



Authorizer Application for Product Range: Incontinence Briefs, Diapers and Liners

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 Incontinence Products. If you have any questions about the collection of this information, you can contact the Alberta Aids to Daily Living Program at Telus House, 13th 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 and physiotherapists) to apply for the AADL product range: Incontinence Briefs, Diapers and Liners.

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

Part A — Authorizer Information

Current AADL Authorizer #		First Name
Last Name		
Worksite Email Address	Worksite Phone Number - - ext.	
Completion date of online Training Module for Incontinence Briefs, Diapers, and Liners (compulsory) : YYYY/MM/DD Module accessible on-line at: https://www.alberta.ca/aadl-authorizer-information-and-training.aspx		
Professional Designation: <input type="checkbox"/> O.T. <input type="checkbox"/> P.T.		

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:	
Competency: List your most current and relevant clinical experience and continuing competency activities related to incontinence management . This also may include student placements, conferences, workshops, modules, research activities, manufacturer in-services, etc.	
Description	Date(s)

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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 incontinence briefs, diapers and liners benefits.
- Confirms that the Applicant understands the roles and responsibilities of the authorizers, vendors and clients in the assessment and provision of AADL incontinence briefs, diapers and liners benefits.

Signature of Applicant

Date (yyyy-mm-dd)

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

⇒ Email: AADL.Applications@gov.ab.ca

⇒ Fax: 780-422-0968

⇒ Mail: Telus House, 13th Floor, 10020 100 Street NW, Edmonton, AB T5J 0N3

Information regarding incontinence briefs, diapers and liners in the AADL Medical Surgical Policy and Procedure Manual:

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

For AADL use only

Product Ranges:

Effective Date:

Approval

Program Manager

Date