

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 Compression 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.

**This form is used by authorizers (Occupational Therapists, Physiotherapists and Registered Nurses) to apply for the AADL product range Compression garments: custom and ready-made.**

**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 the online Training Module for Compression Garments completed (compulsory) : <i>YYYY/MM/DD</i>  <i>Module accessible on-line at: <a href="https://www.alberta.ca/aadl-authorizer-information-and-training.aspx">https://www.alberta.ca/aadl-authorizer-information-and-training.aspx</a></i>	
Professional Designation: <input type="checkbox"/> O.T. <input type="checkbox"/> P.T. <input type="checkbox"/> R.N.	

**Part B — Clinical Practice Information**

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>
Number of years of clinical experience as an OT/PT/RN:	
In the past 12 months, number of clients requiring compression garments assessed and/or treated: (include observations)	
Date and description of lower extremity assessment training: <i>YYYY/MM/DD</i>	
Date and description of training related to ABI/TBI testing: <i>YYYY/MM/DD</i>	

**Competency:** List your most recent clinical experience, relevant continuing competency activities and manufacturer in-services attended related to chronic venous insufficiency or lymphedema.

	Description	Date(s)
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

## Authorizer Application for Product Range: Compression Garments

### 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 Compression garments: Custom and Ready-Made.
- 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 in assessing and managing chronic venous insufficiency and lymphedema using compression therapy.

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

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

\_\_\_\_\_  
Signature of Clinical /Professional Practice 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 Compression Garments can be found on the AADL website:

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

### For AADL use only

Product Ranges:

Effective Date:

Approval

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

\_\_\_\_\_  
Date