

PROBITY STATEMENT IN MEDICAL CERTIFICATION

Prevention of Bribery

Prevention of bribery is a priority concern for all government departments. Both the Approved Medical Assessors (AMAs) and the Approved Medical Examiners (AMEs) are requested to avoid any conflict of interest situation (i.e. the situation of your private interest conflicts with the interest of HKCAD or the public interest as resulting from the flight safety concern) or the perception of such conflicts. For example, any false declaration made by the applicant for the purpose of hiding information from Licensing Authority in order to get the medical certificate must be reported to the HKCAD in writing. Whenever you perceived such conflicts may happen, you are advised to report to the Senior Medical Officer (Aviation Medicine) in a timely manner using the attached form.

DECLARATION OF CONFLICT OF INTEREST

Part A – Declaration *(To be completed by Declaring AMA/ AME)*

To : Senior Medical Officer (Aviation Medicine)

Cc : Assistant Director-General (Flight Standards) & Chief, Flight Standards

I would like to report the following actual/potential* conflict of interest situation arising during the discharge of my AMA/ AME duties:-

(Applicant's name) with whom/which I have official dealings
My relationship with the applicant/companies (e.g. relative)
Brief description of my duties which involved the applicant

(Date)

(Name of AMA/AME)

Part B – Acknowledgement and Instruction

To : (Name of AMA/ AME)

Cc : Assistant Director-General (Flight Standards) & Chief, Flight Standards

Acknowledgement of Declaration

The information contained in your declaration form of (Date) is noted. It has been decided that:-

You should refrain from performing or getting involved in performing the work, as described in Part A, which may give rise to a conflict.

You may continue to handle the work as described in Part A, provided that there is no change in the information declared above, and you must uphold the public interest without being influenced by your private interest.

Others (please specify) : _____

(Senior Medical Officer (Aviation Medicine))

(Date)

**Delete as appropriate*