

Protected A (when completed)

Alberta Aids to Daily Living (AADL)

The information on this form is being collected and used by Alberta Health pursuant to sections 20, 21 and 22 of the *Health Information Act*, sections 33 and 34 of the *Freedom of Information and Protection of Privacy Act (FOIP)* and the *Alberta Aids to Daily Living and Extended Health Benefits Regulations* for the purpose of becoming an AADL Authorizer for Burn Garments. If you have any questions about the collection of this information, you can contact the Alberta Aids to Daily Living Program at Telus House, 13<sup>th</sup> Floor, 10020 100 Street NW, Edmonton, AB T5J 0N3; Telephone: 780-427-0731, Fax: 780-422- 0968.

**Use this form to apply for the AADL product ranges for burn garment benefits.**

**Complete all sections. Do not leave any information blank. Incomplete forms will be returned.**

## Part A — Authorizer Information

Current AADL Authorizer #:		
Last Name		First Name
Worksite Email Address		Worksite Phone Number - - ext.
Date Burn Garment Module completed:	<i>Burn Garment Authorizers must complete online training module 2.1.</i> <a href="https://www.alberta.ca/aadl-authorizer-information-and-training.aspx">https://www.alberta.ca/aadl-authorizer-information-and-training.aspx</a>	

## Part B — Clinical Practice Information

Associated Burn Unit/Plastics Clinic/Plastic Surgeon/Physiatrist:	
Current position: <input type="checkbox"/> 0.6 FTE <input type="checkbox"/> 0.8 FTE <input type="checkbox"/> 1.0 FTE <input type="checkbox"/> 0.7 FTE <input type="checkbox"/> 0.9 FTE <input type="checkbox"/> Other:	<i>Must be employed as minimum 0.6 FTE.</i>
Percentage of caseload who are Burn/Plastic Clients:	%
Number of years of clinical experience as an OT/PT/RN:	
In the past 12 months, number of clients assessed and fit with Burn Garments (include clients observed and/or assisted):	
<b>Attach a summary of clinical experience with burn garments. This may include student placements, work experience or other direct clinical involvement with scar interventions.</b>	
List relevant continuing competency activities related to assessment and provision of scar interventions for the last three years. This may include conferences, workshops, modules, research activities, etc.	
<b>Description</b>	<b>Date</b>
(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____
(5) _____	_____
(6) _____	_____

## Burn Garment Authorizer Application

List all manufacturer in-services or training sessions for scar management or pressure garments attended in the past year.

**Manufacturer**

**Date**

(1)

(2)

(3)

### Part C — Authorizer Declaration

- Confirms that the information in and attached to this form is complete and correct.
- Confirms that the Applicant has reviewed and understands AADL's policies and procedures for burn garment benefits.
- Confirms that the Applicant understands the roles and responsibilities of the authorizers, vendors and clients in the assessment and provision of AADL burn garment benefits.

### Part D — Clinical Competency

- Confirms that the Applicant has demonstrated appropriate clinical competency related to the assessment and provision of scar interventions.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (yyyy-mm-dd)

\_\_\_\_\_  
Signature of Clinical Lead

\_\_\_\_\_  
Date (yyyy-mm-dd)

Submit application form to the AADL Administrative Coordinator by one of these three methods:

- ⇒ Email: [AADL.Applications@gov.ab.ca](mailto:AADL.Applications@gov.ab.ca)
- ⇒ Fax: 780-422-0968
- ⇒ Mail: Telus House, 13<sup>th</sup> Floor, 10020 100 Street NW, Edmonton, AB T5J 0N3

Information regarding Burn Garment Benefits:

- ⇒ <https://open.alberta.ca/publications/aadl-program-manual-j>

### For AADL use only

Product Ranges:

Effective Date:

Approval

\_\_\_\_\_  
Program Manager

\_\_\_\_\_  
Date