

Alberta Aids to Daily Living Authorizer Application and Training Record Form

PART A – Applicant Information: Please fill out completely.

Applicant Name:		Work Facility & Program Name:	
Work Mailing Address:			
City/Town:	Postal Code:	Work Phone Number: ()	Work Fax Number: ()
E-mail Address:		Supervisor's Name:	Supervisor's Phone Number: ()

Professional Designation: OT PT RN Professional Registration #: _____

Where are you employed? _____

Volume of AADL authorizations you will be responsible for in your position? _____

In which area(s) are you employed? Continuing Care Centres Community Care Acute Care Rehab. Hospital
 Other (specify) _____

How long have you been employed as an RN/PT/OT? ____ years or ____ months

Are you employed as: 0.4 FTE 0.5 FTE 0.6 FTE 0.7 FTE 0.8 FTE 0.9 FTE 1.0 FTE

PART B – General Information:

- There is no fee to complete the authorizer training.
- AADL reserves the right to deny any application based on criteria found at <http://www.seniors.alberta.ca/AADL/AV/training/index.asp#how>. If an application is denied, notification will be given to the individual within two weeks of receipt of this authorizer application form.
- You must successfully complete the Course 1 training before taking the live Course 2 and 3 training.
- Incomplete application packages will not be processed.

PART C – You must read this section and acknowledge by checking each box and signing below:

- I am a member in good standing with my respective professional association and I have at least six months clinical experience.
- I have attached a copy of my current Alberta professional registration along with this completed authorizer record form.
- I acknowledge that I will complete the online Course 1 training before my scheduled workshop date.
- I acknowledge that I am not in a conflict of interest position in becoming an AADL authorizer. A conflict of interest is defined as being in a position to directly or indirectly profit from the supply of an AADL benefit.

I confirm that the information provided in and attached to this form is complete and correct. I have read and understand the above statements.

Signature of Applicant

Date

Your supervisor acknowledges that the information contained in this application is correct by signing below:

Signature of Supervisor

Date

Alberta Aids to Daily Living
Authorizer Application and Training Record Form – Continued

PART D – Training Information: This training is for any Alberta Health Services employee or other PT/OT/or RN employed by a healthcare facility designated by their employer to become a new AADL authorizer or for any previous AADL authorizer who wishes to reactivate their authorizer status. *(approval is needed from their immediate supervisor and AADL).*

Course 1: It is mandatory for you to complete Course 1 training before taking Course 2 and/or Course 3. Once your application has been reviewed and approved for you to take the training, Course 1 will be sent to you in the form of a CD. Course 1 must be completed prior to you attending the in person training of Course 2 and/or Course 3.

- Course 2A Compression Garments, Ready-made back /inguinal hernia supports and Burn Scar Garments
- Course 2B Mastectomy and Medical/Surgical Supplies (Ostomy, Incontinence, Catheter, Injection, Dressing supplies)
Note: Clinical expertise is required; only RNs will be accepted into this Course. Exceptions will require prior approval.
- Course 3A Bathing and Walking Aids, Toileting
- Course 3B Large Equipment, Lifts and Beds
- Course 3C Wheelchairs and Wheelchair Cushions
Note: Clinical expertise is required; only OTs and PTs will be accepted into this Course. Exceptions will require prior approval.

Indicate the specific Workshop you wish to attend for Course 2 and/or Course 3: *Please refer to the schedule of Authorizer Workshops for dates and Telehealth locations. To request a workshop schedule contact your Alberta Health Services representative or AADL.*

Date:	Telehealth Location:
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Authorizer application form and professional designation can be faxed to
 (780) 422-0968 or submitted by mail.
 For all other inquiries, please contact the AADL Administrative Coordinator at (780) 415-2393.

AADL OFFICE USE ONLY <u>Approval</u> Initials: _____ Date: _____ Comments: <hr/> <hr/> <hr/>

Please print clearly and complete this entire form. Please ensure that you have successfully completed each of the Courses required in order to issue your authorizer number. The personal information provided on this form is collected under the authority of the *Alberta Aids to Daily Living and Extended Health Benefits Regulation* and the *Freedom of Information and Protection of Privacy (FOIP) Act* and managed in accordance with the *FOIP Act*. The information will be used for the purpose of registration and participation in Alberta Aids to Daily Living (AADL) Authorizer online training. If you have any questions about the collection of this information, you can contact the AADL Administrative Coordinator, AADL 10th Floor, 10040 – 104 Street, Edmonton, AB T5J 0Z2. Telephone: 780-415-2393. Fax: 780-422-0968.