



---

Pursuant to Law Nr. 03/L-51 on Civil Aviation, Title III Part 1 Chapter V Article 37, Regulation No. 1/2010 on Medical Requirements for flight crew licensing, Regulation No. 7/2009 on conditions and procedure for acquiring, issuance, renewal and extension of licenses and authorizations for aviation staff, Regulation No. 4/2008 on Air Traffic Controller Licence (amended by Regulation 13/2010), and ICAO Annex 1 Chapter 6,

Director General hereby issues:

## **ADMINISTRATIVE DIRECTION No. 1/2011**

### **On procedures for designation of Aeromedical Centres (AMCs) and Authorized Medical Examiners (AMEs)**

#### **ARTICLE 1 Scope of Application**

1.1 This Rule sets out the procedures and qualifying criteria for Aeromedical Centres (AMCs) in order to be designated or authorized by the Authority to conduct medical examinations for aviation staff and the criteria to designate the Authorized Medical Examiners (AMEs) to certify medical examination results and issue medical certificates to aviation personnel.

1.2 Aviation staff acting as pilots/air traffic controllers/flight engineers in the Republic of Kosovo shall hold the appropriate license and rating, including medical certificate to perform his/her duties.

1.3 Cabin crew members shall hold a Class 2 medical certificate to perform his/her duties.

#### **ARTICLE 2 Abbreviations and Definitions**

Terms used herein have the following meaning:

**AMCs** - Aeromedical Centres; means a qualified entity which performs medical checks based on JAR FCL 3 requirements, and is authorised by the Authority.

**AMEs** - Authorized Medical Examiners; means a qualified and licensed person in practice of medicine, who has received training in aviation medicine (acceptable by the Authority).

**Authority** - means Civil Aviation Authority of the Republic of Kosovo.

**JAR FCL** – means Joint Aviation Authorities Requirements Flight Crew Licensing.

**ARTICLE 3**  
**Aviation Staff Affected**

The following Aviation staff shall hold medical certificate:

- a) Flight Crew Members
- b) Flight Engineers
- c) Air Traffic Controllers
- d) Cabin Crew Members

**ARTICLE 4**  
**Aeromedical Centres – AMCs**

4.1 AMCs will be designated and authorised, or reauthorized, at the discretion of the Authority for a period not exceeding 3 years. An AMC shall be:

- a) within the national boundaries of the Republic of Kosovo and attached to or in liaison with a designated hospital or a medical institute;
- b) engaged in clinical aviation medicine and related activities;
- c) headed by an AME or, in exceptional cases, open to full access for AME(s) responsible for coordinating assessment results and signing reports and certificates, and shall have on staff physicians with advanced training and experience in aviation medicine;
- d) equipped with medico-technical facilities for extensive aeromedical examinations.

4.2 The Authority will determine the final number of AMCs it requires.

4.3 An application form for AMC designation is attached as Appendix 1.

**ARTICLE 5**  
**Aeromedical Examiners – AMEs**

5.1 The Authority will designate and authorise, within the national boundaries of the Republic of Kosovo, qualified and licensed AME in the practice of medicine for a period not exceeding 3 years.

5.2 The Authority will determine the number and location of examiners it requires, taking into account the number and geographic distribution of its aviation population affected.

5.3 AMEs shall be qualified and licensed in the practice of medicine and shall have received training in aviation medicine in accordance with Regulation No. 1/2010 (*JAR-FCL AMC 3.090 (d)*) on Medical Requirements for flight crew licensing and/or Regulation No. 4/2008 on Air Traffic Controller Licence (amended by Regulation 13/2010). There are three types of AME authorizations in the Republic of Kosovo:

- a) AMEs authorized for Class 1 Medical Certificates are authorized to carry out medical examinations for issuing, renewal or revalidation of medical certificates for license holders at all levels;
- b) AMEs authorized for Class 2 Medical Certificates are only authorized to carry out medical examinations for issuing, renewal or revalidation of medical certificates for private pilots, sport aviators, and cabin crew members;
- c) AMEs authorized for Class 3 Medical Certificates are only authorized to carry out medical examinations for issuing, renewal or revalidation of medical certificates for Air Traffic Controllers.

5.4 An AME responsible for coordinating assessment results and signing reports shall be allowed access to any prior aeromedical documentation held by the Authority and related to such examinations which are necessary for the AME to perform the duties.

5.5 An application form for AME designation is attached as Appendix 2.

## **ARTICLE 6 Medical Certificate**

Medical Certificates are issued, renewed and revalidated in accordance with Regulation No. 1/2010 on Medical Requirements for flight crew licensing and Regulation No. 4/on Air Traffic Controller Licence (amended by Regulation 13/2010).

### **6.1 Classes of Medical Certificates**

Medical certificates are divided into three classes:

- **Class 1:**  
*Medical requirements for airline transport pilots and commercial pilots are contained in Regulation No. 1/2010 (Section 1 Subpart B).*
- **Class 2:**  
*Medical requirements for private pilots and cabin crew members are contained in Regulation No. 1/2010 (Section 1 Subpart C).*
- **Class 3:**  
*Medical Certificate for air traffic controllers is contained in Regulation No. 4/2008 on Air Traffic Controller Licence (amended by Regulation 13/2010).*

### **6.2 Validity of Medical Certificates**

6.2.1 The validity period of a medical certificate is determined by the date of the initial aeromedical examination.

6.2.2 Class 1 medical certificates are valid for 12 months until the age of 60, and for six months thereafter. When the validity period of a Class 1 medical certificate expires, it continues to be valid as a Class 2 medical certificate, provided that the validity period determined for Class 2 is not exceeded.

6.2.3 Class 2 medical certificates are valid for 60 months until the age of 40, then 24 months until the age of 50, and 12 months thereafter. Cabin crew members Class 2 medical certificates are valid for 24 months.

6.2.4 Class 3 medical certificates are valid for 24 months until the age of 40, and for 12 months thereafter.

## **ARTICLE 7**

### **Revalidation of Medical Certificates**

7.1 For revalidation of a current medical certificate, an aeromedical examination may be carried out 45 days (six weeks) before the certificate expires, in which case the validity period of the new certificate is still calculated from the expiry date of the previous medical certificate.

7.2 For revalidation of an expired medical certificate of more than 90 days (12 weeks), a regular medical examination is performed.

## **ARTICLE 8**

### **Medical Examinations**

Medical examinations can be initial, regular, additional and extraordinary as set forth in the Regulations of the Authority and are performed by an authorised AMC and AME.

#### **8.1 Changes in Medical Fitness**

If the medical certificate holder is aware that his/her medical fitness has decreased so that he/she may be unable to meet the safety requirements, the privileges of the licence or associated ratings must not be exercised and must seek the advice of an AME.

#### **8.2 Medical Examinations records**

Medical examination records are carried out from AME and AMC in accordance with Regulation No. 1/2010 and Regulation No. 4/2008 on Air Traffic Controller Licence (amended by Regulation 13/2010). The Authority shall be informed and must have access to all the medical records.

## **ARTICLE 9**

### **Entry into force**

This Administrative Directive shall enter into force on 23 February 2011.

Dritan Gjonbalaj  
**Director General**

**KËRKESË PËR APROVIM PËR QENDËR MJEKËSORE TË AVIACIONIT (AMC)  
ZAHTEV ZA AUTORIZACIJU VAZDUHOPLOVNOMEDICINSKOG CENTRA (AMC)  
APPLICATION FOR APPROVAL AS AN AEROMEDICAL CENTRE (AMC)**

Pas plotësimit, ju lutemi dërgojeni tek:  
*Nakon popunjavanja, molimo pošaljite kod:*  
*When completed, please send to:*

**Autoriteti i Aviacionit Civil**  
**Autoriteta Civilnog Vazduhoplovstva**  
**Civil Aviation Authority**  
Qyteza Pejton, Rruga Sejdi Kryeziu Nr.3-5  
10000 Prishtinë  
Republika e Kosovës

*E-mail: [ams@caa-ks.org](mailto:ams@caa-ks.org) | Tel: +38 1 (0)38 248 629 | Fax: +38 1 (0)38 211 009*

JU LUTEMI PLOTËSOJENI QARTË / MOLIMO POPUNITE ÇITKO / PLEASE PRINT CLEARLY

**1 INFORMATAT E PËRGJITHSHME TE ORGANIZATES MJEKESORE  
OPËSTE INFORMACIJE ZDRAVSTVENE USTANOVE  
HEALTH ORGANISATION GENERAL INFORMATION**

<b>Emri i Organizatës Mjekësore</b> Naziv Zdravstvene Ustanove Name of the Health Organisation	
<b>Adresa</b> Adresa Address	
<b>Nr. Telefonit</b> Br. Telefona Telephone No.	
<b>Nr. faksit</b> Br. Faksa Fax No.	
<b>E-mail</b>	
<b>Faqja e Internetit (Nëse ka)</b> <i>Internet Stranica (Ako ima)</i> <i>Website (If available)</i>	
<b>Themeluesi dhe Statusi i Organizatës Mjekësore (Publike, Private)</b>  Osnivac i status zdravstvene ustanove (Javna, Privatna)  Founder and Statute of Health Organisation (Public, Private)	

## 2

**STRUKTURA ORGANIZATIVE E ORGANIZATËS MJEKËSORE  
ORGANIZACIONA STRUKTURA ZDRAVSTVENE USTANOVE  
ORGANISATIONAL STRUCTURE OF THE HEALTH ORGANISATION**

<b>Kryesuesi i Organizatës Mjekësore</b> Rukovodilac Zdravstvene Ustanove Head of the Health Organisation	
<b>Emri dhe Mbiemri</b>	
Ime i Prezime	
Name and Surname	

<b>Zëvendësuesi i Organizatës Mjekësore</b> Zamenik Zdravstvene Ustanove Deputy Head of the Health Organisation	
<b>Emri dhe Mbiemri</b>	
Ime i Prezime	
Name and Surname	

<b>Departamentet dhe Sektorët</b> Odeljenja i Sektori Departments and Sectors		

## 3

**KUSHTET PËR QENDËR MJEKËSORE TË AVIACIONIT (JAR-FCL 3.085)  
USLOVI ZA VAZDUHOPLOVNO MEDICINSKI CENTAR (JAR-FCL 3.085)  
CONDITIONS FOR AEROMEDICAL CENTER (JAR-FCL 3.085)**

<b>Në përbërje ose në ndërlidhje me një spital të caktuar ose një institut mjekësor (JAR-FCL 3.085 (a))</b> U sastavu ili u strucnoj vezi sa odredjenom bolnicom klinickom ustanovom (JAR-FCL 3.085 (a)) Attached to or in liaison with a designated hospital or a medical institute (JAR-FCL 3.085 (a))	
<b>Angazhimi në mjekësi të aviacionit dhe aktivitete që ndërlidhen (JAR-FCL 3.085 b(i))</b> Ukljucenost u klinicku vazduhoplovnu medicine i aktivnosti koje su sa njom povezane (JAR-FCL 3.085 (b)) Engaged in clinical aviation medicine and related activities (JAR-FCL 3.085 (b))	
<b>E udhëhequr nga Ekzaminues i Autorizuar Mjekësor (AME) (JAR-FCL 3.085 (c))</b> Rukovođeno od Ovlaštenog Lekara (AME) (JAR-FCL 3.085 (c)) Headed by an Authorised Medical Examiner (AME) (JAR-FCL 3.085 (c))	
<b>Të ketë hapësirë të mjaftueshme dhe pajisje medicine për ekzaminime të detajuara në mjekësinë e aviacionit (JAR-FCL 3.085 (d))</b> Otpremljena sa medicinsko-tehnickim objektom za vazduhoplovne medicinske preglede (JAR-FCL 3.085 (d))	

Equipped with medico-technical facilities for extensive aeromedical examinations (JAR-FCL 3.085 (d))	
--	--

**PËRVOJA NË MJEKËSINË E AVIACIONIT/ ISKUSTVO U VAZDUHOPLOVNOJ MEDICINI/ AVIATION MEDICINE EXPERIENCE**

**Përshkrim i shkurtër / Kratak opis / Brief Description**

**EMËRTIMET E MËPARSHME SI AME / PRETHODNA AME IMENOVANJA / AME APPOINTMENTS HELD**

<b>Shteti i aprovimit</b> <i>Država Autorizacije</i> <i>State of Approval</i>	<b>Data e lëshimit të parë</b> <i>Datum prvog izdavanja</i> <i>Date of initial issue</i>	<b>I vlefshëm</b> <i>Važeća</i> <i>Current</i>	<b>Skaduar</b> <i>Rok je istekao</i> <i>Expired</i>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**A ju është kufizuar ndonjëherë, suspenduar apo anuluar aprovimi AME nga ndonjë autoritet i aviacionit?**  
*Da li je vam ikada ograničena, suspendovana ili poništena AME autorizacija od strane bilo koje vazduhoplovne vlasti?*  
*Have you ever had an AME approval limited, suspended or revoked by any Aviation Authority?*

**Po / Da / Yes**                       **Jo / Ne / No**

**Detajet e çfarëdo përvoja tjetër në aviacion:**

*Detalji ostalog iskustva iz vazduhoplovstva:*  
*Details of any other aviation experience:*

**Konfirmoj se kam reputacion të mirë si mjek dhe jam në gjendje për të punuar.**  
*Potvrđujem da imam dobru reputaciju kao lekar i da sam u stanju da radim.*  
*I confirm that I am in good reputation as a medical practitioner and I am fit to practice.*

\_\_\_\_\_  
**Nënshkrimi / Potpis / Signature**

\_\_\_\_\_  
**Data / Datum / Date**

**KËRKESË PËR APROVIM PËR EKZAMINUES TË AUTORIZUAR MJEKËSOR (AME)**  
**ZAHTEV ZA ODOBRENJE ZA OVLAŠĆENOG LEKARA (AME)**  
**APPLICATION FOR APPROVAL AS AN AUTHORISED MEDICAL EXAMINER (AME)**

Pas plotësimit, ju lutemi dërgojeni tek:  
 Posle popunjavanja, molimo pošaljite kod:  
 When completed, please send to:

**Autoriteti i Aviacionit Civil**  
**Autoriteta Civilnog Vazduhoplovstva**  
**Civil Aviation Authority**  
 Qyteza Pejton, Rruga Sejdi Kryeziu Nr.12  
 10000 Prishtinë  
 Republika e Kosovës

E-mail: [ams@caa-ks.org](mailto:ams@caa-ks.org) | Tel: +38 1 (0)38 248 629 | Fax: +38 1 (0)38 211 009

JU LUTEMI PLOTËSOJENI QARTË / MOLIMO POPUNITE ČITKO / PLEASE PRINT CLEARLY

**INFORMATAT E PËRGJITHSHME / OPŠTE INFORMACIJE / GENERAL INFORMATION**

<b>Emri dhe mbiemri (SHKRONJA TË MËDHA)</b> <i>Ime i prezime (VELIKA SLOVA)</i> <i>Full Name (CAPITALS)</i>	
<b>Data e lindjes / Datum rođenja / Date of Birth</b>	
<b>Adresa / Adresa / Address</b>	
<b>Nr. telefonit / Br. telefona / Telephone No.</b>	
<b>Nr. faksit / Br. faksa / Fax No.</b>	
<b>E-mail</b>	
<b>Faqja e Internetit (Nëse ka)</b> <i>Internet Stranica (Ako ima)</i> <i>Website (If available)</i>	
<b>Gjuhët / Jezici / Languages</b>	<input type="checkbox"/> <b>Shqip / Albanski / Albanian</b> <input type="checkbox"/> <b>Serbisht /Srpski / Serbian</b> <input type="checkbox"/> <b>Anglisht /Engleski / English</b> <input type="checkbox"/> <b>Tjetër / Ostalo / Other</b> _____ <i>(Ju lutemi specifikoni / Molimo navedite / Please specify)</i>

**KUALIFIKIMET MJEKËSORE / OBUKA IZ MEDICINE / MEDICAL QUALIFICATIONS**

<b>Diploma primare e mjekësisë</b> <i>Osnovna diploma medicine</i> <i>Primary medical diploma</i>	<b>Universiteti</b> <i>Univerzitet</i> <i>University</i>	<b>Data</b> <i>Datum</i> <i>Date</i>	<b>Data e regjistrimit</b> <i>dd/mm/vvvv</i> <i>Datum registrovanja</i> <i>dd/mm/gggg</i> <i>Date of Registration</i> <i>dd/mm/yyyy</i>	<b>Shteti</b> <i>Država</i> <i>Country</i>

<b>Kualifikimet post-diplomike</b> <i>Postdiplomska obuka</i> <i>Post-graduate Qualification(s)</i>	<b>Institucioni</b> <i>Institucija</i> <i>Institution</i>	<b>Data</b> <i>Datum</i> <i>Date</i>



<b>Kualifikimet më të larta specialiste</b> <i>Visoko specialistička obuka</i> <i>Higher Specialist Qualification(s)</i>	<b>Institucioni</b> <i>Institucija</i> <i>Institution</i>	<b>Data e përfundimit</b> <i>Datum završetka</i> <i>Date Completed</i>

**KURSET NGA MJEKËSIA E AVIACIONIT / KURSEVI IZ VAZDUHOPLOVNE MEDICINE / AVIATION MEDICINE COURSES**

<b>Titulli i kursit</b> <i>Naslov kursa</i> <i>Course Title</i>	<b>Institucioni</b> <i>Institucija</i> <i>Institution</i>	<b>Data e përfundimit</b> <i>Datum završetka</i> <i>Date Completed</i>

**PËRVOJA NË MJEKËSINË E AVIACIONIT/ ISKUSTVO U VAZDUHOPLOVNOJ MEDICINI/ AVIATION MEDICINE EXPERIENCE**

**Përshkrim i shkurtër / Kratak opis / Brief Description**

**EMËRTIMET E MËPARSHME SI AME / PRETHODNA AME IMENOVANJA / AME APPOINTMENTS HELD**

<b>Shteti i Aprovimit</b> <i>Država Autorizacije</i> <i>State of Approval</i>	<b>Data e lëshimit të parë</b> <i>Datum prvog izdavanja</i> <i>Date of initial issue</i>	<b>I vlefshëm</b> <i>Važeća</i> <i>Current</i>	<b>I ka kaluar afati</b> <i>Rok je istekao</i> <i>Expired</i>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**A ju është kufizuar ndonjëherë, suspenduar apo anuluar aprovimi AME nga ndonjë autoritet i aviacionit?**

*Da li je vam ikada ograničena, suspendovana ili poništena AME autorizacija od strane bilo koje vazduhoplovne vlasti?*

*Have you ever had an AME approval limited, suspended or revoked by any Aviation Authority?*

**Po / Da / Yes**

**Jo / Ne / No**

**Detajet e çfarëdo përvoje tjetër në aviacion:**

*Detalji ostalog iskustva iz vazduhoplovstva:*

*Details of any other aviation experience:*

**Konfirmoj se kam reputacion të mirë si mjek dhe jam në gjendje për të punuar.**

*Potvrđujem da imam dobru reputaciju kao lekar i da sam u stanju da radim.*

*I confirm that I am in good reputation as a medical practitioner and I am fit to practice.*

\_\_\_\_\_  
**Nënshkrimi / Potpis / Signature**

\_\_\_\_\_  
**Data / Datum / Date**

**JU LUTEMI QË SË BASHKU ME KËRKESËN TË DORËZONI DOKUMENTET NË VIJIM:**  
**MOLIMO VAS DA ZAJEDNO SA ZAHTEVOM PRILOŽITE SLEDEĆE DOKUMENTE:**  
**PLEASE ENCLOSE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:**

**1. CV-në (Curriculum Vitae) e azhuruar;**

*Ažuriran CV (Curriculum Vitae);  
Up to date Curriculum Vitae (CV);*

**2. Kopjet e të gjitha diplomave, certifikatave dhe/apo licencave të mjekësisë;**

*Fotokopije svih medicinskih diploma, svedodžba i/ili dozvola;  
Photocopies of all medical diplomas, degrees and/or licences;*

**3. Certifikatën e kompletimit të kursit trajnues fillestar dhe/apo të avancuar të mjekësisë së aviacionit sipas Aneksit 1 të Konventës së Aviacionit Civil Ndërkombëtar dhe Kërkesave të Përbashkëta të Aviacionit (JAR-FCL 3);**

*Svedodžbu o završetku osnovnog i/ili naprednog kursa obuke iz medicine vazduhoplovstva u skladu sa Aneksom 1 Konvencije o Međunarodnom Civilnom Vazduhoplovstvu i sa Zajedničkim vazduhoplovnim zahtevima (JAR-FCL 3):*

*Certificate of completion of Basic and/or Advanced aviation medicine training course as per the Annex 1 to the Convention on International Civil Aviation and the Joint Aviation Requirements (JAR-FCL 3);*

**4. Kopjet e dokumenteve tjera relevante (nëse janë të zbatueshme).**

*Fotokopije ostalih relevantnih dokumenata (ako su primenljivi).  
Photocopies of other relevant documents (if applicable).*

---