TESTING REQUIREMENTS

The following evaluation is the minimum recommended evaluation for the presence of aeromedically significant ADHD/ADD by a neuropsychologist. Results of each of these sections must be included in the final report. If the neuropsychologist believes there are any concerns* with the evaluation results, a Supplemental Battery must also be conducted.

INITIAL BATTERY:

1. Comprehensive background review.

2. Possible interview of collateral sources of information such as parent, school counselor/teacher, employer, flight instructor, etc.

3. Administration of the following tests or questionnaires (using the most recent edition of each test):
   - **a.** CogScreen-AE;
   - **b.** COWAT or D-KEFS Verbal Fluency;
   - **c.** CPT, TOVA, or IVA+;
   - **d.** MMPI-2;
     - **I.** **Computer scoring is required.** All scales, subscales, content, and supplementary scales must be scored and provided. Either the Pearson "Airline Pilot Applicant Interpretative Report" or the Pearson "Extended Score Report" are acceptable.
     - **II.** Other reports that generate interpretative hypotheses based upon general population norms can be misleading and should be avoided.
     - **III.** **NOT ACCEPTABLE:** Abbreviated administrations are not acceptable. The MMPI-2-RF is **not** an approved substitute.
   - **e.** PASAT (minimum of Trials 1 & 2). Specify the version administered. The Levin/Diehl version is preferred with ISIs of 3.0 and 2.4 for application of pilot norms;
   - **f.** Trail Making Test, Parts A and B (Reitan version should be used since aviation norms are available for this version);
   - **g.** WRAT Reading or equivalent measure (e.g., AAB, W-J, WIAT); and
   - **h.** Conners Adult ADHD Rating Scale, Long Version (CAARS), Self-Report and Observer forms) or ADHD-RS with Adult Prompts. ***As with all self-report measures, however, when utilized with pilots seeking to prove their eligibility for a medical certificate, response bias/response distortion should be anticipated and considered. Some examiners have found that utilizing such questionnaires as a type of "structured interview" after having established rapport provides for more accurate data.***

4. Urine drug screening test for ADHD medications, including psychostimulant medications. The **sample must be collected at the conclusion of the neurocognitive testing or within 24 hours after testing.**

   Methylphenidate, amphetamines, atomoexetine

If the results of the above testing indicate:

NO CONCERNS: If the neuropsychologist interprets the clinical interview and/or screening battery results as exhibiting functioning that is completely within normal limits and lacking any suspicion of aeromedically significant neurocognitive deficit, then the initial evaluation can be considered complete and a report generated. See Report Requirements for items that must be covered as well as additional items that must be submitted.

***ANY CONCERNS**: If after interpreting the INITIAL BATTERY evaluation results, the neuropsychologist has any concerns regarding impairment, deficiencies, or comorbid disorders that could pose a threat to aviation safety, the neuropsychologist must perform a full battery of testing as described in the SUPPLEMENTAL BATTERY section below. The purpose of this additional testing is to explore and clarify the findings or rule out ADHD/ADD as well as any neurocognitive deficits previously misidentified as ADHD/ADD and/or any comorbid disorders.

SUPPLEMENTAL BATTERY:

1. **Complete the INITIAL BATTERY** testing;

2. At **minimum**, **complete and add** the following testing (using the most recent edition of each test):

    - **a.** Intelligence testing, Wechsler Adult Intelligence Scale (complete version, latest edition, including all index scores);
    - **b.** Executive function, including **all of the following:**
        - i. Wisconsin Card Sorting Test or (if WCST has previously been administered) Category Test;
        - ii. Stroop;
        - iii. Tower of London;
    - **c.** Verbal fluency (COWAT and a semantic fluency task such as the Animal Naming Test or D-KEFS Verbal Fluency);
    - **d.** Verbal memory (WMS subtests, Rey Auditory Verbal Learning Test, or California Verbal Learning Test);
    - **e.** Visual memory (Rey Complex Figure Test, WMS subtests, or Brief Visuospatial Memory Test-Revised);
    - **f.** Academic Testing in the areas of reading comprehension, decoding, math computation, and math reasoning skills. Scoring should include age-based norms (examples of appropriate measures include the WRAT Reading or equivalent measure (e.g., AAB, W-J, WIAT); and
    - **g. If indicated**: Psychomotor Testing including Finger Tapping Test, Grooved Pegboard, or Purdue Pegboard.

3. See Report Requirements for items that must be covered in the neuropsychologist report as well as additional items that must be submitted.

REPORT REQUIREMENTS

Report based on INITIAL BATTERY ONLY:

At minimum, the report must include:

1. Listing of all documents reviewed. If review was on a certified, true copy of the airman's FAA records, bound with a blue ribbon, state the date of this "blue ribbon" copy.
2. Summary of all available record findings. This includes diagnosis and treatment. If records were not clear or did not provide sufficient detail to permit a clear evaluation of the nature and extent of any previous mental disorders, that should be stated.
3. Results of a thorough clinical interview that includes detailed history regarding psychosocial or developmental problems:
    - **a.** Educational history and academic performance (special education and/or Section 504, IEPs, school-based psychoeducational evaluations, tutoring, discipline, high school transcript, discipline, repeating of grade, special accommodations, etc.);
    - **b.** Current substance use and substance use/abuse history including treatment and quality of recovery, if applicable;
    - **c.** Driving record, accidents, etc.;
    - **d.** Legal issues and arrest history;
    - **e.** Career difficulties/challenges or employment performance;
    - **f.** Aviation background and experience;
    - **g.** Medical conditions;
    - **h.** All medication use history;
    - **i.** Behavioral observations during the interview and testing; and
    - **j.** Results from interview of collateral sources of information such as parent, school counselor/teacher, employer, flight instructor, etc.
4. A mental status examination/behavioral observations;
5. Interpretation of the battery of neuropsychological and psychological tests administered;
6. An integrated summary of findings;
7. An explicit diagnostic statement (consistent with the FAA Regulations):
    - **a.** Your final clinical diagnosis or findings:
        - **i.** Do not simply list if ADHD/ADD is present or not. You should report if there are other conditions or a learning disorder present; and
        - **ii.** If there is no DSM diagnosis, are there any noted areas of neurocognitive impairment or deficiencies? If so, describe their nature and severity;
    - **b.** Any evidence of a comorbid disorder that could pose a hazard to aviation safety? If none, then that should be noted;
    - **c.** Does your diagnosis or findings agree with the diagnosis noted on other supporting or historical documents you reviewed? If it does not, then you should explain your rationale as to your diagnosis or findings; and
8. Documentation of urine drug screen results (what testing was performed and the results or a copy of the final results should be attached).

SUBMIT to the FAA all of the following:

- ☐ Report containing a MINIMUM of all the above elements

- ☐ Copies of all computer score reports (e.g., CogScreen-AE, Pearson MMPI-2 Extended Score Report, TOVA, CPT-II, or IVA+ Report).
- ☐ An appended score summary sheet that includes **all scores for all tests** administered. When available, **pilot norms must be used**. If pilot norms are not available for a particular test or inappropriate for a specific applicant, then the normative data/comparison group relied upon for interpretation (e.g., general population, age/education-corrected) must be specified. A summary of test scores including raw scores, percentile scores, and/or standard scores must be included.

Report based on INITIAL BATTERY plus SUPPLEMENTAL BATTERY:

The report must include ALL items in the INITIAL BATTERY evaluation, the SUPPLEMENTAL BATTERY, AND the applicable item below:

1. **NO CONCERNS/ABNORMALITIES**:
   If the neuropsychologist interprets the clinical interview and INITIAL PLUS SUPPLEMENTAL BATTERY results as exhibiting functioning that is completely within normal limits and lacking any suspicion of neurocognitive deficit, then the final report should also document abnormalities found in the SCREENING and what additional testing dismissed the abnormalities as a diagnostic concern.

2. **CONCERNS OR ABNORMALITIES FOUND**:
   If the neuropsychologist interprets the clinical interview and INITIAL PLUS SUPPLEMENTAL BATTERY results as raising concerns or showing neuropsychological impairment, then include the following in the report:
   - Describe the nature and severity of any noted neurocognitive deficit(s);
   - Describe the potential impact to flight performance/flight safety of the noted deficit(s); and
   - Describe any applicable diagnosis, as well as any applicable comorbid condition(s)

Additional information for the neuropsychologist:

- The FAA will not proceed with a review of the test findings without all of the required data.
- Safeguard of data and clinical findings will be in accordance with the APA Ethical Principles of Psychologists and Code of Conduct (2002) as well as applicable federal law.
- Raw neurocognitive testing data may be required at a future date for expert review by one of the FAA's consulting clinical neuropsychologists. In that event, authorization for release of the data (by the airman to the expert reviewer) is required.
- Recommendations should be strictly limited to the neuropsychologist's area of expertise.
- Periodic re-evaluations may be required in certain cases. The airman's FAA Special Issuance letter will outline required follow up testing. This may be limited to specific tests or expanded to include a comprehensive battery.

For questions about testing or requirements, please contact FAA Clinical Psychologists Chris Front, PsyD, or Ray King, PsyD, at (202) 267-3767.