This form is used by authorizers (Occupational Therapists, 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

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<tr>
<th>Last Name</th>
<th>First Name</th>
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<th>Worksite Email Address</th>
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Completion date of online Training Module for Incontinence Briefs, Diapers, and Liners (compulsory):


**Professional Designation:**

- [ ] O.T.
- [ ] P.T.

### Part B — Clinical Practice Information

**Current position:**

- [ ] 0.6 FTE
- [ ] 0.8 FTE
- [ ] 1.0 FTE
- [ ] 0.7 FTE
- [ ] 0.9 FTE
- [ ] Other:

**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.

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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: 10th Floor, Milner Bldg, 10040 104 Street, Edmonton, AB T5J 0Z2

Information regarding Incontinence Briefs, Diapers and Liners in the AADL Medical Surgical Manual:

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