

# Alberta Aids to Daily Living Authorizer Application 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 #: \_\_\_\_\_

Are you employed by Alberta Health Services?  Yes  No

If no, where are you employed and what is the reason for becoming an authorizer? \_\_\_\_\_

Are you employed in Acute Care?  Yes  No If yes, what is your reason for becoming an authorizer? \_\_\_\_\_

In which area(s) are you employed?  Continuing Care Centres  Community Care

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:

- Incomplete forms will not be processed.
- AADL reserves the right to deny any application based on established criteria.
- All applications must be received two weeks prior to your preferred workshop date. Confirmations will be sent two weeks prior to the workshop date. If an application is denied, notification will be sent to the individual within two weeks of receipt of the application.
- You must successfully complete an Authorizer Orientation Workshop.
- If you are unable to attend the workshop, participant substitution will not be accepted.
- There is no fee to attend an Authorizer Orientation Workshop.
- Authorizer numbers will be processed within 4 weeks of successfully completing an Authorizer Orientation Workshop.

## 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.

I have attached a copy of my current Alberta professional registration with my application.

I have at least six months clinical experience.

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

**PART D – Workshop Information:**

Please indicate which Workshop and Modules you wish to attend:

<input type="checkbox"/> <b>AUTHORIZER ORIENTATION WORKSHOP</b> These two-day workshops are for any Alberta Health Services employee designated by their region to become a new AADL authorizer or for any previous AADL authorizer who wishes to reactivate their authorizer status ( <i>approval needed from their immediate supervisor and AADL</i> ).	<input type="checkbox"/> <b>AUTHORIZER REFRESHER WORKSHOP</b> <i>These one-day workshops are for any current AADL authorizer who wishes to review AADL policies. Preference should be given to those authorizers who have not yet attended a refresher workshop.</i> <b>Authorizer Number:</b> _____
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<input type="checkbox"/> <b>Module 1</b> AADL Program Policies and Procedures <b>Mandatory Section: All participants must complete this module.</b>	
<input type="checkbox"/> <b>Module 2A</b> Compression Garments, Ready-made back /inguinal hernia supports and Burn Scar Garments	
<input type="checkbox"/> <b>Module 2B</b> Mastectomy and Medical/Surgical Supplies (Ostomy, Incontinence, Catheter, Injection, Dressing supplies) <i>Note: Clinical expertise is required; only RNs will be accepted into this module. Exceptions will require prior approval.</i>	
<input type="checkbox"/> <b>Module 3A</b> Bathing and Walking Aids, Toileting	
<input type="checkbox"/> <b>Module 3B</b> Large Equipment, Lifts and Beds	
<input type="checkbox"/> <b>Module 3C</b> Wheelchairs and Wheelchair Cushions <i>Note: Clinical expertise is required; only OTs and PTs will be accepted into this module. Exceptions will require prior approval.</i>	

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

Date: _____	Location: _____
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Applications can be faxed to (780) 422-0968  
 For all other inquiries, please contact the AADL Administrative Coordinator at (780) 415-2393.

To view and download the AADL Program Manual, go to: [www.seniors.gov.ab.ca/AADL](http://www.seniors.gov.ab.ca/AADL) under *Information for Authorizers and Vendors*.

**Note:** *Confirmations will be sent by fax two weeks prior to the workshop date.*

**AADL OFFICE USE ONLY**  
**Approval**

**Initials:** \_\_\_\_\_                      **Date:** \_\_\_\_\_

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 managed in accordance with the *Freedom of Information and Protection of Privacy Act*. The information will be used for the purpose of registration and participation in Alberta Aids to Daily Living (AADL) Authorizer workshops. If you have any questions about the collection of this information, you can contact the AADL Administrative Coordinator, AADL 10<sup>th</sup> Floor, 10040 – 104 Street, Edmonton, AB T5J 0Z2. Telephone: 780-415-2393. Fax: 780-422-0968.