

**APPENDIX X**  
**REGISTRATION**

**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)

**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 No.)

**Did The AME Attend A Seminar or Complete MAMERC?**      \_\_\_ MAMERC

Seminar: \_\_\_\_\_  
(City)      (State)      (Date)

\_\_\_\_\_  
(Your Signature)      (Date)

# TEST AND CRITIQUE ANSWER SHEET

## Pre-Test Answers

1. \_\_\_
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## Final Test Answers

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## Critique Responses

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