



# Seating and Wheelchair Accessory Benefits Seating Technician Application

Protected A (when completed)

Alberta Aids to Daily Living Program

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 determining eligibility to become an AADL Authorizer. 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.

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

Applicants **must** provide sufficient information to clearly demonstrate that requirements are met, as are stipulated under **Policy X – 07 AADL-Approved Seating Vendors.**

Part A – Seating Technician Information	
Last Name:	First Name:
Vendor Name:	Vendor Number:

Part B – Previous Seating Technician Information <input type="checkbox"/> N/A	
Vendor Name:	Vendor Number:
Seating Level:	Date at Seating Level:

Part C – Seating Level Application		
<input type="checkbox"/> Level A – Commercial Only	<input type="checkbox"/> Level B – Commercial <input type="checkbox"/> Level B – Custom	<input type="checkbox"/> Level C – Commercial <input type="checkbox"/> Level C – Custom

Part D – Product Knowledge Training <input type="checkbox"/> Screened by AADL Program Manager																						
<p><b>Level A</b></p> <ul style="list-style-type: none"> <li>Vendors are required to carry three different AADL approved manufacturer product lines.</li> <li>Seating technician(s) must demonstrate product knowledge training for the manufacturer product lines supported by the vendor.</li> </ul> <p><b>Level B and C</b></p> <ul style="list-style-type: none"> <li>Vendors are required to carry five different AADL approved manufacturer product lines.</li> <li>Seating technicians must demonstrate product knowledge training for these specific product lines supported by the vendor.</li> </ul> <p>List manufacturer product knowledge training over the past 12 months (e.g., in-services, conferences, workshops, modules, research activities, etc.). <b>Certificates of attendance/completion are required.</b></p> <table border="1"> <thead> <tr> <th>Training</th> <th>Date</th> <th>Hours</th> </tr> </thead> <tbody> <tr><td>1)</td><td></td><td></td></tr> <tr><td>2)</td><td></td><td></td></tr> <tr><td>3)</td><td></td><td></td></tr> <tr><td>4)</td><td></td><td></td></tr> <tr><td>5)</td><td></td><td></td></tr> <tr> <td><b>Total Hours in Past Year:</b></td> <td></td> <td></td> </tr> </tbody> </table>		Training	Date	Hours	1)			2)			3)			4)			5)			<b>Total Hours in Past Year:</b>		
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1)																						
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<b>Total Hours in Past Year:</b>																						
<b>Include additional information as an addendum.</b>																						

**Part E – Clinical Practice (Level B and C only)**  **Screened by AADL Program Manager**

List all seating assessments and fittings of seating systems that you were involved in over the past year.

- To be eligible for Level B – Commercial you must have completed at least 15 assessments and fittings.
- To be eligible for Level C – Commercial you must have completed at least 75 assessments and fittings.

Affiliated AADL Seating Clinics	Date	Hours	Total Clients
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			
14)			
15)			

*Include additional information as an addendum.* **Total Clients in Past Year:**

**Part F – Education/Experience (Level B and C only)**  **Screened by AADL Program Manager**

Attach a detailed summary outlining your basic anatomy, basic biomechanics, and custom molding education/experience.

- To be eligible for Level B and C – Commercial you must have education/experience in basic anatomy biomechanics.
- To be eligible for Level C – Custom you must also have education/experience in custom molding.

**Part F – Declaration**

- I confirm that the information in and attached to this form is complete and correct.
- I confirm that I have reviewed and understand AADL’s policies and procedures for seating benefits, and completed the online training Module 2.5 available at:  
[www.alberta.ca/aadl-authorizer-information-and-training.aspx](http://www.alberta.ca/aadl-authorizer-information-and-training.aspx)

<b>Applicant Signature:</b>	<b>Date:</b>
<b>Vendor Signature:</b>	<b>Date:</b>

**For AADL and Seating Benefit Panel Use Only**

<b>Part G – Seating Benefit Panel Review</b>		<input type="checkbox"/> Yes <input type="checkbox"/> N/A
<b>Seating Team Contact:</b>	<b>Phone Number:</b>	
<b>Clinical Experience</b>	<b>Acceptable:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the seating technician demonstrate an understanding of therapist requirements?		
<b>Product Knowledge</b>	<b>Acceptable:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the seating technician demonstrate an understanding of products and providing the appropriate product?		
<b>Seating Benefit Panel Recommendations</b>		
<b>Seating Benefit Panel Chair Signature:</b>	<b>Date:</b>	

<b>Part H – AADL Review</b>		
<b>Adjudication:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
<b>Product Ranges:</b>	<input type="checkbox"/> Level A – Commercial Only <input type="checkbox"/> Level B – Commercial <input type="checkbox"/> Level C – Commercial <input type="checkbox"/> Level B – Custom <input type="checkbox"/> Level C – Custom	
<b>Effective Date:</b>		
<b>Comments:</b>		
<b>Program Manager Signature:</b>	<b>Date:</b>	

**Submit application form to the AADL Administrative Coordinator by:**

- **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