



<b>SECTION:</b>	<b>LICENSING FORMS</b>	<b>LIF-MED-027</b>
<b>TITLE:</b>	<b>APPLICATION FOR MEDICAL REVIEW OFFICER (MRO) DESIGNATION</b>	

<b>1- APPLICATION TYPE</b>		
<input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Change of facility address		
<b>2- THE FACILITY WHERE MRO IS WORKING OR PRACTISING</b>		
Name of Employer:		MRO Facility Telephone No:
Facility Address (main location and postal number):		
<b>3- APPLICANT DETAILS</b>		
Name: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality:	CAMA Authorization Number (if applicable)	
Name of Employer:	ID Card/Passport No.:	
Address:	Mobile Number (s): _____	
Email Address:	_____	
State your Qualification in Aerospace/Aviation medicine:		
State the experience as MRO:		
State the MRO Training certification details:		
Did you attend any Continuing Medical Education (CPD) relevant to MRO functions)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please state the details:		
Do you hold other MRO approval? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please state the details:		
<b>4 - DOCUMENTS CHECKLIST / ATTACHEMENTS</b> (Please enclose the following documents in support of this application)		
S. No.	Required Documents	Submitted (For CAMA Use Only)
1-	Request Letter from the MRO	<input type="checkbox"/>
2-	Copy of the AME Qualifications	<input type="checkbox"/>
3-	Copy of the CME Records for the Past Three Years	<input type="checkbox"/>
4-	Copy of MOH / SHA License	<input type="checkbox"/>
5-	Applicant's Resume stating the applicant's clinical experience in the specialty field	<input type="checkbox"/>
6-	Colour Passport Size Photo with Uniform & Blue Background.	<input type="checkbox"/>
7-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>
8-	Other (Specify if any): _____	

