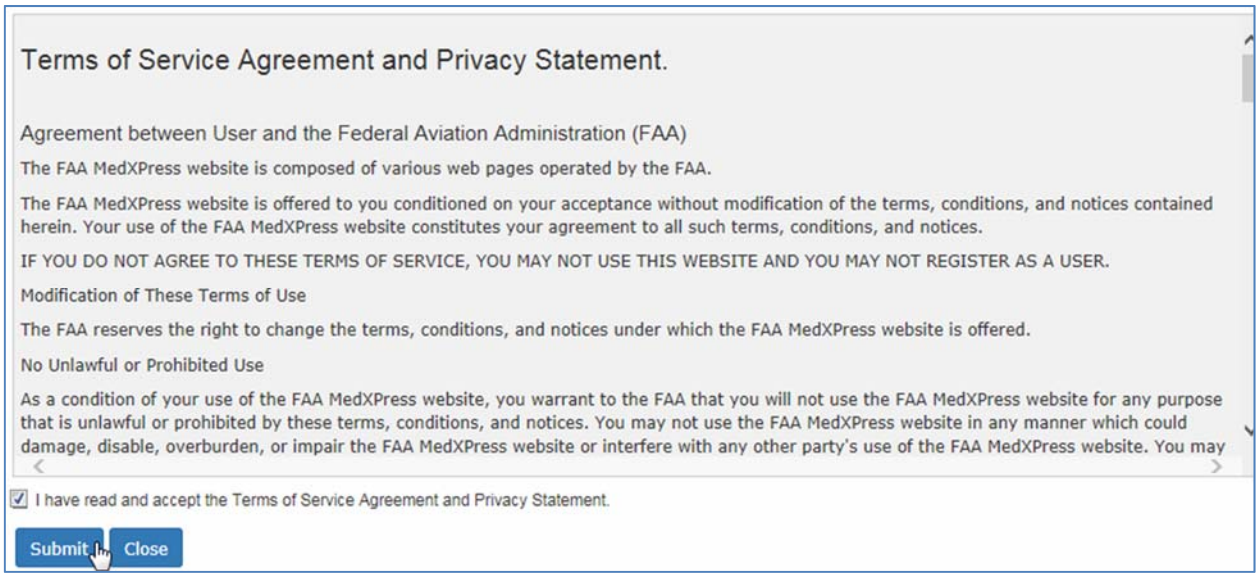


Figure 8 Terms of Services and Privacy Statement

Click **Close** to return to the MedXPress Login Screen.

4.5 Change Password

Enter a new password of your choice. Passwords are case sensitive, must begin with a letter, must be 8 to 12 characters in length and include at least three of the following four character groups:

- English upper case characters (A through Z)
- English lower case characters (a through z)
- Numerals (0 through 9)
- Non-alphabetic characters (such as !, $, #, %)

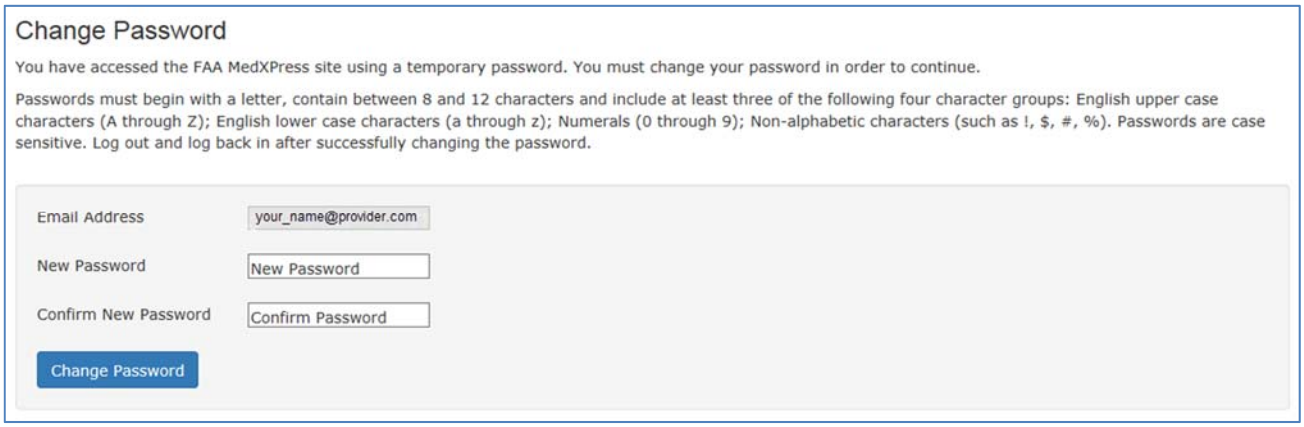


Figure 9 Change Temporary Password Screen

Confirm the new password and click the **Change Password** button. A confirmation message will be displayed stating that your password was successfully updated.

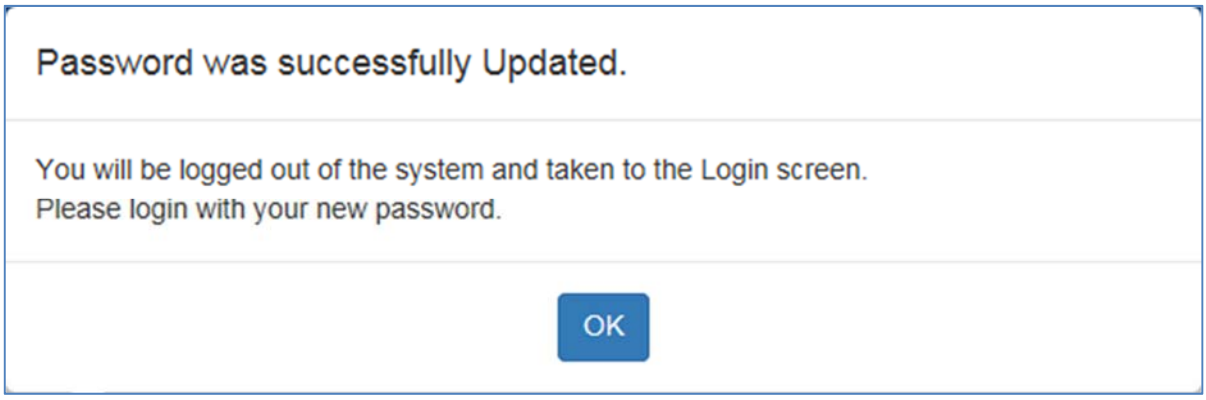


Figure 10 Password Successfully Updated

Press OK. You will be taken to the FAA MedXPress Login page.

5 Login

Log in to the MedXPress application using your confirmed email address and password. If you do not have an account, you can Request an Account.

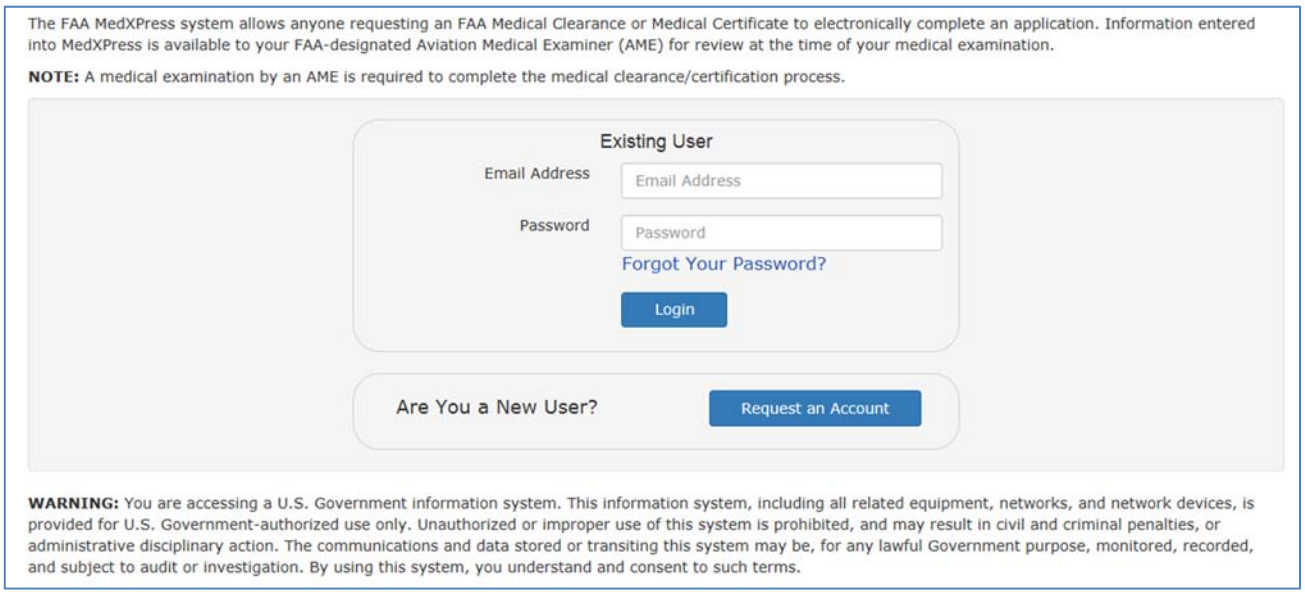


Figure 11 Existing User Login

5.1 Terms of Service Agreement and Privacy Statement

Read the Terms of Service Agreement and Privacy Statement and accept the terms by selecting the checkbox at the bottom of the screen. Click on the **Submit** button and the Login Confirmation Screen will display.

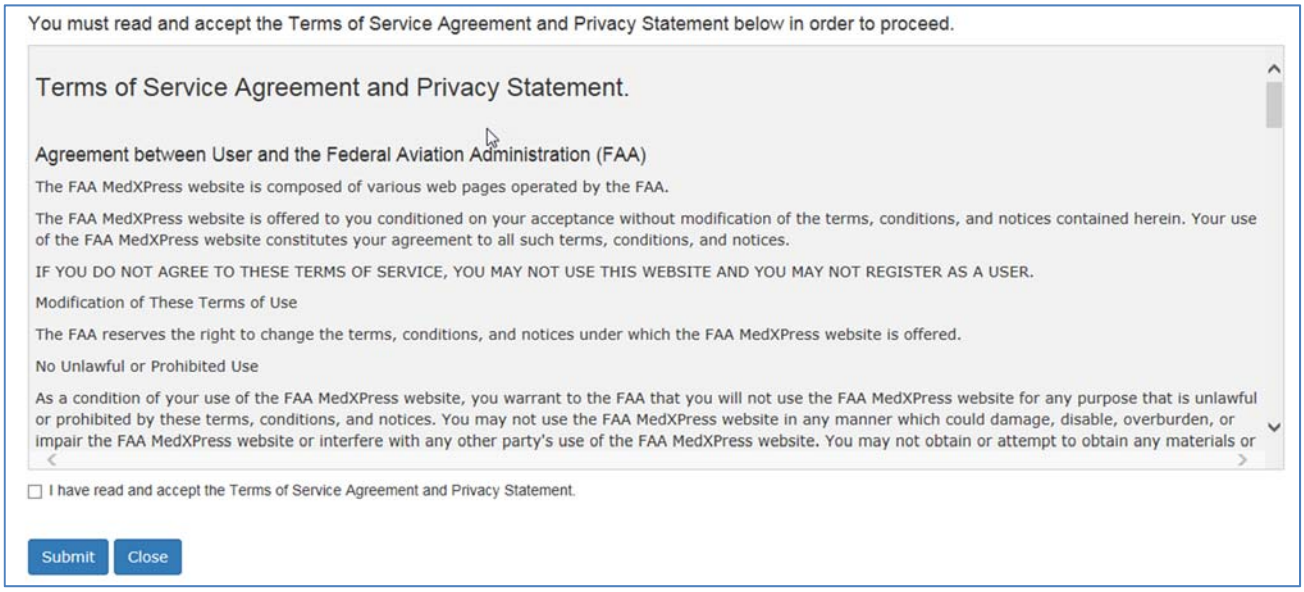


Figure 12 Existing Account - Terms of Service Agreement

5.2 Login Confirmation

The Login Confirmation Screen verifies that you are logged into MedXPress and can complete the FAA Form 8500-8. Your logged-in username will be displayed in the upper-right corner of the header along with the 'Contact Us' and 'Log Out' links.

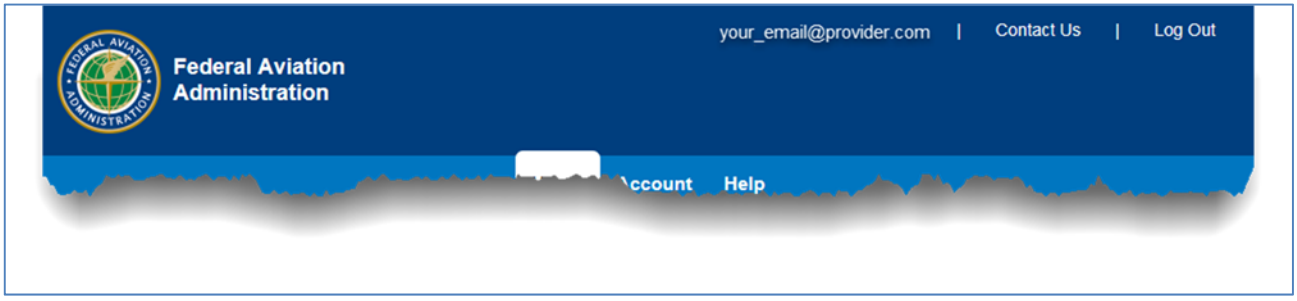


Figure 13 Login Confirmation Screen Header

Figure 14 Login Confirmation Screen

5.3 Home

The following options are available in the Home menu bar:

- **Home –** Returns you to the Login Confirmation Screen from anywhere within the MedXPress application

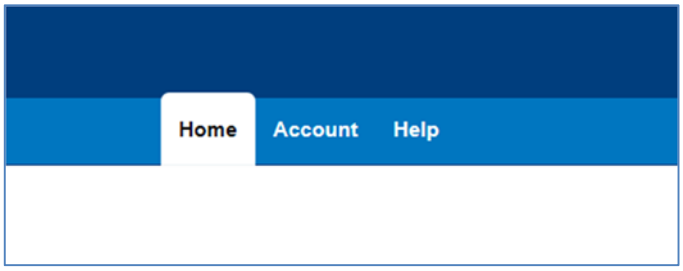


Figure 15 Home Menu

5.4 Account

The following options are available in the Account menu bar:

- **My Account -** Displays the My Account Screen where you can update your personal information, email address, password, or security answers
- **Log Out** (Only available after successful login)**–** Logs you out of MedXPress and returns the user to the login screen

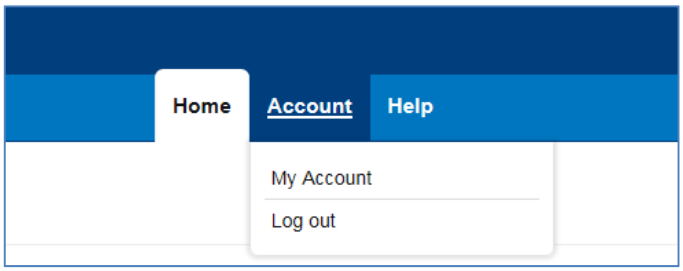


Figure 16 Account Menu

PLEASE NOTE: Each applicant must create and use their own account. Do not enter your application information into someone else's MedXPress account.

5.5 Help

The following options are available in the Help menu bar:

- **FAQ -** Displays a list of questions and answers commonly asked about MedXPress
- **Contact Us** - Displays contact information for the FAA MyIT Service Center that helps with MedXPress account-related issues, logging in, account lockout, and related issues
- **User Guide -** Opens the MedXPress User Guide
- **Instructions** (Only available after successful login) - Opens the Instructions for Completion of the Application Form 8500-8.

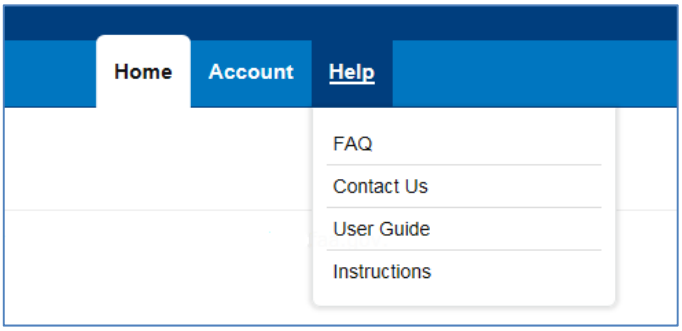


Figure 17 Help Menu

6 Account Maintenance

If you would like to update your personal information or change your password, you can select the **Account / My Account** at any time from the Menu Bar.

6.1 Update Account Information

To update your account information, click in the appropriate section and change the fields. You will receive this message below the screen title when information in any section is successfully changed: Account Updated Successfully.

6.1.1 Update your Personal Information

If you update your First, Middle, or Last name, the same name will be displayed on the Form 8500-8

- To update your Personal Information, click the field and update to the new value. To complete the change, enter and confirm your email address.
- Click the **Submit** button.

6.1.2 Change your Password

If you change your password, you will be logged out of the application and must sign in again.

- Enter your current password
- Enter and confirm your new password
- Click the **Submit** button.

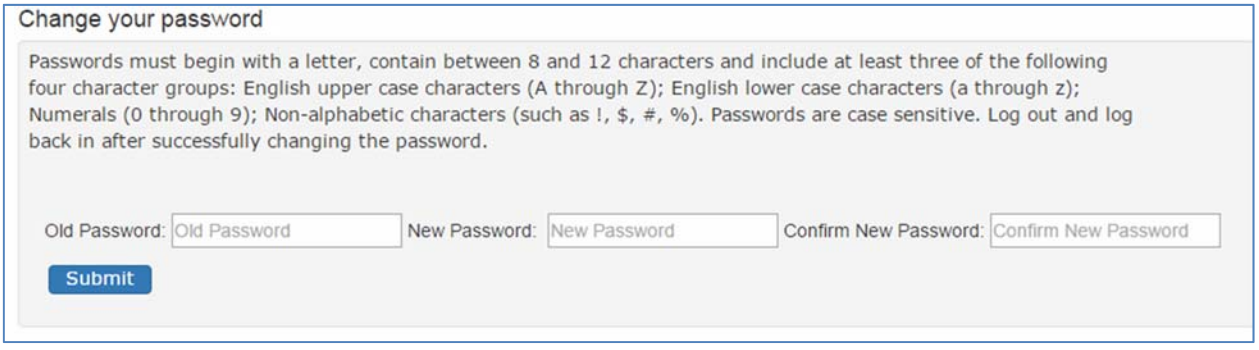


Figure 18 Account Maintenance - Change your Password

6.1.3 Update your Security Question Answers

Your security question answers are used to identify you when resetting your password or contacting the Help Desk.

- Enter the new security question answers in their appropriate fields
- Click the Submit button

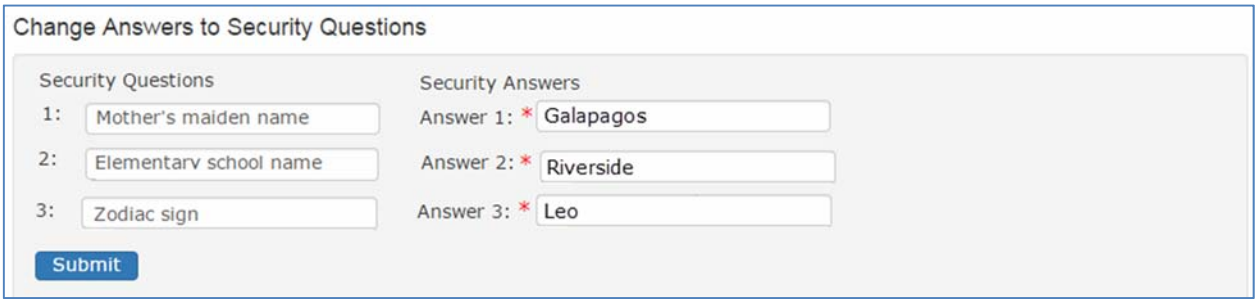


Figure 19 Account Maintenance - Change Answers to Security Questions

6.2 Forgot Password

If you forget your password, you can request a new password by clicking on **Account / Forgot Password** from the menu bar or the "Forgot Password" link on the MedXPress Login Screen.

The following steps will walk you through the process to change your password if you forgot or cannot log into MedXPress. At any time, you can click the **Cancel** button to be returned to the MedXPress Login Screen.

Step 1: Enter your email address in the box provided and click on the **Next** button.

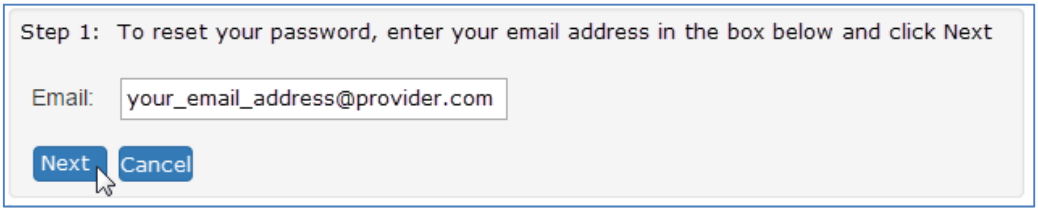


Figure 20 Request to Reset Password

Step 2: Answer the security questions in the boxes provided and click on the **Next** button.

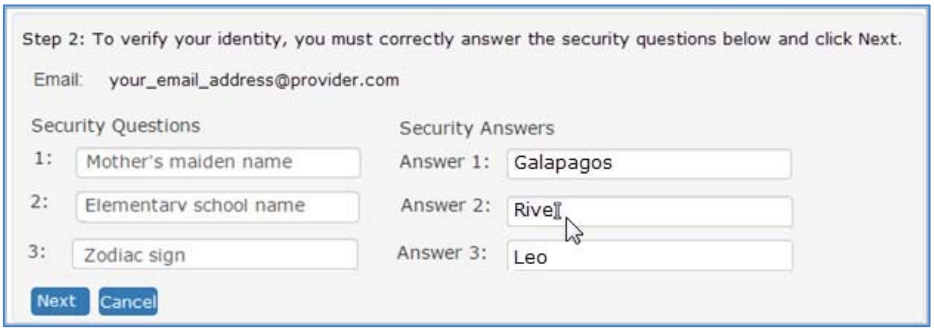


Figure 21 Request to Reset Password - Security Questions

Step 3: Your password has been reset. A temporary password and instructions for completing the Password Reset process will be sent to your email account.

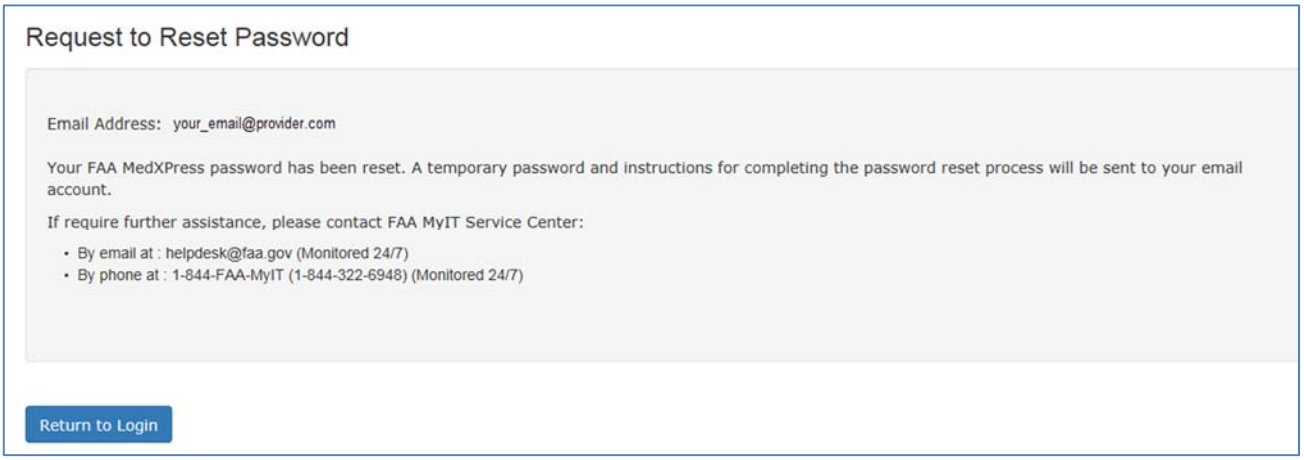


Figure 22 - Reset Password Confirmation

6.3 Password Reset Notification

Wait a few minutes and log in to your email account. You should receive the message shown below soon after submitting your password reset request. If you do not receive the message within a reasonable amount of time you can obtain the temporary password by contacting:

Federal Aviation Administration (FAA)
MyIT Service Center
Email: helpdesk@faa.gov
1-844-FAA-MyIT (1-844-322-6948)

To complete the password reset process, you must return to the MedXPress site and log in using the account information provided in the email sent to you. You can return to the MedXPress site by clicking on the link provided in the email. You will be taken to the Terms of Service Agreement and Privacy Statement screen.

If the link provided in the email does not work, you can return to MedXPress by copying the following link and pasting it into the address bar of your browser: https://medxpress.faa.gov/medxpress/Medcert.exe/login.

Enter your email address and the password provided in the appropriate fields and click the

Login button. Once you have returned to the MedXPress site you will be required to change your password on login.

FAA MedXPress

Password Reset Notification

Dear Paul Moller:

Your FAA MedXPress account has been reset and a new temporary password has been created.

Your new FAA MedXPress account information is:

Email - paul.ctr.moller@faa.gov

Temporary Password - DaM0uXuTliwi

You can return to MedXPress by clicking on the link below. You will be required to change your password after accepting the Terms of Service Agreement and Privacy Statement

CLICK HERE TO COMPLETE THE PASSWORD RESET PROCESS

If the above link does not work, please return to MedXPress by copying the following link and pasting it into the address bar of your browser. Enter your email address and password in the spaces provided, and click the Login button.

URL: https://medxpress-preprod.faa.gov/MedXpress/Login.aspx

PLEASE DO NOT RESPOND TO THIS EMAIL.

If you need further assistance, please contact the FAA MyIT Service Center:

- Email: helpdesk@faa.gov (Monitored 24/7)
- Phone: 1-844-FAA-MyIT (1-844-322-6948) (Monitored 24/7)

Figure 23 Password Reset Notification Email

6.4 Session Timeout

The MedXPress times out after 20 minutes of inactivity. If a user allows MedXPress to sit idle for 20 minutes or more, the session will time out and the user will be directed back to the MedXPress login screen

On the 8500-8 screen of the MedXPress, the user will receive a warning message after 15 minutes of inactivity. If the user does not click on the **Continue** button on the session timeout warning message within five minutes of receiving the message, the session will time out. Once the session times out, any update or refresh action will send the user back to the MedXPress Login screen.

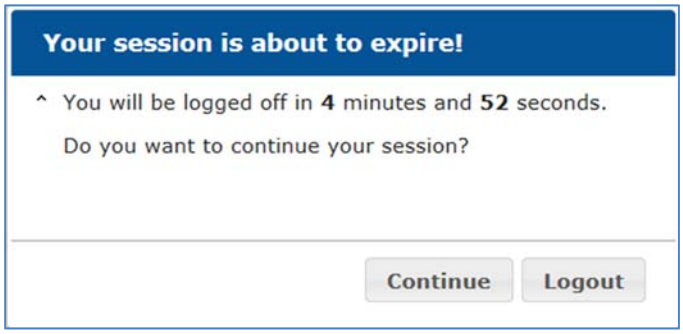


Figure 24 Session Timeout Message

7 Accessing Form 8500-8

From the Login Confirmation Screen, the user will have the option to:

- **Start New Application** – Displays the exam type selection screens
- **Continue Application** – If the user has previously saved an application, displays the 8500-8 Step-by-Step

Figure 25 Start New Application

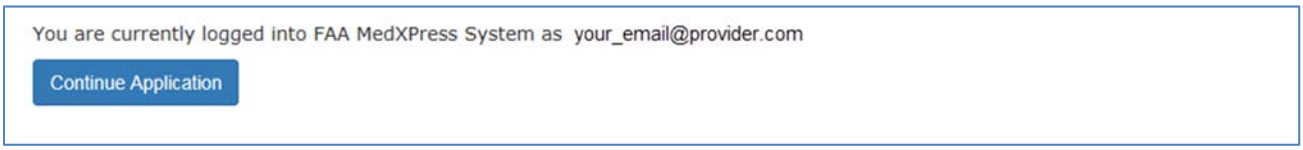


Figure 26 Continue Application

8 Exam Type Selection

The exam type selection screens display a series of questions to determine the appropriate form 8500-8 questions to display and complete for the applicable FAA Medical Clearance or Certification. Accurate responses are essential to proper routing and processing of your application.

The first question asks “Why are you applying for a Medical Certification or Clearance?”. Select the response that best represents the reason for your application.

- If “Required for my employment” option is selected, Question 2 for Exam Type Selection will be presented.
- If “All Other” option is selected, the “Pilot's Bill of Rights” will be presented followed by the form 8500-8.

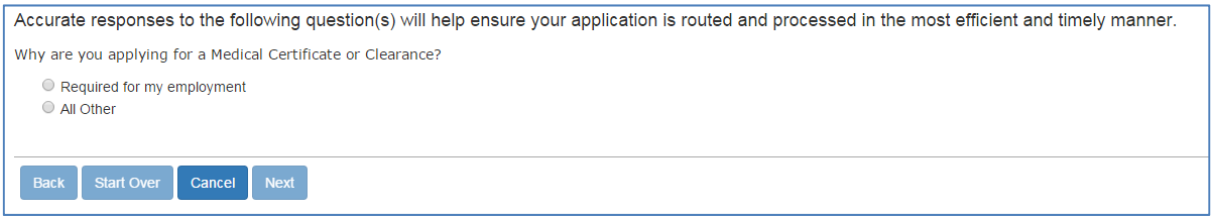


Figure 27 Exam Selection Question 1

The second question asks "Who is your employer?". Select the response that best describes why you are completing the application.

- If "Non-government", "Contract Company to FAA/DOT", "Government Agency other than FAA/DOT" is selected, the Pilot's Bill of Rights will be displayed followed by the form 8500-8.
- If "FAA/DOT" option is selected, Exam Selection Question 3 will be displayed.
- If "Not yet employed by the FAA. I received a tentative offer letter from the FAA to become an Air Traffic Controller" is selected; the FAA ATC Applicant Verification Screen will be displayed.

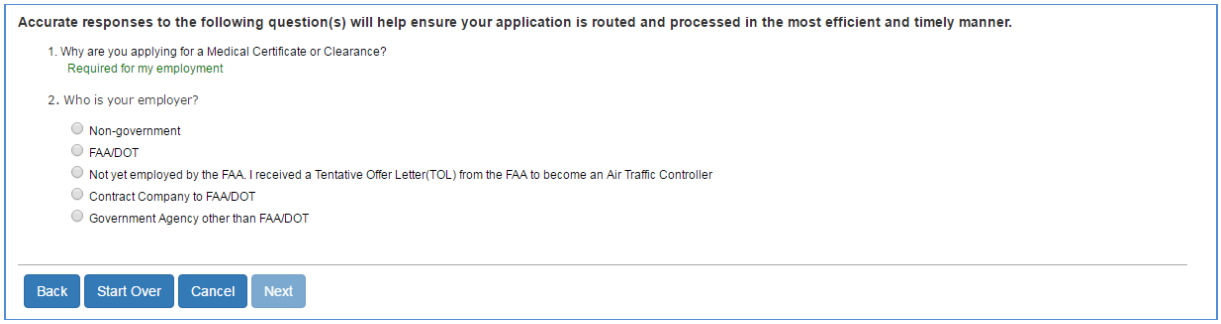


Figure 28 Exam Selection Question 2

The third question asks FAA employees to select the purpose of their application. Select the response that best describes why you are completing the application.

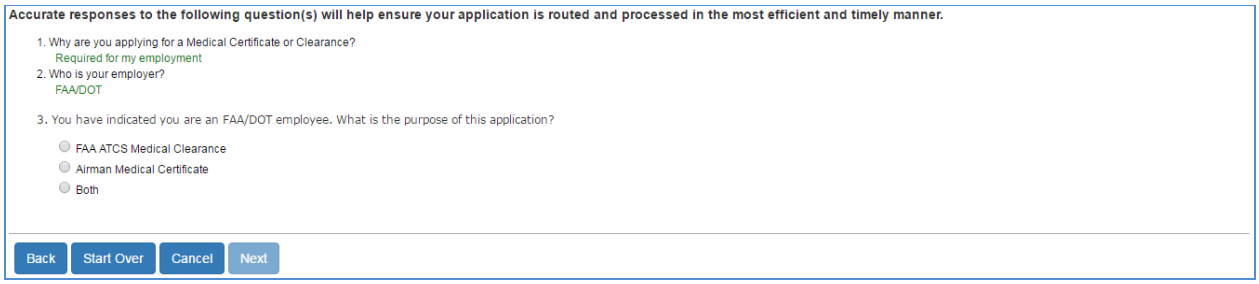


Figure 29 Exam Selection Question 3

9 Pilot's Bill of Rights

Applicants for medical certification will be required to read and accept the Pilot's Bill of Rights Notification before being allowed to proceed to the Form 8500-8 data entry screen.

Read the Pilot's Bill or Rights Notification and accept by selecting the checkbox at the bottom of the screen. Click on the **Submit** button and the Step-By-Step Form 8500-8 will display. Click

Back to return to the Exam Type Selection screen.

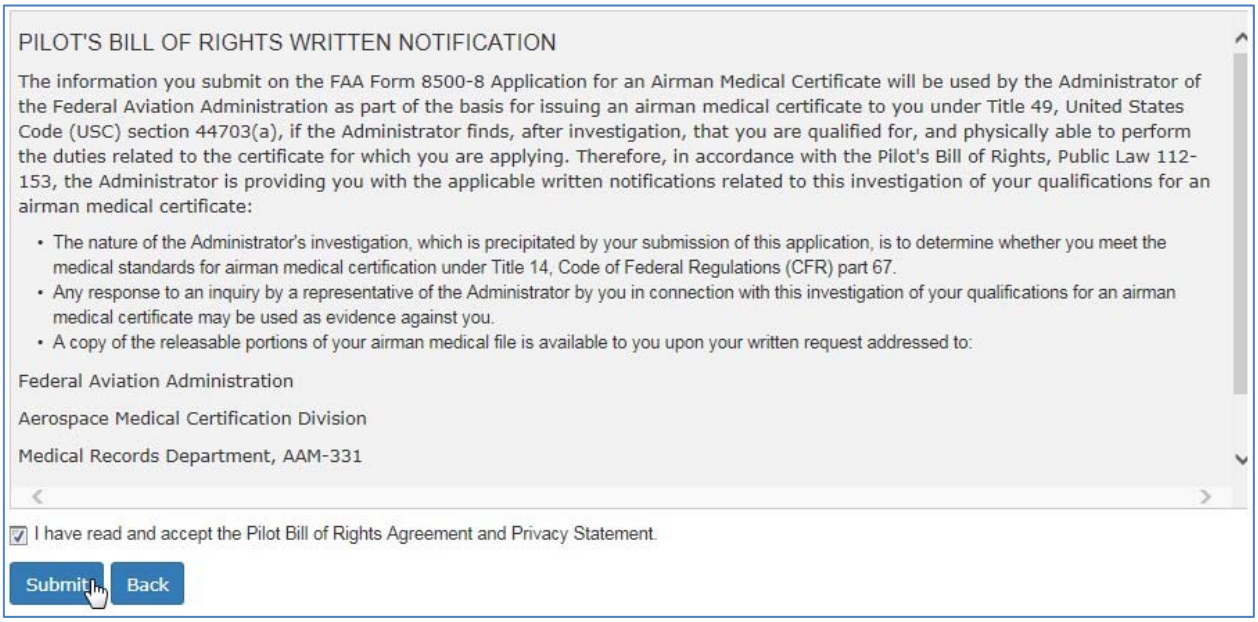


Figure 30 Pilot's Bill of Rights

10 Step-by-Step Form 8500-8

The Step-By-Step Form 8500-8 is a wizard-based format that breaks the form into smaller sections with the ability to save and quickly navigate through different sections.

The FAA Form 8500-8 is broken down into the following sections

- General (Items 1 - 2)
- Demographics (Items 3 - 9)
- Prior Certification (Items 10 - 16)
- Medication (Items 17a and 17b)
- Medical History (Item 18)
- Medical Visits (Item 19)
- Declarations (Item 20)

10.1 Navigation Breadcrumb

Figure 31 Step-By-Step Sections

10.2 Navigation Buttons

To navigate between sections, use the navigation buttons below the screen in each section.

NAVIGATION	DESCRIPTION
Previous	Moves to the previous form section

NAVIGATION	DESCRIPTION
Save and Complete Later	Validates the on-screen fields • Saves the form, if no validation errors are found • Displays validation failures, if found (does not save the current content)
Cancel My Application	Cancelling an application is the same as deleting the application, all data previously entered is lost. There is no way to retrieve this information once you cancel
Check for Errors	Performs a validation check on the form fields • Displays validation failures, if applicable
Next	Validates the current section fields • Saves the form, if no validation errors are found and moves to the next form section • If validation errors found, displays them to the user (does not navigate to the next section)

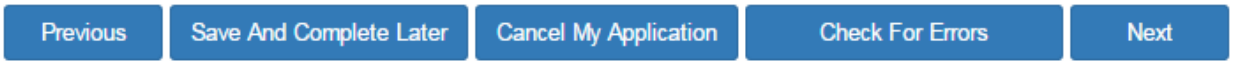


Figure 32 Navigation Options

10.2.1 Save and Complete Later

Click the **Save and Complete Later** button to save changes to your application. Be sure to save your entries before exiting FAA MedXPress. You may save a partially completed form and return at a later time to finish. The following message will display when you click on the **Save and Complete Later** button.

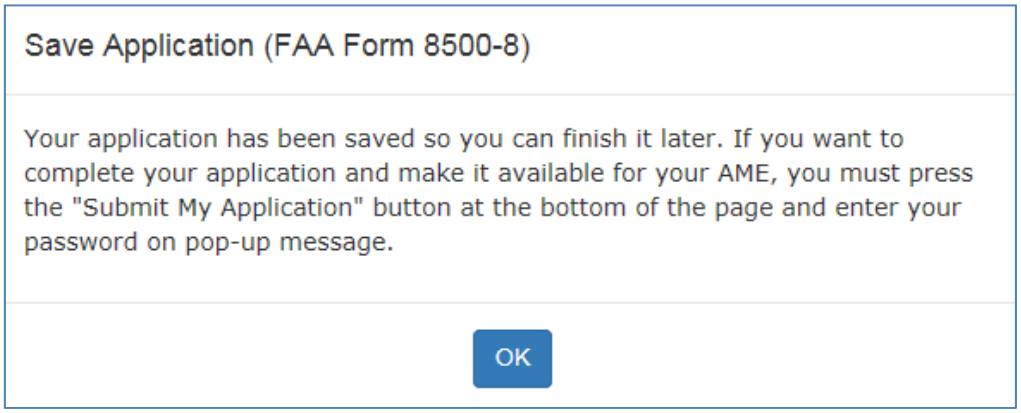


Figure 33 Save Application Confirmation

10.2.2 Cancel My Application

If you have inadvertently selected the wrong type of exam from the Exam Type Selection page, or if you have changed your mind and do not wish to submit an application at this time, you can cancel the application at any time prior to submitting the application by clicking on the **Cancel My Application**. A message will display asking you to confirm the cancellation.

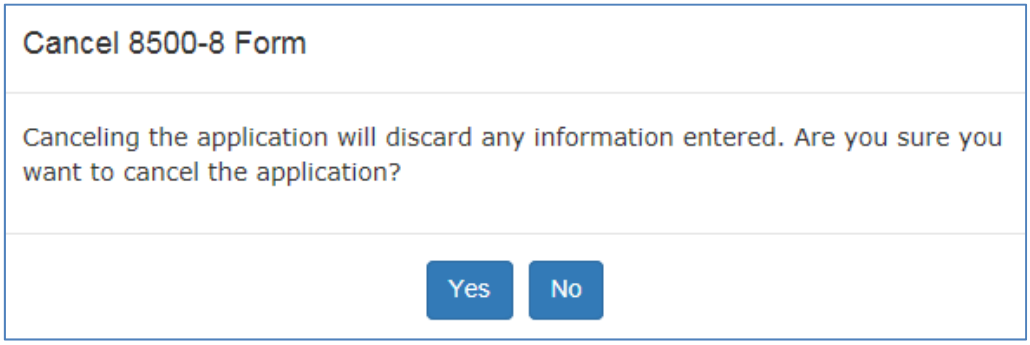


Figure 34 Cancel Application

Cancelling an application is the same as deleting the application, all data previously entered is lost. There is no way to retrieve this information once you cancel the application.

Click the **Yes** to cancel the application return to the Login Confirmation screen. Click **No** to remain on the current application.

10.2.3 Check for Errors

Click the **Check for Errors** button at any time to display a list of validation errors. Data must pass validation requirements before the application can be submitted. Validation errors will appear at the top of the Form 8500-8 data entry screen.

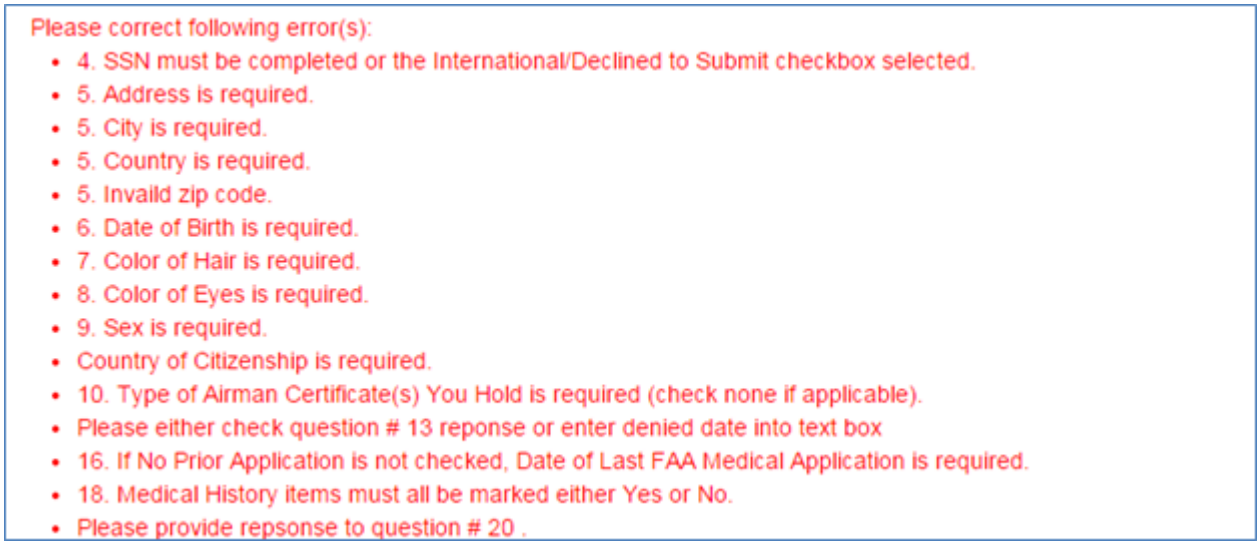


Figure 35 Section Error Check

10.3 Additional Instruction

Each section will have additional instruction to help the user accurately complete the Form 8500-8. The additional instruction text will be accessible for each item by clicking on any item row marked with a "+".

Figure 36 Additional Instruction

The user will also be alerted to the additional instruction when moving their mouse over those fields the cursor will change:

Figure 37 Help Cursor

10.4 General Section (Items 1 and 2)

The General section contains:

- Item 1 Application For
- Item 2 Class of Medical Certificate

NOTE: These Items are not required for FAA ATC Applicants and Incumbents.

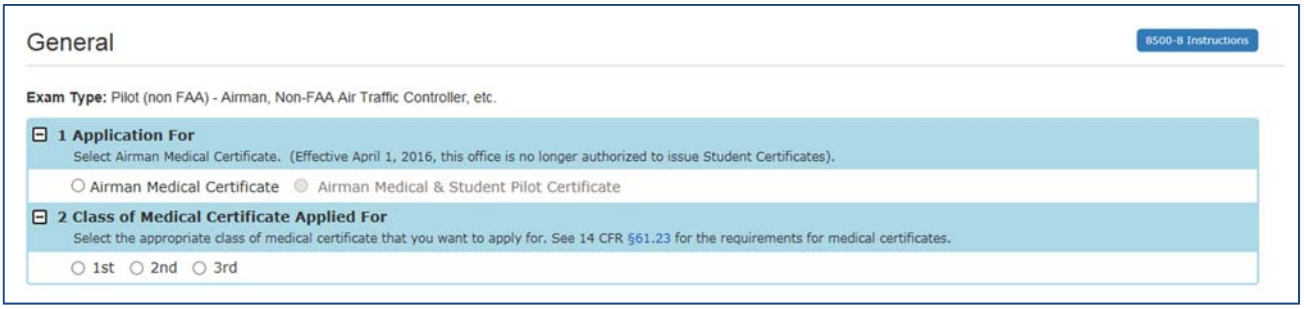


Figure 38 General Section

10.4.1 Item 1 Application For

Radio button to select Airmen Medical Certification or Airman Medical & Student Pilot Certificate.

NOTE: Effective April 1, 2016, this office is no longer authorized to issue Student Certificates.

Additional Instruction:

Select Airman Medical Certificate. (Effective April 1, 2016, this office is no longer authorized to issue Student Certificates).

10.4.2 Item 2 Class of Medical Certificate

Radio button to select 1st, 2nd, or 3rd Class

Additional Instruction:

Select the appropriate class of medical certificate you want to apply for: See 14 CFR §61.23 for the requirements for medical certificates.

10.4.3 Applicant ID

For FAA ATC Applicants and Incumbents this section (Items 1 and 2) would appear as in the screen shot below. They will be required to provide the Applicant ID the very first time and on subsequent visit the Applicant ID will be pre-filled.

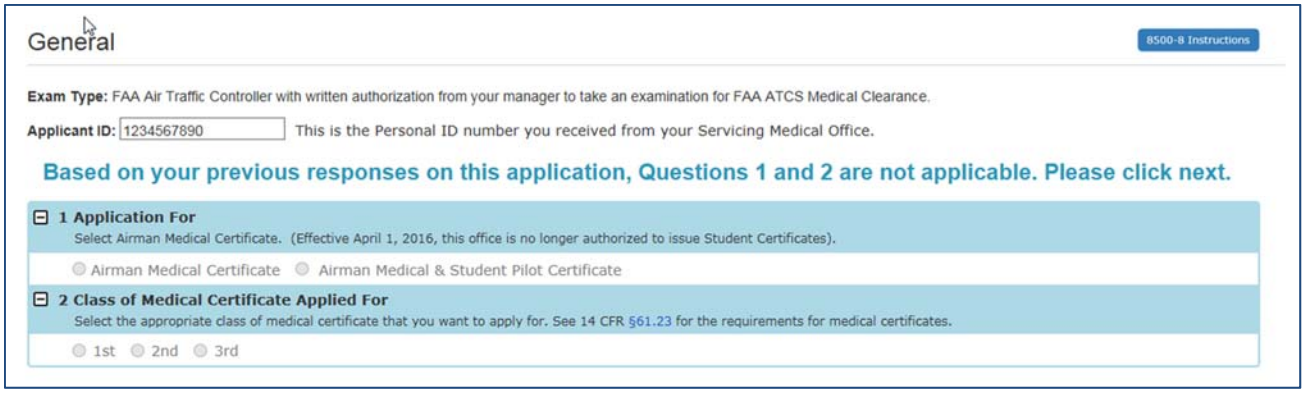


Figure 39 General ATC Applicants and Incumbents

10.5 Demographics Section (Items 3 - 9)

The Demographics section contains:

- Item 3 Full Name
- Item 4 Social Security Number
- Item 5 Address
- Item 6 Date of Birth
- Item 7 Color of Hair
- Item 8 Color of Eyes
- Item 9 Sex

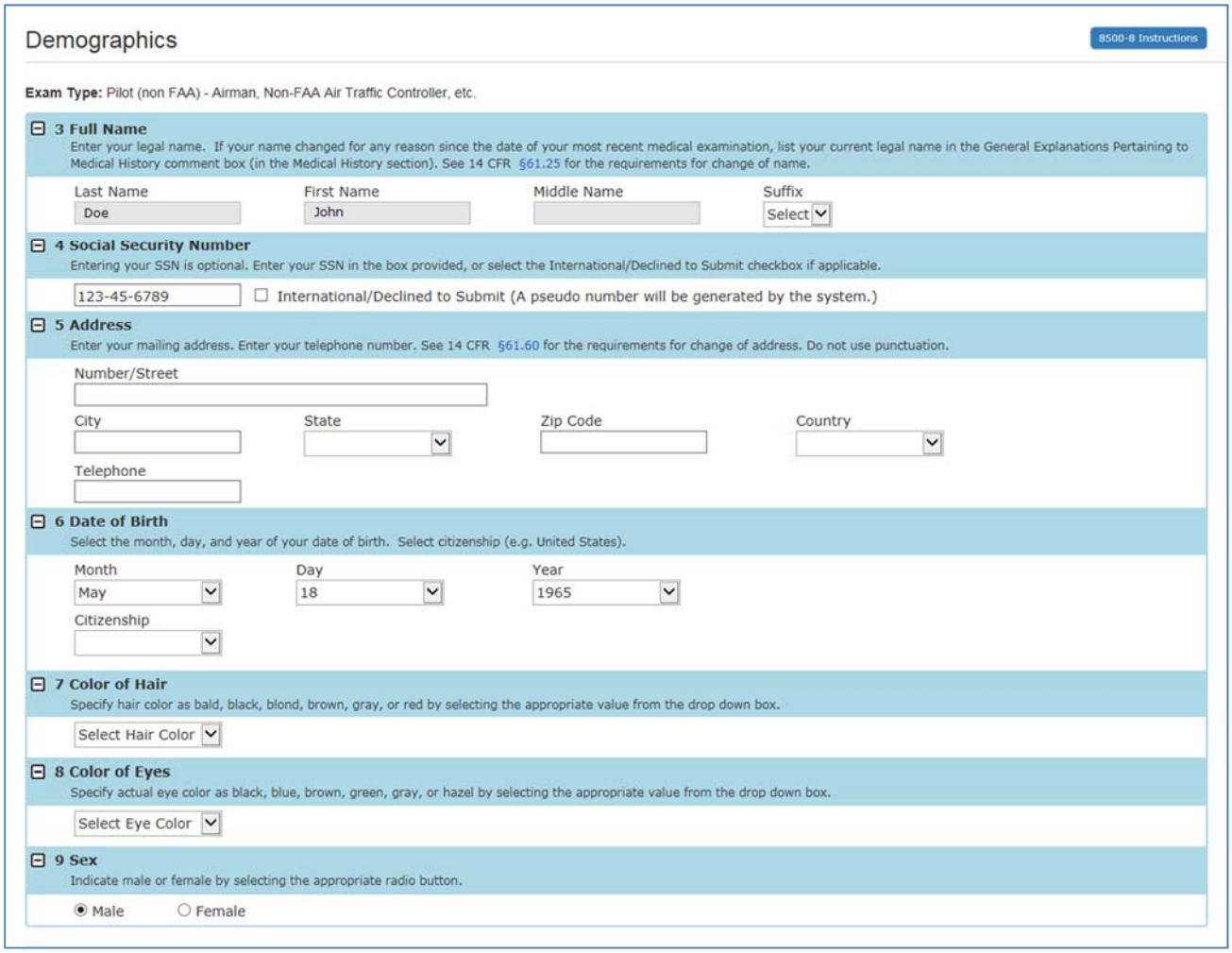


Figure 40 Demographics

10.5.1 Item 3 Full Name

- Text box to enter Last Name
- Text box to enter First Name
- Text box to enter Middle Name
- Dropdown list to select Suffix

---

*Note that your last, first, and middle name is populated exactly as it appears in the **Account -> My Account** screen. Edits to your name must be made on the **My Account** screen.*

Additional Instruction:

Enter your legal name. If your name changed for any reason since the date of your most recent medical examination, list your current legal name in the General Explanations Pertaining to Medical History comment box (in the Medical History section). See 14 CFR §61.25 for the requirements for a change of name.

10.5.2 Item 4 Social Security Number

- Text box to enter social security number
- International/Declined to Submit (A pseudo number will be generated by the system). Check box to decline entering a social security number and have the system generate a pseudo number.

Additional Instruction:

Entering your SSN is optional. Enter your SSN in the box provided, or select the International/Declined to Submit checkbox if applicable.

10.5.3 Item 5 Address

- Text box to enter Number/Street
- Text box to enter City
- Dropdown list to select State
- Text Box to enter Zip Code
- Text box to enter Telephone

Additional Instruction:

Enter your mailing address. Enter your telephone number. See 14 CFR §61.60 for the requirements for change of address. Do not use punctuation.

10.5.4 Item 6 Date of Birth

- Dropdown list to select Month
- Dropdown list to select Day
- Dropdown list to select Year
- Dropdown list to select Citizenship

Additional Instruction:

Select the month, day, and year of your date of birth. Select citizenship (e.g. United States).

10.5.5 Item 7 Color of Hair

- Dropdown list to select Color of Hair

Additional Instruction:

Specify hair color as bald, black, blond, brown, gray, or red by selecting the appropriate value from the drop down box.

10.5.6 Item 8 Color of Eyes

- Dropdown list to select Color of Eyes

Additional Instruction:

Specify actual eye color as black, blue, brown, green, gray, or hazel by selecting the appropriate value from the drop down box.

10.5.7 Item 9 Sex

- Radio button to select Male or Female

Additional Instruction:

Indicate male or female by selecting the appropriate radio button.

10.6 Prior Certification Section (Items 10 - 16)

The Prior Certification section contains:

- Item 10 Type of Airman Certificate(s) You Hold
- Item 11 Occupation
- Item 12 Employer
- Item 13 Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked.
- Item 14 Total Pilot Time (Civilian Only) To Date
- Item 15 Total Pilot Time (Civilian Only) Past 6 Months
- Item 16 Date of Last FAA Medical Application

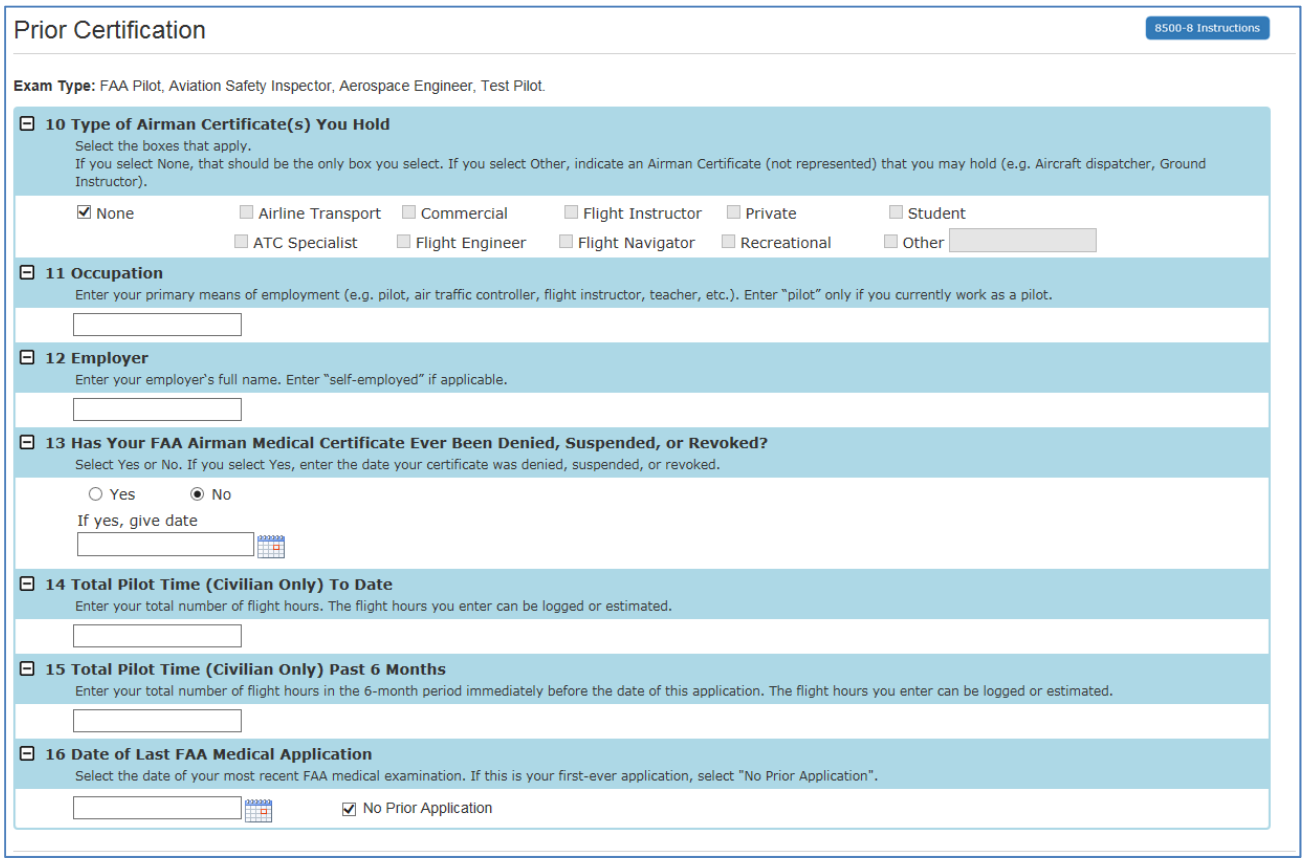


Figure 41 Prior Certification

10.6.1 Item 10 Type of Airman Certificate(s) You Hold

- Check box to select None, Airline Transport, ATC Specialist, Commercial, Flight Engineer, Flight Instructor, Flight Navigator, Other, Private, Recreational, Student
- Textbox to enter Other if checkbox is selected

Additional Instruction:

Select the boxes that apply. If you select "Other," indicate an Airman Certificate you

hold (e.g., Aircraft dispatcher, Ground Instructor).

10.6.2 Item 11 Occupation

- Textbox to enter Occupation

Additional Instruction:

Enter your primary means of employment (e.g., pilot, air traffic controller, flight instructor, teacher, etc.). Enter “pilot” only if you currently work as a pilot.

10.6.3 Item 12 Employer

- Textbox to enter Employer

Additional Instruction:

Enter your employer’s full name. Enter “self-employed” if applicable.

10.6.4 Item 13 Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked?

- Radio button to select Yes or No
- Textbox to enter date or Calendar control to select date

Additional Instruction:

Select Yes or No. If you select Yes, enter the date your certificate was denied, suspended, or revoked.

10.6.5 Item 14 Total Pilot Time (Civilian Only) To Date

- Textbox to enter Total Pilot Time to Date

Additional Instruction:

Enter your total number of flight hours. The flight hours you enter can be logged or estimated.

10.6.6 Item 15 Total Pilot Time (Civilian Only) Past 6 Months

- Textbox to enter Total Pilot Time to Past 6 Months

Additional Instruction:

Enter your total number of flight hours in the 6-month period immediately before the date of this application. The flight hours you enter can be logged or estimated.

10.6.7 Item 16 Date of Last FAA Medical Application

- Textbox to enter date or Calendar control to select date
- Checkbox to select No Prior Application

Additional Instruction:

Select the date of your most recent FAA medical examination. If this is your first-ever application, select "No Prior Application".

10.7 Medication Section (Items 17a and 17b)

The Prior Certification section contains:

- Item 17a Do You Currently Use Any Medication (Prescription or Nonprescription)?
- Item 17b Do You Ever Use Near Vision Contact Lenses While Flying?

NOTE: Item 17b is not required for FAA ATC Applicants.

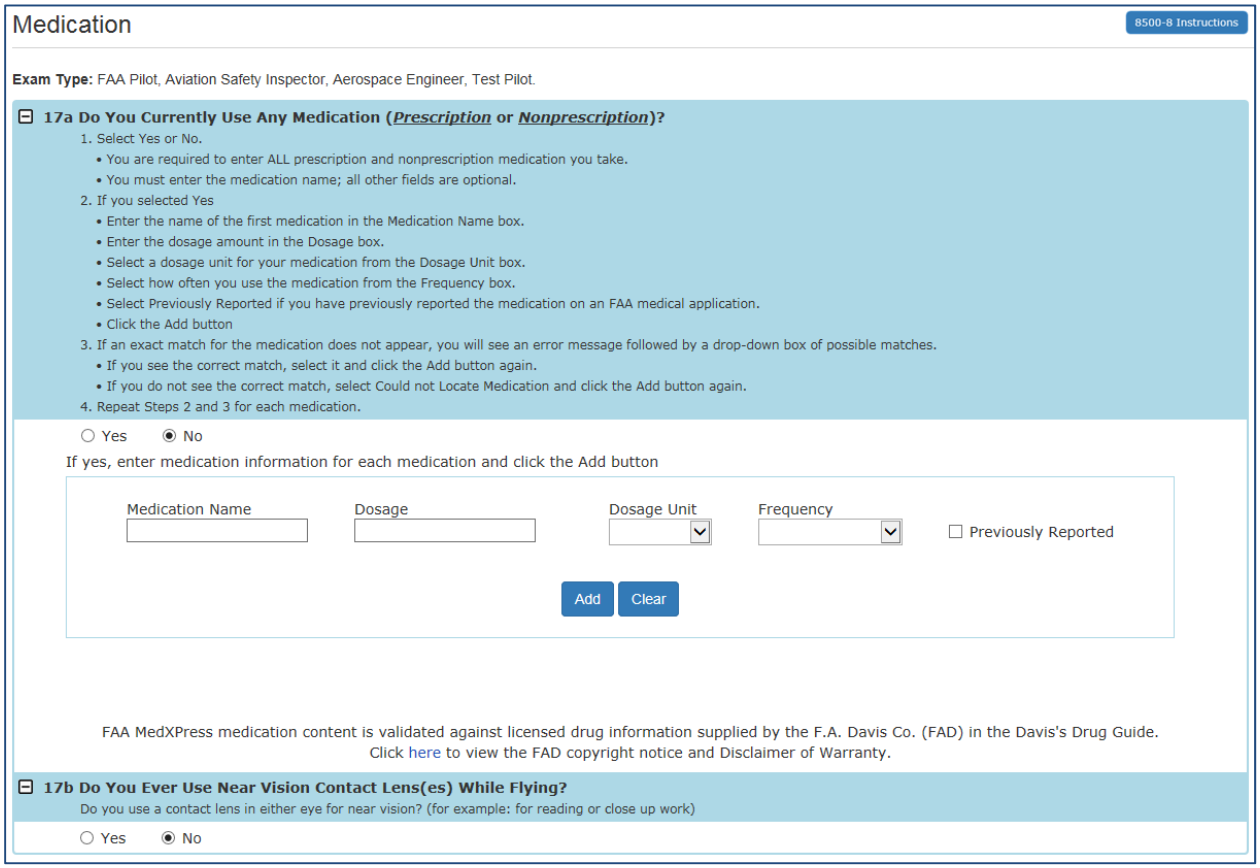


Figure 42 Medications

10.7.1 Item 17a Do You Currently Use Any Medication (Prescription or Nonprescription)?

- Radio button to select Yes or No
- Textbox to enter Medication Name
- Textbox to enter Dosage
- Dropdown list to select Dosage Unit
- Dropdown list to select Frequency
- Checkbox to select Previously Reported

Additional Instruction:

1. Select Yes or No.

- You are required to enter ALL prescription and nonprescription medication you take
- You must enter the medication name; all other fields are optional.

2. If you selected Yes
   - Enter the name of the first medication in the Medication Name box.
   - Enter the dosage amount in the Dosage box.
   - Select a dosage unit for your medication from the Dosage Unit box.
   - Select how often you use the medication from the Frequency box.
   - Select Previously Reported if you have previously reported the medication on an FAA medical application.
   - Click the **Add** button
3. If an exact match for the medication does not appear, you will see an error message followed by a drop-down box of possible matches.
   - If you see the correct match, select it and click the **Add** button again.
   - If you do not see the correct match, select Could not Locate Medication and click the **Add** button again.
4. Repeat Steps 2 and 3 for each medication.

Figure 43 - Medication Exact Match Not Found

10.7.1.1 Removing Medications

Medication information can be deleted by clicking on the “Delete” link displayed to the right of each medication listed.

Medication Name	Dosage	Dosage Unit	Frequency	Previously Reported	
WELBUTRIN XL	2	capsule(s)	Twice Daily	Y	✕
ADVIL	800	mg	As Needed	N	✕

Figure 44 Removing Medications

10.8 Medical History Section (Item 18)

The Medical History section contains:

- Item 18 Medical History - Have you ever in your life been diagnosed with, had, or do you presently have any of the following?

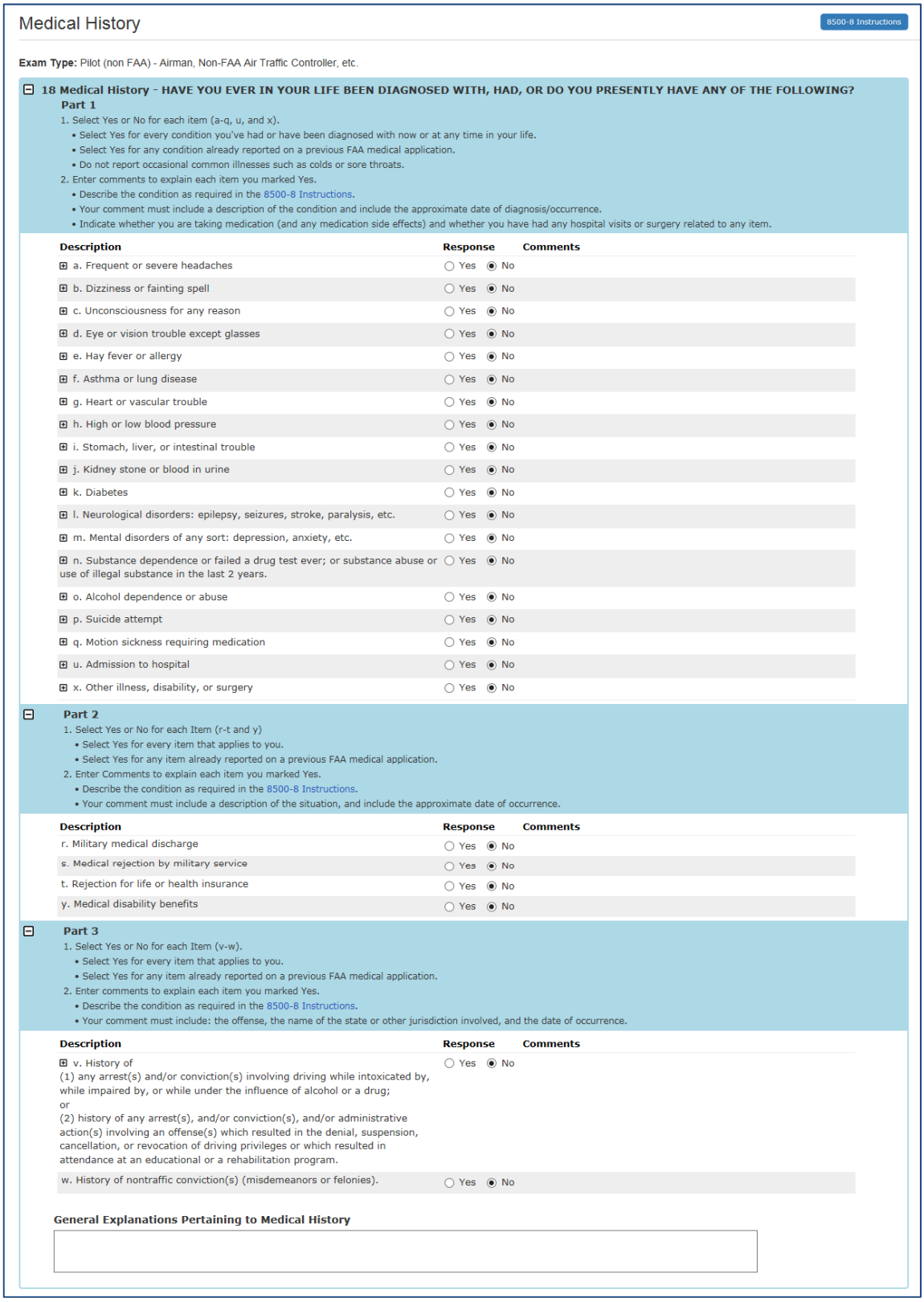


Figure 45 Medical History

10.8.1 Item 18 Have you ever in your life been diagnosed with, had, or do you presently have any of the following?

10.8.1.1 Part 1

- Description of each item (a-q, u, and x)
- See Appendix B for additional instructions for each item (a-q, u, and x)
- Radio button to select Yes or No
- Textbox to enter Comments (only displayed if response is Yes)

Additional Instruction:

1. Select Yes or No for each item (a-q, u, and x)
   - Select Yes for every condition you've had or have been diagnosed with now or at any time in your life.
   - Select Yes for any condition already reported on a previous FAA medical application.
   - Do not report occasional common illnesses such as colds or sore throats.
2. Enter comments to explain each item you marked Yes.
   - Describe the condition as required in the 8500-8 Instructions.
   - Your comment must include a description of the condition and include the approximate date of diagnosis/occurrence.
   - Indicate whether you are taking medication (and any medication side effects) and whether you have had any hospital visits or surgery related to any item.

10.8.1.2 Part 2

- Description of each item (r-t and y)
- Radio button to select Yes or No
- Textbox to enter Comments (only displayed if response is Yes)

Additional Instruction:

1. Select Yes or No for each Item (r-t and y)
   - Select Yes for every item that applies to you.
   - Select Yes for any item already reported on a previous FAA medical application.
2. Enter Comments to explain each item you marked Yes.
   - Describe the condition as required in the 8500-8 Instructions.
   - Your comment must include a description of the situation, and include the approximate date of occurrence.

10.8.1.3 Part 3

- Description of each item (v-w)
- See Appendix B for additional instructions for item v.
- Radio button to select Yes or No
- Textbox to enter Comments (only displayed if response is Yes)

Additional Instruction:

1. Select Yes or No for each Item (v-w).
   - Select Yes for every item that applies to you.

- Select Yes for any item already reported on a previous FAA medical application.

2. Enter comments to explain each item you marked Yes.
   - Describe the situation as required in the 8500-8 Instructions.
   - Your comment must include: the offense, the name of the state or other jurisdiction involved, and the date of occurrence.

10.9 Medical Visits Section (Item 19)

The Medical Visits section contains:

- Item 19 Have you visited any health professionals within the last 3 years?

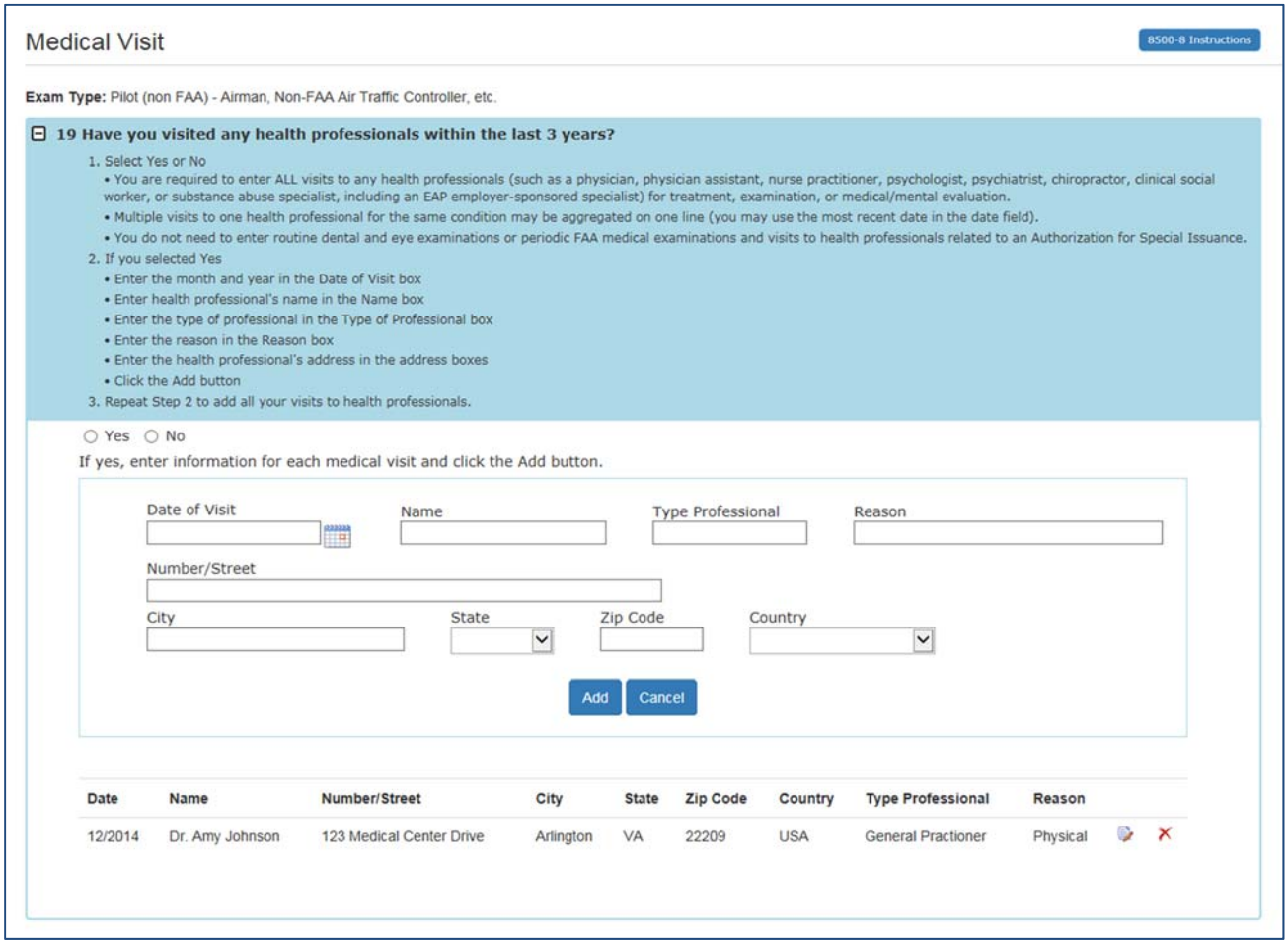


Figure 46 Medical Visits

10.9.1 Item 19 Have you visited any health professionals within the last 3 years?

- Radio button to select Yes or No
- Textbox to enter date (MM/YYYY) or Calendar control to select date
- Textbox to enter Name
- Textbox to enter Type of Professional
- Textbox to enter Reason

- Textbox to enter Number/Street
- Textbox to enter City
- Dropdown list to select State
- Textbox to enter Zip Code
- Dropdown list to select Country

Additional Instruction:

1. Select Yes or No
   - You are required to enter ALL visits to any health professionals (such as a physician, physician assistant, nurse practitioner, psychologist, psychiatrist, chiropractor, clinical social worker, or substance abuse specialist, including an EAP employer-sponsored specialist) for treatment, examination, or medical/mental evaluation.
   - Multiple visits to one health professional for the same condition may be aggregated on one line (you may use the most recent date in the date field).
   - You do not need to enter routine dental and eye examinations or periodic FAA medical examinations and visits to health professionals related to an Authorization for Special Issuance.
2. If you selected Yes
   - Enter the month and year in the Date of Visit box
   - Enter health professional's name in the Name box
   - Enter the type of professional in the Type of Professional box
   - Enter the reason in the Reason box
   - Enter the health professional's address in the address boxes
   - Click the **Add** button
3. Repeat Step 2 to add all your visits to health professionals.

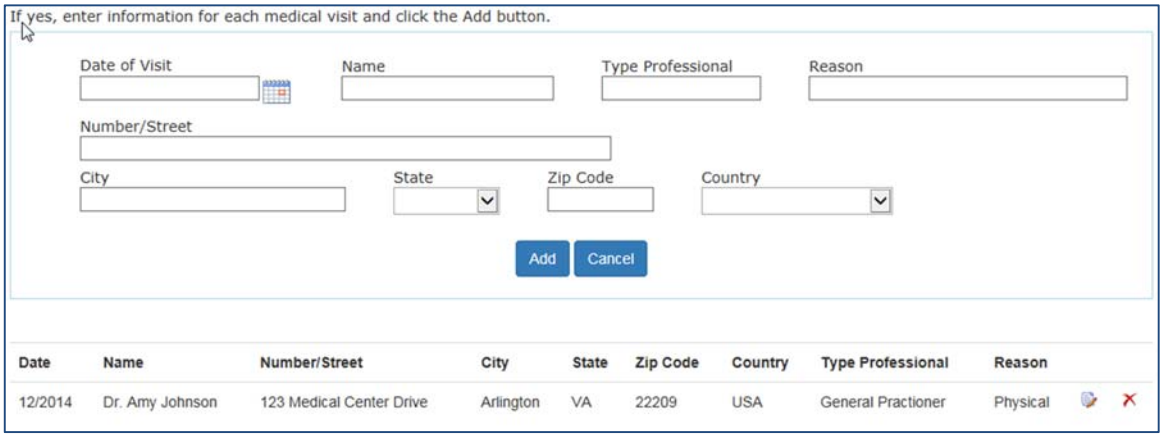


Figure 47 Medical History Records

10.10 Declarations Section

This section covers the Applicant's National Driver Register and Certifying Declarations. This is a statement certifying that all reported answers are correct and that the National Driver Register may access information pertaining to your driving record.

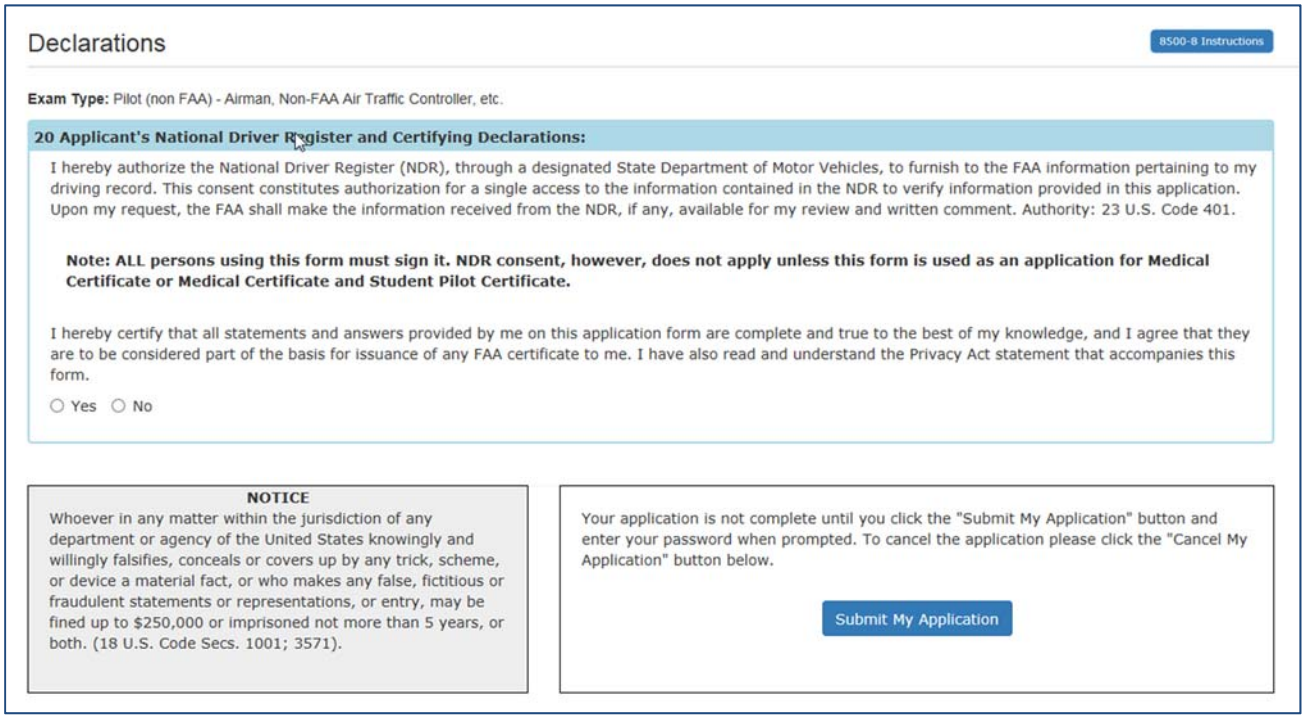


Figure 48 Declaration and Submissions

10.10.1 Item 20 Applicant's National Driver Register and Certifying Declarations:

- Radio button to select Yes or No

11 Validate and Submit Application

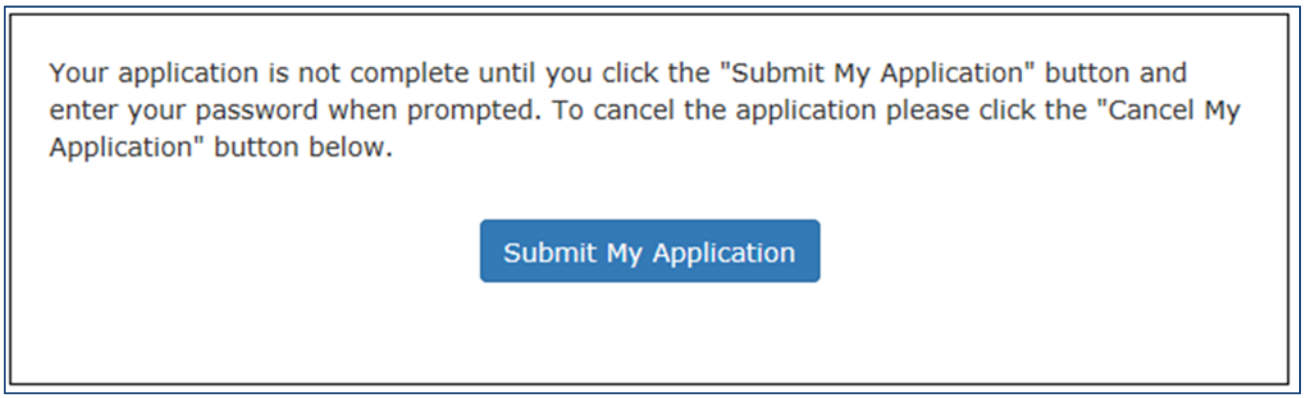


Figure 49 Validate and Submit

12 Submit My Application

If you are sure all of the information entered is correct, click the **Submit My Application** button and enter your password when prompted. If there are any errors, they will be shown after clicking **Submit My Application** and you will be able to correct them.

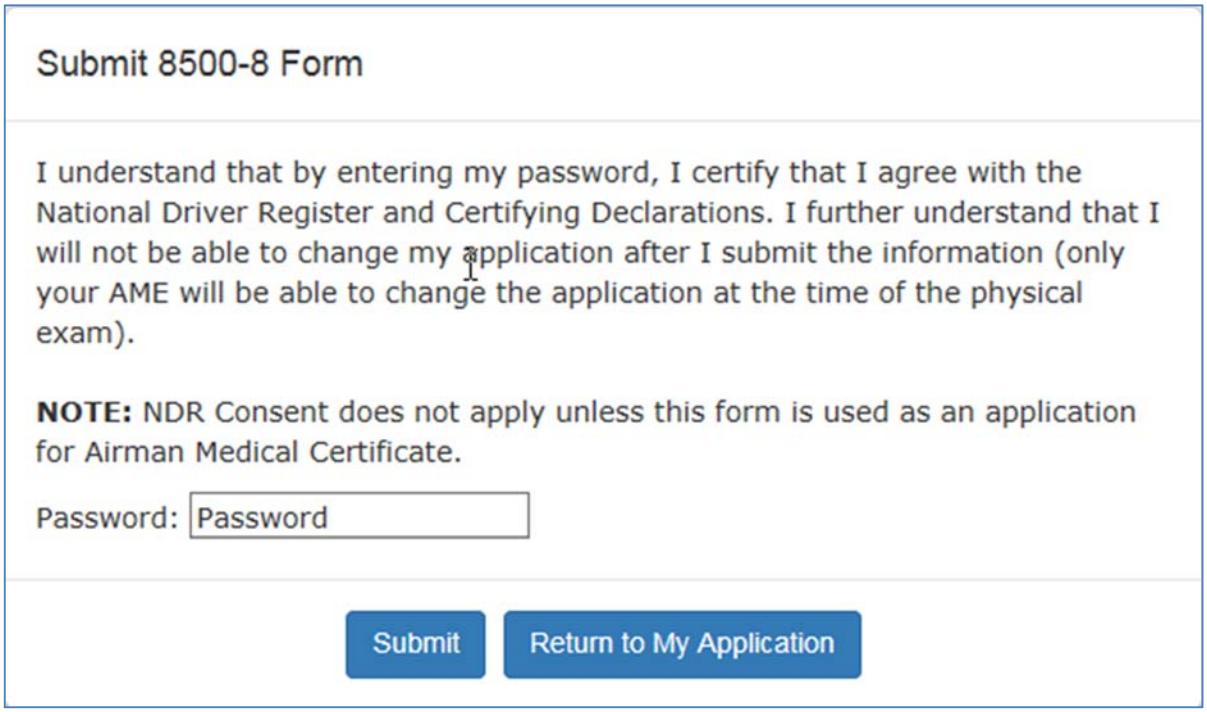


Figure 50 8500-8 Step-by-Step Submit Prompt

IMPORTANT Once you submit your application, you will not be able to make any changes to it.

13 Application Successfully Submitted

If there are no errors, you will be taken to the Submission Confirmation Screen that tells you your application has been successfully submitted. The screen displays your confirmation number and gives you the option of downloading the completed application.

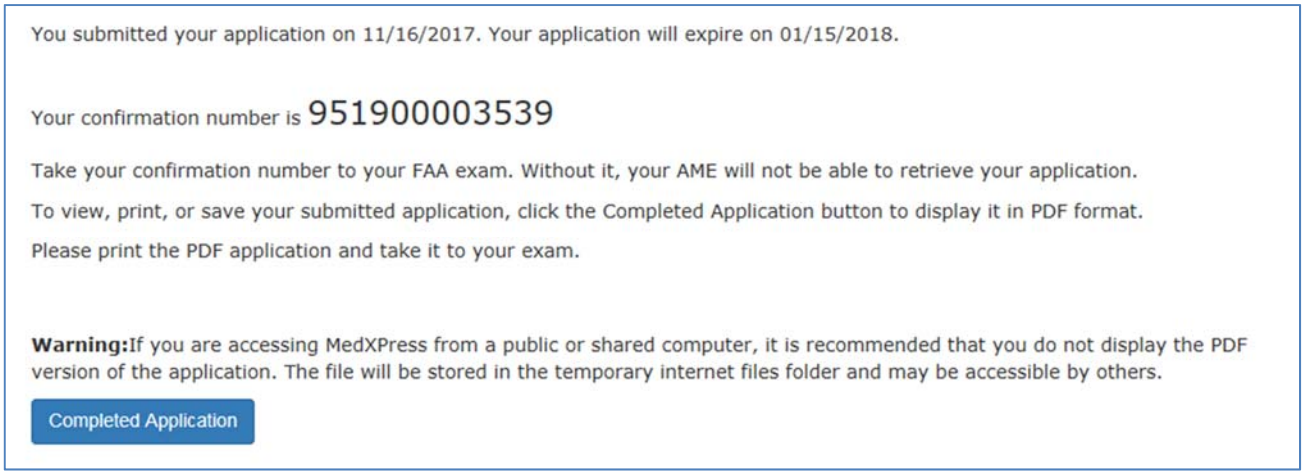


Figure 51 Submission Confirmation

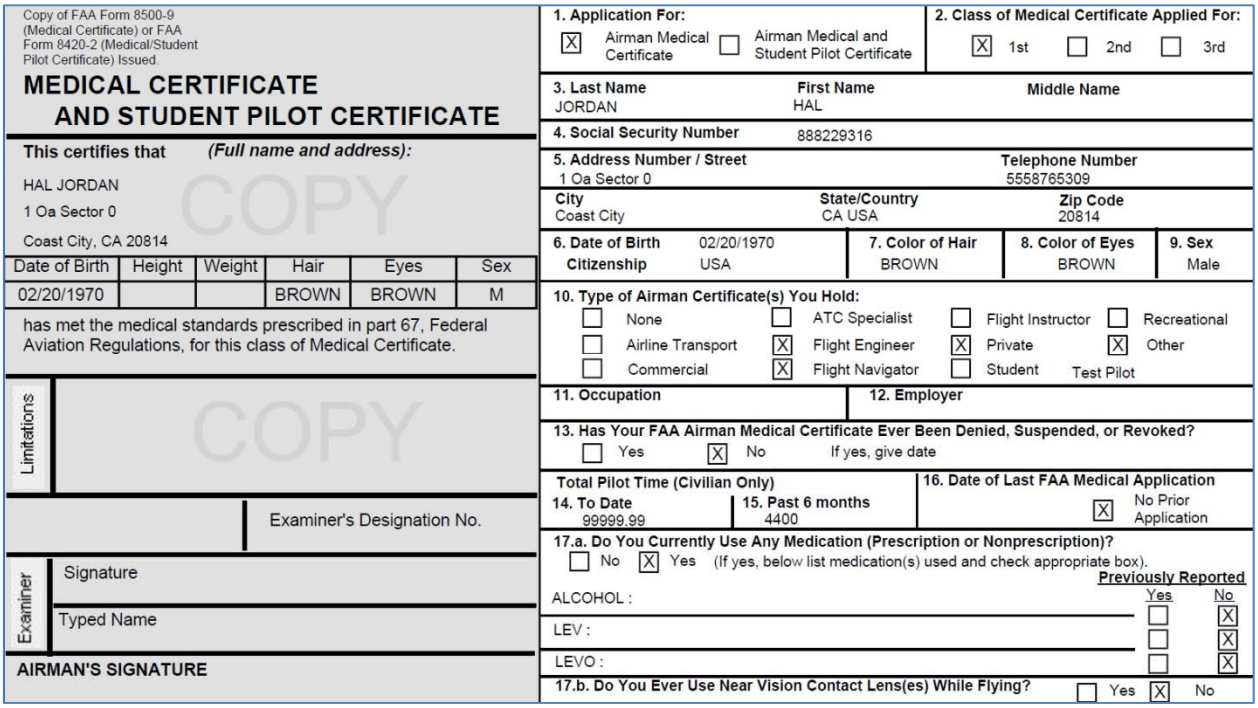
Write down the confirmation number. If you do not wish to view the **Completed Application,** click on the Logout link or **Account / Log Out** to exit to the MedXPress Login Screen.

You will receive a Form 8500-8 confirmation email that will also provide your confirmation number. If you lose your confirmation number, you can obtain it by logging back into MedXPress and clicking on the "Form 8500-8" link that will take you to the Submission Confirmation Screen or by contacting:

Federal Aviation Administration (FAA)
MyIT Service Center
Email: helpdesk@faa.gov
1-844-FAA-MyIT (1-844-322-6948)

14 Application Summary (Items 1 to 17b)

The application summary displays the information you entered into the Form 8500-8. It is recommended that you print the Summary for review and take it to your exam.



Copy of FAA Form 8500-9 (Medical Certificate) or FAA Form 8420-2 (Medical/Student Pilot Certificate) Issued.

MEDICAL CERTIFICATE AND STUDENT PILOT CERTIFICATE

This certifies that ***(Full name and address):***

HAL JORDAN
1 Oa Sector 0
Coast City, CA 20814

Date of Birth	Height	Weight	Hair	Eyes	Sex
02/20/1970			BROWN	BROWN	M

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations

Examiner's Designation No.

Examiner: Signature / Typed Name

AIRMAN'S SIGNATURE

1. Application For: [X] Airman Medical Certificate [ ] Airman Medical and Student Pilot Certificate

2. Class of Medical Certificate Applied For: [X] 1st [ ] 2nd [ ] 3rd

3. Last Name JORDAN **First Name** HAL **Middle Name**

4. Social Security Number 888229316

5. Address Number / Street 1 Oa Sector 0 **Telephone Number** 5558765309

City Coast City **State/Country** CA USA **Zip Code** 20814

6. Date of Birth 02/20/1970 **Citizenship** USA **7. Color of Hair** BROWN **8. Color of Eyes** BROWN **9. Sex** Male

10. Type of Airman Certificate(s) You Hold:
[ ] None [ ] ATC Specialist [ ] Flight Instructor [ ] Recreational
[ ] Airline Transport [X] Flight Engineer [X] Private [X] Other
[ ] Commercial [X] Flight Navigator [ ] Student Test Pilot

11. Occupation **12. Employer**

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? [ ] Yes [X] No If yes, give date

Total Pilot Time (Civilian Only) **14. To Date** 99999.99 **15. Past 6 months** 4400 **16. Date of Last FAA Medical Application** [X] No Prior Application

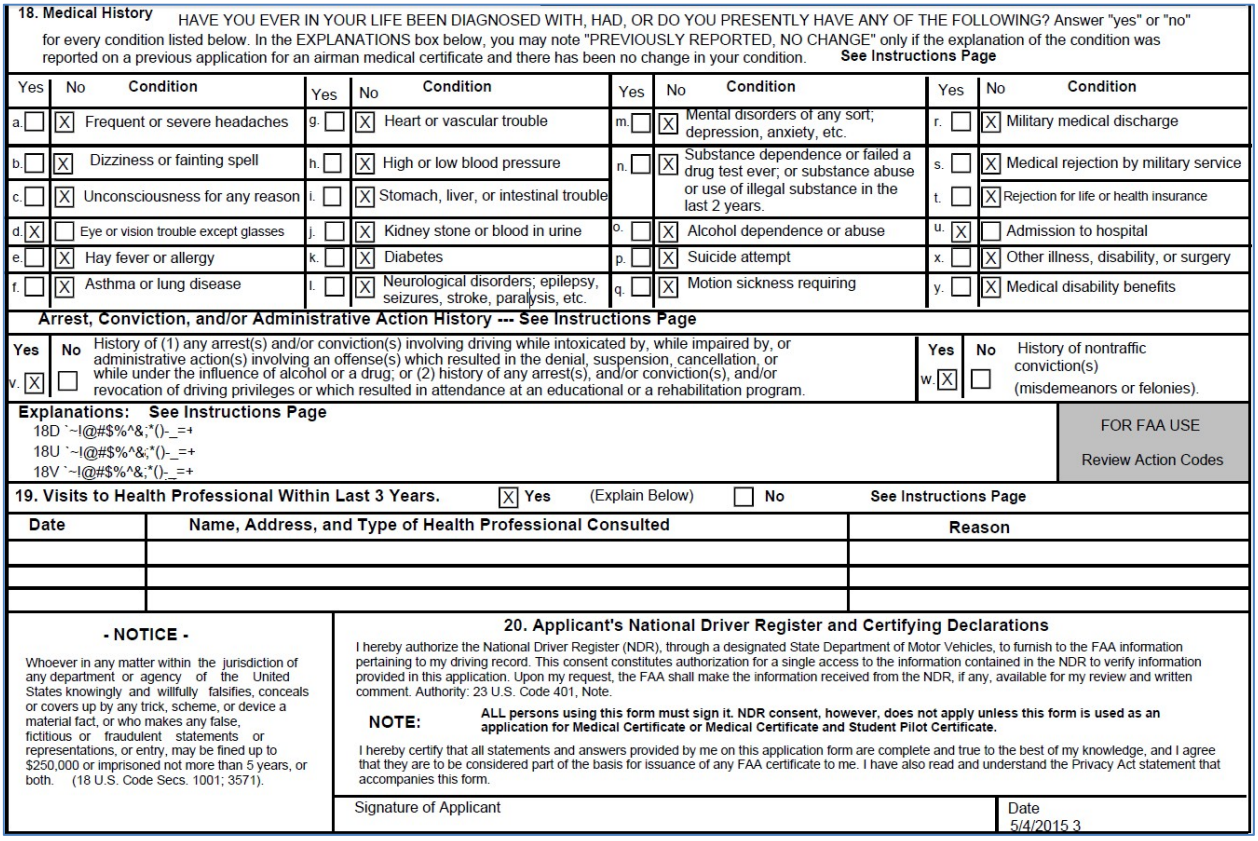
17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)? [ ] No [X] Yes (If yes, below list medication(s) used and check appropriate box).

	Previously Reported Yes	No
ALCOHOL :	[ ]	[X]
LEV :	[ ]	[X]
LEVO :	[ ]	[X]

17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying? [ ] Yes [X] No

Figure 52 Application Summary (Items 1 to 17b)

15 Application Summary (Items 18 to 20)



18. Medical History HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING? Answer "yes" or "no" for every condition listed below. In the EXPLANATIONS box below, you may note "PREVIOUSLY REPORTED, NO CHANGE" only if the explanation of the condition was reported on a previous application for an airman medical certificate and there has been no change in your condition. **See Instructions Page**

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
a.	X	Frequent or severe headaches	g.	X	Heart or vascular trouble	m.	X	Mental disorders of any sort; depression, anxiety, etc.	r.	X	Military medical discharge
b.	X	Dizziness or fainting spell	h.	X	High or low blood pressure	n.	X	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.	s.	X	Medical rejection by military service
c.	X	Unconsciousness for any reason	i.	X	Stomach, liver, or intestinal trouble				t.	X	Rejection for life or health insurance
d.	X	Eye or vision trouble except glasses	j.	X	Kidney stone or blood in urine	o.	X	Alcohol dependence or abuse	u.	X	Admission to hospital
e.	X	Hay fever or allergy	k.	X	Diabetes	p.	X	Suicide attempt	x.	X	Other illness, disability, or surgery
f.	X	Asthma or lung disease	l.	X	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.	q.	X	Motion sickness requiring	y.	X	Medical disability benefits

Arrest, Conviction, and/or Administrative Action History --- See Instructions Page

Yes	No		Yes	No	
v. X		History of (1) any arrest(s) and/or conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any arrest(s), and/or conviction(s), and/or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.	w. X		History of nontraffic conviction(s) (misdemeanors or felonies).

Explanations: See Instructions Page
18D `~!@#$%^&;*()-_=+
18U `~!@#$%^&;*()-_=+
18V `~!@#$%^&;*()-_=+

FOR FAA USE
Review Action Codes

19. Visits to Health Professional Within Last 3 Years. X Yes (Explain Below) ☐ No **See Instructions Page**

Date	Name, Address, and Type of Health Professional Consulted	Reason

- NOTICE -

Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to $250,000 or imprisoned not more than 5 years, or both. (18 U.S. Code Secs. 1001; 3571).

20. Applicant's National Driver Register and Certifying Declarations

I hereby authorize the National Driver Register (NDR), through a designated State Department of Motor Vehicles, to furnish to the FAA information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. Upon my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment. Authority: 23 U.S. Code 401, Note.

NOTE: **ALL persons using this form must sign it. NDR consent, however, does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.**

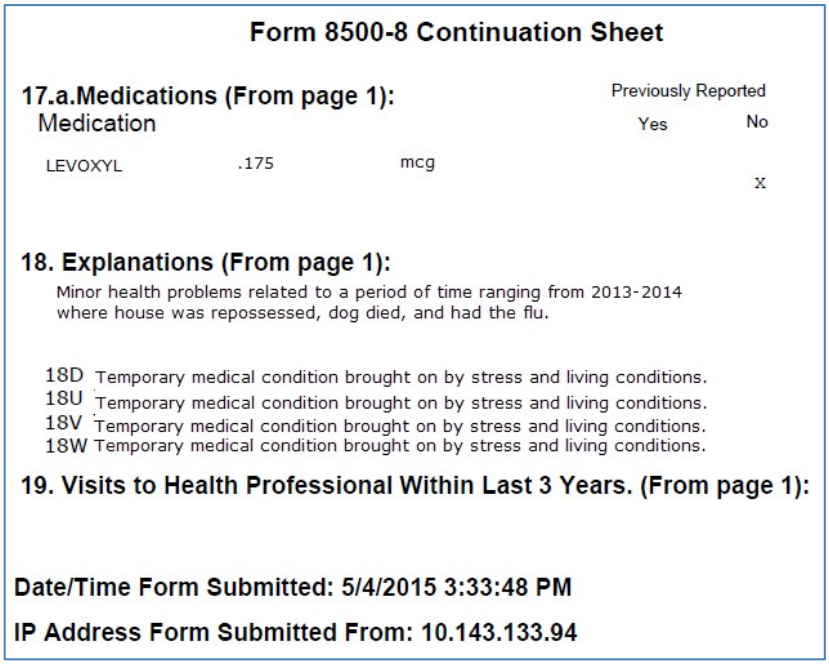
I hereby certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant | Date 5/4/2015 3

Figure 53 Application Summary (Items 18 to 20)

16 Application Summary (Continuation Page)

The Summary also captures the Confirmation Number, Date/Time the form was submitted, and the IP Address from which the application was submitted. The Continuation Sheet contains comments and medication information that did not fit on the first page of the 8500-8.



Form 8500-8 Continuation Sheet

17.a.Medications (From page 1):

Medication			Previously Reported	
			Yes	No
LEVOXYL	.175	mcg		X

18. Explanations (From page 1):

Minor health problems related to a period of time ranging from 2013-2014 where house was repossessed, dog died, and had the flu.

18D Temporary medical condition brought on by stress and living conditions.
18U Temporary medical condition brought on by stress and living conditions.
18V Temporary medical condition brought on by stress and living conditions.
18W Temporary medical condition brought on by stress and living conditions.

19. Visits to Health Professional Within Last 3 Years. (From page 1):

Date/Time Form Submitted: 5/4/2015 3:33:48 PM

IP Address Form Submitted From: 10.143.133.94

Figure 54 Application Summary (Continuation Page)

17 Application Submission Confirmation Email

You should receive the following confirmation email after you submit your application. It displays your confirmation number. You will need this number in order for your AME to view your application so either write the confirmation number down or print a copy of the email to take with you.

If you lose your confirmation number, you can obtain it by logging back into MedXPress and clicking on the “form 8500-8” link that will take you back to the saved Form 8500-8 data entry screen with your confirmation number displayed at the top of the screen or by contacting:

Federal Aviation Administration (FAA)
MyIT Service Center
Email: helpdesk@faa.gov
1-844-FAA-MyIT (1-844-322-6948)

FAA MedXPress

Form 8500-8 Application Submission Confirmation

Dear John Doe:

Thank you for using MedXPress to electronically submit your application. Your confirmation number is **662286601995**.

You will need to provide the confirmation number to your Aviation Medical Examiner prior to your exam.

PLEASE DO NOT RESPOND TO THIS EMAIL

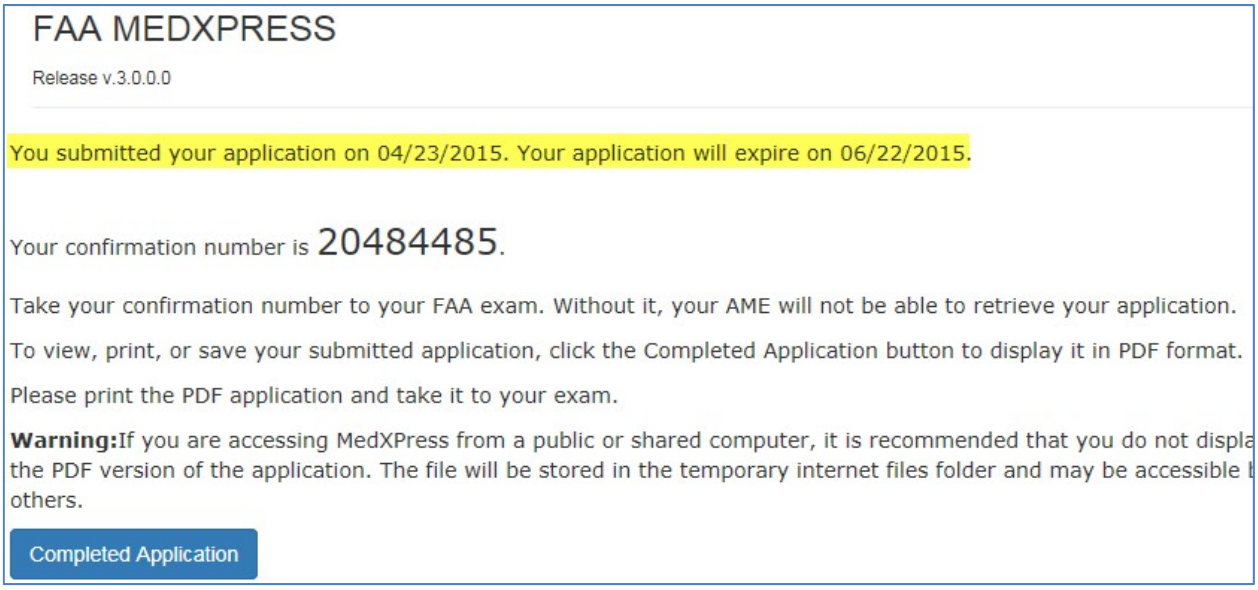
If you need further assistance, please contact the FAA MyIT Service Center:

- Email: helpdesk@faa.gov (Monitored 24/7)
- Phone: 1-844-FAA-MyIT (1-844-322-6948) (Monitored 24/7)

Figure 55 Submission Confirmation Email

18 Tracking an Application after Submission

Once you have submitted your application, you will not be able to make any changes to it. You will see the following message when you try to access the Form 8500-8 data entry screen until the AME imports your application.



FAA MEDXPRESS

Release v.3.0.0.0

You submitted your application on 04/23/2015. Your application will expire on 06/22/2015.

Your confirmation number is 20484485.

Take your confirmation number to your FAA exam. Without it, your AME will not be able to retrieve your application.

To view, print, or save your submitted application, click the Completed Application button to display it in PDF format.

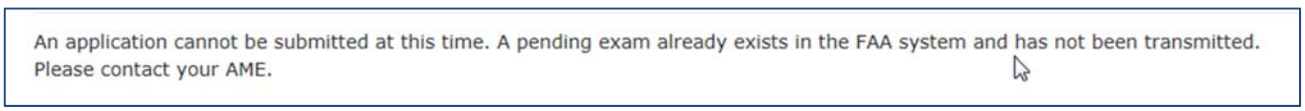
Please print the PDF application and take it to your exam.

Warning: If you are accessing MedXPress from a public or shared computer, it is recommended that you do not displa
the PDF version of the application. The file will be stored in the temporary internet files folder and may be accessible b
others.

Completed Application

Figure 56 Submission Confirmation and Expiration Date

After your application is imported, you will see the following message, indicating that your AME imported the application and a new application cannot be created.



An application cannot be submitted at this time. A pending exam already exists in the FAA system and has not been transmitted. Please contact your AME.

Figure 57 Application Imported by AME into FAA System

19 Creating a New Application After Submission

Once the AME submits your application to the FAA, you will be able to create a new application (only available after successful login).

20 APPENDIX A: Instructions for Completion of the Application for Airman Medical Certificate, FAA Form 8500-8

Applicant must fill in completely numbers 1 through 20 of the application. The following numbered instructions apply to the numbered headings on the application form that follows this page.

NOTICE – Intentional falsification may result in federal criminal prosecution. Intentional falsification may also result in suspension or revocation of all airman, ground instructor, and medical certificates and ratings held by you, as well as denial of this application for medical certification.

1. APPLICATION FOR – Check the appropriate box.

2. CLASS OF AIRMAN MEDICAL CERTIFICATE APPLIED FOR – Check the appropriate box for the class of airman medical certificate for which you are making application.

3. FULL NAME – If your name has changed for any reason, list current name on the application and list any former name(s) in the EXPLANATIONS box of number 18 on the application.

4. SOCIAL SECURITY NUMBER – The social security number is optional; however, its use as a unique identifier does eliminate mistakes.

5. ADDRESS – Give permanent mailing address and country. Include your complete nine digit ZIP code if known. Provide your current area code and telephone number.

6. DATE OF BIRTH – Specify month (MM), day (DD), and year (YYYY) in numerals; e.g., 01/31/1950. Indicate citizenship; e.g., U.S.A.

7. COLOR OF HAIR – Specify as brown, black, blond, gray or red. If bald, so state. Do not abbreviate.

8. COLOR OF EYES – Specify actual eye color as brown, black, blue, hazel, gray or green. Do not abbreviate.

9. SEX – Indicate male or female.

10. TYPE OF AIRMAN CERTIFICATE(S) YOU HOLD – Check applicable block(s). If “Other” is checked, provide name of certificate.

11. OCCUPATION – Indicate major employment. “Pilot” will be used only for those gaining their livelihood by flying.

12. EMPLOYER – Provide your employer’s full name. If self-employed, so state.

13. HAS YOUR FAA AIRMAN MEDICAL CERTIFICATE EVER BEEN DENIED, SUSPENDED, OR REVOKED – If “yes” is checked, give month and year of action in numerals.

14. TOTAL PILOT TIME TO DATE – Give total number of civilian flight hours. Indicate whether logged or estimated. Abbreviate as Log. or Est.

15. TOTAL PILOT TIME PAST 6 MONTHS – Give number of civilian flight hours in the 6-month period immediately preceding date of this application. Indicate whether logged or estimated. Abbreviate as Log. or Est.

16. MONTH AND YEAR OF LAST FAA MEDICAL EXAMINATION – Give month and year in numerals. If none, so state.

17.a. DO YOU CURRENTLY USE ANY MEDICATION (Prescription or Nonprescription) – Check "yes" or "no." If "yes" is checked, give name of medication(s) and indicate if the medication was listed in a previous FAA medical examination. See NOTE below.

17.b. Indicate whether you use near vision contact lens(es) while flying.

18. MEDICAL HISTORY – Each item under this heading must be checked either "yes" or "no." You must answer "yes" for every condition you have ever been diagnosed with, had, or presently have and describe the condition and approximate date in the EXPLANATIONS block.

If information has been reported on a previous application for airman medical certificate and there has been no change in your condition, you may note "PREVIOUSLY REPORTED, NO CHANGE" in the EXPLANATIONS box, but you must still check "yes" to the condition. Do not report occasional common illnesses such as colds or sore throats.

"Substance dependence" is defined by any of the following: increased tolerance; withdrawal symptoms; impaired control of use; or continued use despite damage to health or impairment of social, personal, or occupational functioning. "Substance abuse" includes the following: use of an illegal substance; use of a substance or substances in situations in which such use is physically hazardous; or misuse of a substance when such misuse has impaired health or social or occupational functioning. "Substances" include alcohol, PCP, marijuana, cocaine, amphetamines, barbiturates, opiates, and other psychoactive chemicals.

Arrest, Conviction and/or Administrative Action History – Letter (v) of this subheading asks if you have ever been: (1) arrested and/or convicted (which may include paying a fine, or forfeiting bond or collateral) of an offense involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) arrested, convicted and/or subject to an administrative action by a state or other jurisdiction for an offense for which your license was denied, suspended, cancelled, or revoked or which resulted in attendance at an educational or rehabilitation program. Individual traffic arrests and/or convictions are not required to be reported if they did not involve: alcohol or a drug; suspension, revocation, cancellation, or denial of driving privileges; or attendance at an educational or rehabilitation program. If "yes" is checked, a description of the arrest(s), and/or conviction(s), and/or administrative action(s) must be given in the EXPLANATIONS box. The description must include: (1) the alcohol or drug offense for which you were arrested and/or convicted or the type of administrative action involved (e.g., attendance at an alcohol treatment program in lieu of conviction; license denial, suspension, cancellation, or revocation for refusal to be tested; educational safe driving program for multiple speeding arrests and/or convictions, etc.); (2) the name of the state or other jurisdiction involved; and (3) the date of the arrest(s), and/or convictions and/or administrative action(s). The FAA may check state motor vehicle driving licensing records to verify your responses. Letter (w) of this subheading asks if you have ever had any other (nontraffic) convictions (e.g., assault, battery, public intoxication, robbery, etc.). If so, name the charge for which you were convicted and the date of the conviction in the EXPLANATIONS box. See NOTE below.

19. VISITS TO HEALTH PROFESSIONAL WITHIN LAST 3 YEARS – List all visits in the last 3 years to a physician, physician assistant, nurse practitioner, psychologist, clinical social worker, or substance abuse specialist for treatment, examination, or medical/mental evaluation. List visits for counseling only if related to a personal substance abuse or psychiatric condition. Give date, name, address, and type of health professional consulted and briefly state reason for consultation. Multiple visits to one health professional for the same condition may be

aggregated on one line. Routine dental, eye and FAA periodic medical examinations and consultations with your employer-sponsored employee assistance program (EAP) may be excluded unless the consultations were for your substance abuse or unless the consultations resulted in referral for psychiatric evaluation or treatment. See NOTE below.

20. APPLICANT'S DECLARATION – Two declarations are contained under this heading. The first authorizes the National Driver Register to release adverse driver history information, if any, about the applicant to the FAA. The second certifies the completeness and truthfulness of the applicant's responses on the medical application. The declaration section must be signed and dated by the applicant after the applicant has read it.

21 Appendix B: Item 18 Additional Instructions

21.1 a. Frequent or severe headaches

For example: Chronic (daily or weekly) headaches, headaches that have required medical treatment, migraine headaches, cluster headaches, or headaches associated with visual or neurological symptoms.

21.1 b. Dizziness or fainting spell

For example: Frequent spinning or lightheadedness; other factors associated with episodes of dizziness or fainting, such as headache, nausea, loss of consciousness, tingling, numbness, vertigo.

21.2 c. Unconsciousness for any reason

For example: Unconsciousness, no matter how short, whether explained or unexplained.

21.3 d. Eye or vision trouble except glasses

For example: Unusual visual experiences (halos, wavy lines, etc.), sensitivity to light, eye injury, loss of vision, vision discomfort, eye surgery.

21.4 e. Hay fever or allergy

For example: Chronic or seasonal allergies controlled by allergy shots and/or medication, nasal allergies, nasal obstruction, sinus block, sinusitis.

21.5 f. Asthma or lung disease

For example: Asthma attacks; use of an inhaler; COPD; chronic bronchitis; emphysema; fistula; fungal disease; pleurisy; pneumothorax; pulmonary embolism; pulmonary fibrosis; chest surgery; tumor(s).

21.6 g. Heart or vascular trouble

For example: Angina, heart pain, coronary heart disease, heart attack, myocardial infarction, abnormal rhythm, atrial fibrillation, cardioversion, cardiac failure, congestive heart failure, heart enlargement, cardiac decompensation, hypertrophy or dilation of the heart, pulmonary hypertension, heart valve disease, heart valve repair or replacement, pacemaker, anti-tachycardia device, implantable defibrillator, congenital heart disease, endocarditis, heart inflammation, pericarditis or heart transplant.

21.7 h. High or low blood pressure

For example: Diagnosis of high or low blood pressure, whether treated or not; use of blood pressure medication of any kind.

21.8 i. Stomach, liver, or intestinal trouble

For example: Appendicitis, bleeding ulcer, bowel obstruction, cancer, Crohn's disease, chronic hepatitis, cirrhosis, colostomy, irritable bowel syndrome, hernia, ulcerative colitis, any surgery.

21.9 j. Kidney stone or blood in urine

For example: Kidney stone, kidney cancer, kidney transplant, blood in urine, chronic recurrent urinary tract infections, urinating frequently at night.

21.10 k. Diabetes

For example: Pre-diabetes, type I diabetes, or type II diabetes treated with insulin, medication (oral or injectable), and/or diet and exercise.

21.11 l. Neurological disorders: epilepsy, seizures, stroke, paralysis, etc.

Also, muscle weakness, disturbance of sensation, disturbance of consciousness, loss of coordination, head injury, concussion.

21.12 m. Mental disorders of any sort: depression, anxiety, etc.

Also, attention deficit disorder, attention deficit hyperactivity disorder, bipolar disorder, obsessive compulsive disorder, panic attacks, personality disorder, post-traumatic stress disorder, psychosis.

21.13 n. Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.

For example: Select Yes if you have been diagnosed and/or treated in an inpatient or outpatient setting for substance use. Select Yes if you ever had a diagnosis of substance use disorder. Select Yes for any and all positive drug tests whether administered at the federal, state, or local level, or by a private employer. For a detailed description of substance, substance dependence, substance abuse, and drug and alcohol testing, refer to 14 CFR §67.107, §67.207, and §67.307, paragraphs (a)(4) and (b).

21.14 o. Alcohol dependence or abuse

For example: Select Yes if you have been diagnosed and/or treated in an inpatient or outpatient setting for misuse of alcohol. Select Yes if you ever had a diagnosis of alcohol use disorder. Select Yes for any and all positive alcohol tests whether administered at the federal, state, or local level, or by a private employer. For a detailed description of substance, substance dependence, substance abuse, and drug and alcohol testing, refer to 14 CFR §67.107, §67.207, and §67.307, paragraphs (a)(4) and (b).

21.15 p. Suicide attempt

For example: Thoughts of suicide, attempted suicide.

21.16 q. Motion sickness requiring medication

For example: Unresolved, chronic motion sickness (in flight while traveling by other vehicle) for which you must be medicated.

21.17 u. Admission to hospital

Any hospitalization(s) not already reported in Item 18.

21.18 x. Other illness, disability, or surgery

Any illness(es), disability(ies), or surgery(ies) not already reported in Item 18.

21.1 v. History of (1) any arrest(s) and/or conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any arrest(s), and/or conviction(s), and/or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.

For purposes of this application:

"Arrest" means being detained or taken into custody by any law enforcement or military authority for any reason related to a driving stop for suspected driving while intoxicated by, while impaired by, or under the influence of drugs or alcohol. List, for each arrest, the place, date, and circumstance (s) of the arrest.

"Conviction" means any judgment of guilt based on a jury, court, or military verdict, a plea of guilty, or a plea of nolo contendre/no contest. Examples include, but are not limited to, assault, battery, disorderly conduct, domestic violence, driving under the influence, driving while intoxicated, murder, possession of drugs, public intoxication, reckless driving, etc. If you answer yes, you should report all misdemeanors and felony convictions regardless of the classification of the conviction and regardless of whether the conviction is pending on appeal to another court. List the charge(s) for which you were convicted, the date of the conviction, and the state, federal, military, or foreign court in which you were convicted. If a conviction has been reversed or vacated in a final judgment, state the date of the final judgment and the court that issued the final judgment. If the record of a conviction has been expunged, state the date that the record was expunged and the court that ordered the expunction.

List, for each denial, suspension, cancellation, or revocation of your driver's license or driving privileges, the U.S. state, U.S. military base, or foreign country where the action occurred, the specific type of action taken (for example, the driver's license was denied, suspended, cancelled, or revoked, the date each action was taken, and the basis for the action.) Examples of educational or rehabilitation programs include, but are not limited to, anger management program(s), drug or alcohol treatment program(s), safe driving course(s), etc. List the type of educational or rehabilitation program you were required to attend as part of a criminal, civil, or military action, the entity that required you to attend, and the date(s) and place(s) of your attendance.