

**AIRMAN COMPLIANCE WITH TREATMENT  
OBSTRUCTIVE SLEEP APNEA (OSA)**

I \_\_\_\_\_ (print name) certify that (check one):

\_\_\_ I have been using \_\_\_\_\_ (CPAP/ Dental / or Positional Device) for OSA as prescribed. I am tolerating the therapy well and have no symptoms of OSA (e.g. daytime sleepiness or lack of mental attention or concentration).

\_\_\_ I have been surgically treated for OSA and I have no symptoms of OSA (e.g. daytime sleepiness or lack of mental attention or concentration).

I understand and acknowledge that I will receive the new requirements for continuation of my special issuance of Obstructive Sleep Apnea and I will comply with the requirements at my next FAA medical certificate renewal or reapplication.

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Reference Number: (PI, MID, or APP ID): \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Obstructive Sleep Apnea Specification Sheet A Information Request**

Your application for airman medical certification submitted this date indicates that you have been treated or previously assessed for Obstructive Sleep Apnea (OSA).

You must provide the following information to the Aerospace Medical Certification Division (AMCD) or your Regional Flight Surgeon within 90 days:

- All reports and records regarding your assessment for OSA by your primary care physician and/or a sleep specialist.
- If you are currently being treated, also include:
  - A signed Airman Compliance with Treatment form or equivalent;
  - The results and interpretive report of your most recent sleep study; and
  - A current status report from your treating physician indicating that OSA treatment is still effective.
    - **For CPAP/ BIPAP/ APAP:**  
A copy of the cumulative annual PAP device report. Target goal should show use for at least 75% of sleep periods and an average minimum of 6 hours use per sleep period.
    - **For Dental Devices or for Positional Devices:**  
Once Dental Devices with recording / monitoring capability are available, reports must be submitted.
- To expedite the processing of your application, please submit the aforementioned information **in one mailing** using your reference number (PI, MID, or APP ID).

**Using Regular Mail (US Postal Service)**

Federal Aviation Administration  
Aerospace Medical Certification Division  
AAM-300  
Civil Aerospace Medical Institute  
PO BOX 25082  
Oklahoma City, OK 73125-9867

**or Using Special Mail (FedEx, UPS, etc.)**

Federal Aviation Administration  
Aerospace Medical Certification Division  
AAM-300  
Civil Aerospace Medical Institute, Bldg. 13  
6700 S. MacArthur Blvd., Room 308  
Oklahoma City, OK 73169