

IACRA/MEDXPRESS GUIDE FOR STUDENT PILOTS

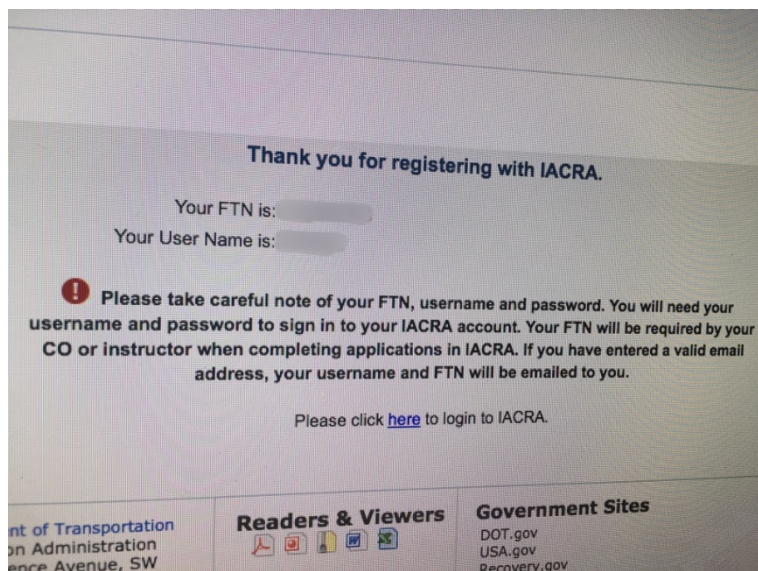
IACRA

Creating an Account

1. Go to iacra.faa.gov
2. Click “Register” on the right-hand side of the page
3. Check “Applicant” (the first box)
4. Scroll to bottom and click “Agree to TOS and Continue” under the yellow box
5. Fill out all information except the “Certificate Information” section at the top:

The screenshot shows the IACRA registration form. The 'Certificate Information' section is highlighted with a red box and a red arrow pointing to it with the text 'DO NOT COMPLETE THIS SECTION!'. The 'Personal Information' section includes fields for First Name, Middle Name, Last Name, Name Suffix, SSN (with 'Do Not Use' selected), Date of Birth, Sex, Hair Color, and Eye Color. A red arrow points to the 'Do Not Use' radio button with the text 'Select "Do Not Use" for Social Security Number'.

6. For the “SSN” field, click “Do Not Use”
7. Click Register
8. Once you click register, a screen like the one below will appear:



9. Take note of the “FTN” number
10. Write your FTN number, username, and password in the front of your logbook. (These items will be used by your instructor to submit your certificate application.
11. You should receive an email with your FTN number and username.
12. Go to iacra.faa.gov and log in with your username and password
13. Proceed to the next section so begin the application process

Filing for a Student Pilot Certificate

1. Make sure you are logged into iacra.faa.gov
2. Click “Accept TOS as --> APPLICANT”
3. Click “Start New Application”
4. Under “Application Type”, choose “Pilot” under “Type of Application”
5. A drop down menu will appear with different pilot certificates
6. Click on “Student Pilot”
7. Click Start Application

The screenshot shows the IACRA Home page for starting an application. The page is titled "IACRA - Start Application". On the left, there is a sidebar with "User Information" (FTN: C1052753, User: k44eye, Role: Applicant), "Applicant Options" (Console, Start Application, User Profile, Add Role, Edit Preferences, Change Password), and "Information & Help" (Home, What's new in IACRA, Frequently Asked Questions, Aircraft Search, Site Feedback, Contact Us, Training and Documentation, Helpful FAA Links, Available Certifications and Ratings). The main content area has four sections: "1) Application Type" with a dropdown menu set to "Pilot" (annotated with "Select 'Pilot' here" and a red arrow), "2) Certifications" with a list of options including "Student Pilot" (annotated with "Choose 'Student Pilot' here" and a red arrow), "3) Other Path Information" with "Student Pilot" selected, and "4) Start Application" with a "Start Application" button (annotated with "Click 'Start Application'" and a red arrow). A "Certificate Information and Help" sidebar on the right shows "Student Pilot" with a link to "61.83".

8. A drop-down will appear labeled “Personal Information”
9. All the information should already be populated, but verify it is all correct
10. Click the next section, “Certificate Held”
11. Under “English Language” choose “Yes”
12. Ensure the “Airman Certification” checkbox **IS NOT CHECKED**
13. If you hold a Medical Certificate (1st, 2nd, or 3rd class), check the box under “Medical Certificate”, select “FAA”, Chose the class of medical certificate you hold, enter the date you received your medical certificate, as well as the name of the medical examiner.
14. Under “Drug Conviction” choose the appropriate box

15. Click “Save & Continue”

16. Under “Basis of Issuance”, **DO NOT SELECT ANY OF THE OPTIONS**

17. Click “Save & Continue”

18. The “Pilot Time” dropdown should appear

19. Click “Airplane/Rotorcraft/Powered Lift Hours”

20. Another dropdown should appear with boxes to fill in the number of flight training hours you hold

21. Assuming you have only flown aircraft in the “Airplane” category (fixed-wing), the following boxes should be filled in from current data in your logbook from the appropriate column in parenthesis ():

- Total Hours (“Duration of Flight” column)
- Instruction Received (“Flight Trng Rec’d” column)
- Cross Country Instruction (if you have any, “Cross Country”)

- d. Instrument (if you have any, “Instrument: Actual”)
 - e. Night Instruction (if you have any, “Night”)
 - f. Night Takeoff Landings (if you have any, “Landings: Night”)
 - g. Class Hours – ASEL (same as “Total Hours” and “Instruction Received”)
22. Click “Save”

Import Hours from application: 1160148 - 5/8/2016 - STUDENT PILOT | Import

Airplane / Rotorcraft / Powered Lift Hours (Hide Details)

	Airplane	Rotorcraft	Powered Lift
Total Hours			
Instruction Received			
Solo			
Pilot in Command (PIC)			
Second in Command (SIC)			
Cross Country Instruction			
Cross Country Solo			
Cross Country PIC			
Cross Country SIC			
Instrument			
Night Instruction			
Night Takeoff Landings			
Night PIC			
Night SIC			
Night Takeoff Landing PIC			
Night Takeoff Landing SIC			
Class Hours - ASEL			
Class Hours - ASES			
Class Hours - AMEL			
Class Hours - AMES			
Class Hours - Helicopter			
Class Hours - Gyroplane			

Application Status

- Personal Info
- Certificate Held
- Basis of Issuance
- Pilot Time
- Review & Submit

View Application

Application ID: 1256927

Click "Save" ----->

Glider / Lighter Than Air Hours (Show Details...)

Simulator(FFS) / Training Device(FTD) / ATD Hours (Show Details...)

- 23. If you have logged simulator time, click “Simulator(FFS)/Training Device(FTD)/ATD Hours” and fill in the appropriate boxes, click “Save”
- 24. Click “Save & Continue”
- 25. Click “Review and Submit”
- 26. Choose “No”
- 27. Look through all the tabs to ensure all the information is correct (remember to click save if any changes are made)
- 28. Click “View Privacy Act”
- 29. If necessary, read the Privacy Act and close that window when you are done
- 30. Click “Review Application”
- 31. Look over your application and verify everything is correct, close that window when you’re done
- 32. Click “Submit Application”
- 33. The application is now filed with IACRA. Notify your instructor and give him/her your FTN number.
- 34. Congratulations! You should receive your plastic Student Pilot Certificate in about 2-4 weeks.

MEDXPRESS

Creating an Account

1. Go to medxpress.faa.gov/medxpress/
2. Click “Request an Account”
3. Complete all the information
4. Check the “I have read and accept the Terms of Service Agreement and Privacy Statement” box
5. Click “Submit”
6. This form will send you an email with a temporary password

Filing for a Medical Certificate

7. Go to medxpress.faa.gov/medxpress/
8. Log in with your email and your new password
9. After logging in, the system will prompt you to create a new password, change this to whatever you like
10. Click the “I have read and accept the Terms of Service Agreement and Privacy Statement” box
11. Click “Submit”
12. Click “Start New Application”
13. Click “All Other”
14. Click the “I have read and accept the Pilot Bill of Rights Agreement and Privacy Statement”
15. Click “Submit”
16. Next to “Application For:” choose “Airmen Medical Cert.”
17. Next to “Class of Medical Cert.” choose the appropriate class
18. Click “Next”

The screenshot shows a web browser window with the URL <https://medxpress.faa.gov/MedXPress/Exam/ExamWizard.aspx>. The page displays a progress bar with six steps: 1. General, 2. Demographics, 3. Prior Certification, 4. Medication, 5. Medical History, and 6. Declarations and Submissions. The 'General' step is currently active. Below the progress bar, there is a 'General' section with a note: '*Indicates Required field'. Underneath, it states 'Exam type selected: Pilot (non FAA) - Airman, Non-FAA Air Traffic Controller, etc.'. The form contains two main fields: '1. Application For:' with radio buttons for 'Airman Medical Cert.' (selected) and 'Airman Medical & Student Pilot Cert.', and '2. Class of Medical Cert:' with radio buttons for '1st', '2nd', and '3rd'. Red annotations are present: 'Select "Airmen medical Cert."' with a dashed arrow pointing to the first radio button; 'Select the appropriate class of medical you want to get' with a dashed arrow pointing to the '1st' radio button; and 'Click "Next"' with a dashed arrow pointing to the 'Next' button. At the bottom of the form, there are four buttons: 'Save And Complete Later', 'Cancel My Application', 'Check For Errors', and 'Next'. The footer of the page includes links for 'FAA.gov', 'Privacy Policy', 'Web Policies & Notices', 'Site Map', 'Contact Us', 'Frequently Asked Questions', and 'Forms', along with a 'Readers & Viewers: PDF Reader' link.

19. Most of your information should already be populated
20. Fill in any blank fields
21. Click “Next”
22. If you have a student pilot certificate, check the box “Student”
23. Leave “Occupation” and “Employer” fields blank

- 24. Choose "No" for #13
- 25. Fill in #14 and #15 with information in your logbook (Total Time, Time within the past 6 months)
- 26. For #16, click "No Prior App"
- 27. Click "Next"

Exam type selected: Pilot (non FAA) - Airman, Non-FAA Air Traffic Controller, etc.

10. Type of Airman Certificate(s) You Hold: *

None ATC Specialist Flight Instructor Recreational
 Airline Transport Flight Engineer Private Other
 Commercial Flight Navigator Student

11. Occupation: **Leave this box blank ^**

12. Employer: **Leave this box blank**

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? * Yes No **Check "No"**

If yes, give date:

Total Pilot Time (Civilian Only):

14. To Date: 15. Past 6 Months: **Complete all fields with current information from your logbook**

16. Date of Last FAA Medical Application: * No Prior App **Check this box**

Buttons: Previous, Save And Complete Later, Cancel My Application, Check For Errors, Next **Click "Next"**

- 28. If you use any medication regularly, choose "Yes" and fill out the appropriate information for each of the medications you take (click add after each one)
- 29. If you will be wearing near vision contact lenses while flying, choose "Yes". If not, choose "No"

*Indicates Required field

Exam type selected: Pilot (non FAA) - Airman, Non-FAA Air Traffic Controller, etc.

17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)? * Yes No **If you currently use any medication, choose "Yes"**

For each medication prescribed, enter medication information and click the Add button. Medication Name is required, all other fields are optional.

Medication Name:

Dosage: Dosage Unit: Frequency: Previously Reported

Buttons: Add, Clear **If you currently use any medication, fill out all the information for each medication. Click "Add" after each one is entered**

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17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying? Yes No **If you use near vision contact lenses, choose "Yes"**

Buttons: Previous, Save And Complete Later, Cancel My Application, Check For Errors, Next **Click "Next"**

30. For #18, you will be answering the following question for each sub-section: “Have you ever in your life been diagnosed with, had, or do you presently have any of the following?” You will answer “Yes” or “No” for each.

* 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 (All "yes" answers require a comment. Click Add Comments to add or edit a comment).

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

Indicate "Yes" or "No" for each medical symptom regarding the question on top

31. If you would like to add comments to any of your “Yes” selections, you can do so using the “Add Comments” button. You may also add any general explanations in the “General Explanations Pertaining to Medical History” box.

19. Have you visited any health professionals within the last 3 years?: * Yes No

l. Neurological disorders: epilepsy, seizures, stroke, paralysis, etc. Yes No

Arrest and/or Conviction and/or Administrative Action History

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. Yes No

w. History of nontraffic conviction(s) (misdemeanors or felonies). Yes No

Add Comments You may add comments to any of your "Yes" responses by clicking "Add Comments"

General Explanations Pertaining to Medical History:

Add Explanation Here General Medical Explanations can go here

32. If you have visited a doctor in the past 3 years, choose “Yes” for #19.
33. You will now need to add the following elements for every medical visit in the last 3 years: (click “Add” after each visit is entered in the boxes)
 - a. Date of Visit
 - b. Name of Medical Practice or Practitioner
 - c. Address of Medical Practice
 - d. Type of Medical Practice
 - e. Reason for Medical Visit
34. Click “Next”

19. Have you visited any health professionals within the last 3 years?: * Yes No <-----

To add a Medical Visit, enter information in the spaces provided and click the Add button.
 Note: You must click the add button for each visit entered.

Date of Visit (MM/YYYY): Enter Date Name: Name Street: Street

City: City State: Select State Zip Code:

Country: Select Country Type Professional: Type of Professional Reason: Reason

You will need to complete all of the above fields for every doctor's visit within the past 3 years.
 <----- Click "Add" after each one

Click "Next" when all the visits have been entered

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35. Choose “Yes” for #20
36. If your application is complete and all the information is correct, click “Submit My Application”
37. The screen will now show a confirmation number. Write this down for your records
38. Click “Completed Application”
39. This will open a PDF version of your application. Print 1 or multiple copies for your convenience. You will only need 1 copy when you go to your medical examination.
40. Your application will remain in the system for 60 days. You must get a medical exam before this deadline.

Scheduling a Medical Examination

1. Go to designee.faa.gov/SelectTypeOfSearch/SelectTypeOfSearch
2. Click the dropdown and select “AME” (Aviation Medical Examiner)
3. Choose “Location Search”
4. Enter the City, County, State, or Postal Code of your location (No matter what, YOU MUST ENTER A COUNTRY)
5. If you are obtaining a First Class Medical, check the “First Class AME” box
6. Click “Continue”

The screenshot shows the 'Select Designee Type' form. The 'Designee Type' dropdown is set to 'AME'. Under 'Select Search Criteria', 'Location Search' is selected. The form includes input fields for City, County, State, Country, and Postal Code. The 'First Class AME' checkbox is checked. Red annotations point to these elements: 'Select "AME" here' points to the dropdown; 'Choose "Location Search"' points to the radio button; 'Fill in your city, county, postal code, or state' and 'You must fill in the country!' point to the respective input fields; 'If you are trying to obtain a first class medical, check this box' points to the 'First Class AME' checkbox; and 'Click "Continue" ----->' points to the 'Continue' button.

7. This will generate a chart with all the medical examiners in your area.
8. Displayed is:
 - a. The examiner’s name
 - b. The address of the examiner’s practice
 - c. The contact phone number for the examiner’s practice
 - d. The highest class of medical certificate the examiner can give you (MAKE SURE the examiner can issue the medical certificate class you want)

The screenshot shows the 'Designee Search Results' page. The table below lists the search results for the specified criteria.

Designee Name	Address	County	City	State	Postal Code	Phone Number	Country	Class Type	Office Name
ABDI, ZIA	2386 BOLTON RD NW	FULT...	ATLANTA	GA	3031...	4043522810	United States	First Class	South... Region
ALDRIDGE, RAYMOND	3 HOSPITAL PARK	COL...	MOULTRIE	GA	31768	2298913325	United States	Seco... Class	South... Region
ALFORD, CLARENCE T	303 SMITH ST	TROUP	LAGRANGE	GA	3024...	7068828831	United States	First Class	South... Region
ANDERSON, LARRY W	81 NORTHSIDE DAWSON DRIVE, SUITE 205	DAW...	DAWSONV...	GA	30534	7062651335	United States	First Class	South... Region
ANDREWS, CATHERINE S	4791 SOUTH MAIN STREET	COBB	ACWORTH	GA	3010...	7704221400	United States	First Class	South... Region
ARNALL, GUY	2959 SHARPSBURG MCCOLLUM RD	COW...	NEWNAN	GA	3026...	7705022040	United States	First Class	South... Region
AUSTIN, WALTER K.	175 SAMARITAN DRIVE, SUITE 100	PICK...	JASPER	GA	30143	7062534673	United States	Seco... Class	South... Region
BIDDLE, MICHAEL DEAN	718 SOUTH 8TH STREET	SPAL...	GRIFFIN	GA	3022...	7702298965	United States	First Class	South... Region
BLATT, HERBERT L	6001 PROFESSIONAL PKWY, SUITE 2000	DOU...	DOUGLAS...	GA	3013...	7709493885	United States	Seco... Class	South... Region
BRETT, MILES	2520 WINDY HILL RD, SUITE 301	COBB	MARIETTA	GA	3006...	7709521032	United States	First Class	South... Region

1 - 10 of 102 items

9. Contact the examiner's office (using the phone number provided above) and tell them you wish to make an appointment for an FAA Medical Exam
10. They should ask what class you wish to receive (they may ask for your confirmation number)
11. Schedule an appointment at your earliest convenience
12. Bring the following items to your appointment:
 - a. Your printed application (with your confirmation number)
 - b. A Photo ID
 - c. Medical Insurance Information
 - d. A parent/guardian (if under 18)
13. The actual exam should not take more than 20 minutes or so
14. After the exam has finished, they will print your medical certificate before you leave (MAKE SURE you do not leave without it)
15. MAKE SURE your medical certificate is signed by your examiner
16. You also need to sign your medical certificate
17. Congratulations! Keep this in your logbook at all times.